ARIZONA CASA PROGRAM

GETTING STARTED
Training Manual

Source: National CASA Association 2007 Volunteer Training Curriculum

Dear Court Appointed Special Advocate Applicant:

You are about to embark on an adventure that will be fulfilling, challenging and amazing all at once. Your work as a CASA can have a life changing impact on the future of a child. Below is a poem we want to share as you begin this journey.

THE ADVOCATE

"This is not about rescue, so as to feel good when the child lights up with a smile.
This is not about the comfort of compassion.
This is hard work, struggling with ripped families and children in clouds of pain,
Anger dancing round their heart in the turmoil of a world made crazy.
This is caring, yes, but also what is just, what should be demanded.
It takes love and a certain measure of courage, and in the simple act of person
helping person it becomes extraordinary."
—Mercedes Lawry

After completing this Getting Started Training Manual, you will have earned 7.5 of the 30 hours needed to become qualified to take on your first case. In addition, you will be eligible to attend the two-day CASA Advocacy Academy, where we will continue to prepare you to effectively advocate for the needs of a child.

Thank you for your willingness to give of your time and talents for the children of your county.

Most Sincerely,

Bonnie Marcus
Program Manager
Arizona CASA Program

Arizona CASA Program

GETTING STARTED MANUAL

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INTRODUCTION TO CASA

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History of the CASA Volunteer Role

In 1974, Public Law 93-274, the Child Abuse and Prevention Act, was passed. One of the funding requirements was the mandatory appointment of a guardian ad litem (GAL) to represent and protect the abused or neglected child's best interests in every case that results in judicial proceedings. The law did not specify who could serve in this capacity.

Meanwhile in 1976, Superior Court Judge David Soukup of Seattle, Washington saw a recurring problem in his courtroom:

> *In criminal and civil cases, even though there were always many different points of view, I walked out of the courthouse at the end of the day and I said, 'I've done my best; I can live with this decision.'*
>
> *But when I'm involved with a child and I'm trying to decide what to do to facilitate that child's growth into a mature and happy adult, I don't feel like I have sufficient information to allow me to make the right decision. I wonder if I really know everything I needed to know or if I've been told all of the different things pertaining to the case.*

Traditionally, the court found that few attorneys and case managers were able to spend the necessary time to undertake the kind of thorough investigation required by these difficult cases. Judge Soukup decided to recruit and train community volunteers who were asked to make a long-term commitment to each child they served. The first Court Appointed Special Advocate (CASA) Program was implemented in Washington as a pilot program in January 1977.

In the first year of operation, the program provided 110 trained volunteers for 498 children in 376 dependency cases. In 1978, the term Court Appointed Special Advocate was used to denote any court appointed volunteer following a clearly defined role as a friend of the court in dependency matters.

Following this early model, CASA-like programs were developed across the United States. It was clear that a national association was needed to direct CASA's emerging national presence. The National Court Appointed Special Advocate Association (NCASAA) was created in 1982 to support volunteer child advocate programs and increase the number of volunteer child advocates nationwide. By 1984, the National headquarters office opened its doors in Seattle, Washington.

National CASA

NATIONAL CASA MISSION

The National CASA Association, together with its state and local members, supports and promotes court-appointed volunteer advocacy for abused and neglected children so that they can thrive in safe, permanent homes.

NATIONAL CASA STANDARDS

National CASA standards describe the major criteria the CASA/GAL volunteer must meet. The following statements describe the CASA/GAL volunteer:

- An individual who has been screened and trained by the CASA/GAL program and appointed by the court to advocate for children who come into the court system primarily as a result of alleged abuse or neglect

- An individual who respects a child's inherent right to grow up with dignity in a safe environment that meets that child's best interests

- An individual who assures that the child's best interests are represented in the court at every stage of the case

The National Court Appointed Special Advocate Association (NCASAA) includes over 1,000 CASA programs in all 50 states, the District of Columbia and the Virgin Islands. NCASAA provides support with training, legal expertise, research, fund raising, news and public awareness services, and political lobbying efforts for dependent children's issues in Washington, D.C.

Today, programs go by many names—CASA, GAL, ProKids, Voices for Children, Child Advocates—but all have this in common: volunteers who advocate for abused and neglected children in the court system.

The United States Department of Justice Office of Juvenile Justice and Delinquency Prevention recognizes CASA volunteers as an exemplary program in delinquency prevention because CASA volunteers provide a consistent, adult presence in a child's life.

Principles and Concepts That Guide CASA Work

THE "BEST INTEREST" PRINCIPLE

- A safe home
- A permanent home
- As quickly as possible

Parents typically decide what is best for their children and then provide it for them to the extent that they can. They are their children's best advocates. The child protection system intervenes in families' lives when parents cannot or will not protect, promote, and provide for their children's basic needs. A CASA volunteer becomes the advocate when the parents cannot—or will not—fulfill this role.

Judges use the "best interest of the child" standard when making their decisions in child abuse and neglect cases. Child welfare and juvenile court practitioners and scholars have debated the meaning of "best interest of the child" for years. Books have been written on the subject; however, there is still no concise legal definition for this standard. In cases where the Indian Child Welfare Act (ICWA) applies, the law presumes that it is always in the best interest of an Indian child* to have the tribe determine what is best for the child's future. You will learn more about ICWA in your training.

**This curriculum uses the terms "Indian child" and "Indian custodian" in accordance with the legal definitions set out in the Indian Child Welfare Act.*

What National CASA Says

The CASA volunteer is guided by the "best interest" principle when advocating for a child. This means that the volunteer knows the child well enough to identify the child's needs. The CASA makes fact-based recommendations to the court about appropriate resources to meet those needs.

THE "MINIMALLY ADEQUATE PARENTING" (MAP) STANDARD

Removing a child from his/her home because of abuse and/or neglect is a drastic remedy. Because removal is so traumatic for the child, both the law and good practice require that agencies keep the child in the home when it is possible to do so and still keep the child safe. Children should be removed only when parents cannot meet the "minimally adequate parenting" standard. This standard describes what must be in place for the child to remain in his/her home.

The same standard is also used to determine whether or not parents have made sufficient progress so that a child can be safely returned to the family home. Minimally adequate

parenting is determined by a number of factors, each of which must be looked at specifically in relation to the case at hand. Factors to consider include:

The Child's Needs

Is the parent providing for the following needs at a basic level?

- Physical (food, clothing, shelter, medical care, safety, protection)
- Emotional (attachment between parent and child)
- Developmental (education, special help for children with disabilities)

Social Standards

Is the parent's behavior within or outside commonly accepted child-rearing practices in our society?

- In terms of discipline, whipping a child with a belt was generally thought to be appropriate during the first half of the twentieth century but is now widely considered abusive. Contemporary families frequently use a short "time out" as a punishment for young children.
- In terms of school attendance, it is a widely held expectation that parents send all children to school (or home-school them) until they reach the age limit at which attendance is no longer compulsory.
- Social standards also apply in medical care, where immunizations and regular medical/dental care are the standard.

Community Standards

Does the parent's behavior fall within reasonable limits, given the specific community in which the family resides?

- The age at which a child can be safely left alone varies significantly from urban to suburban to rural communities.
- The age at which a child is deemed old enough to care for other children is largely determined by cultural and community norms.
- Even something as simple as sending a nine-year-old child to the store might fall within or outside those standards, depending on neighborhood safety, the distance and traffic patterns, the weather, the child's clothing, the time of day or night, the ability of the child, and the necessity of the purchase.

Communities can be geographical or cultural. An example of a non-geographical, cultural community is a Native American tribe in which members live in a variety of locales but

still share a common child-rearing standard. According to the Indian Child Welfare Act, the minimally adequate parenting standard must reflect the community standards of the tribe of the Indian child.

WHY THE MAP STANDARD IS USED

- It maintains the child's right to safety and permanence while not ignoring the parents' right to their children.
- It is required by law (as a practical way to interpret the "reasonable efforts" provision of the Adoption Assistance and Child Welfare Act).
- It is possible for parents to reach.
- It provides a reference point for decision makers.
- It protects (to some degree) from individual biases and value judgments.
- It discourages unnecessary removal from the family home.
- It discourages unnecessarily long placements in foster care.
- It keeps decision makers focused on what is the least detrimental alternative for the child.
- It is sensitive across cultures.

KEY PARAMETERS OF THE MAP STANDARD

- The standard relates to a particular child.
- It is a set of minimum conditions, not an ideal situation.
- It is a relative standard, depending on the child's needs, social standards, and community standards. It will not be the same for every family or every child in a particular family.
- It remains the same when considering removal and when considering reunification.

The Role of the CASA Volunteer

INVESTIGATION

Carry out an objective examination of the situation, including relevant history, environment, relationships, and needs of the child.

FACILITATION

Identify resources and services for the child and facilitate a collaborative relationship between all parties involved in the case, helping to create a situation in which the child's needs can be met.

ADVOCACY

Speak up for the child by making recommendations regarding the child's best interests in a written court report.

MONITORING

Keep track of whether the orders of the court and the plans of the child protective services agency are carried out, and report to the court or collaborate with the child protective services agency when any of the parties do not follow those orders and plans.

THE CASA VOLUNTEER'S RELATIONSHIP WITH THE CHILD

Establishing a relationship with the child is one of the most important things you do as a CASA volunteer. The ideal relationship is one that maximizes your ability to advocate successfully for the child. The following guidelines describe the parameters for your relationship and contacts with the child.

As a CASA volunteer you have direct and sufficient contact with a child to carry out an independent and valid investigation of the child's circumstances, including the child's needs and wishes, so as to be able to make sound, thorough, and objective recommendations in the child's best interest.

This contact should occur in person to provide you with firsthand knowledge of the child and his/her unique personality, abilities, and needs. While social contact is permitted with the child to develop trust and a meaningful relationship, you function as an objective advocate for the child and not as the child's attorney, caseworker, counselor, mentor, or parental figure. You do not provide direct services to the child, such as supervising visitation; however, it is appropriate for you to observe visitation. Under no circumstances shall you take the child into your home, provide shelter for the child, or take the child on an overnight outing.

Attitudes and Skills That Enhance CASA Work

PROFESSIONALISM

Ethics, accountability, confidentiality, resourcefulness, critical thinking, and good judgment can enhance your credibility and earn the respect of parties in a case. Professionalism and assertiveness can help you gain necessary information.

INTERPERSONAL COMPETENCE

Open-mindedness, respect, collaboration, self-awareness, and assertiveness will help you be more successful in working with other people, particularly in gathering accurate information and making accurate interpretations of situations. As a CASA volunteer, you are expected to demonstrate respect and open-mindedness in your interactions with all parties to the case. Gathering information from children requires skills and attitudes different from those required when working with adults. Children may be frightened or healing from trauma. They are different emotionally and developmentally from adults and also from other children. Listening and observation skills will help you gather a full picture of the child's situation.

CULTURAL COMPETENCE

What you do not understand may lead to inaccurate interpretations. Understanding your own culture and the differences between cultures will allow you to best serve children and their families. Your life experience (culture, era, geography, race, education, sexual orientation, socioeconomic status, family dynamics, etc.) has led you to develop a particular perspective. Your unique perspective always influences how you interpret what you observe. The more aware you become of your personal perspective, the better able you will be to understand that others have different perspectives. In observing children and families, it is important to understand that your perspective on families and parenting is likely to be different from those with whom you are working.

Demonstrated Effectiveness of CASA Volunteers

THE OFFICE OF THE INSPECTOR GENERAL REPORT

In 2006, the US Department of Justice Office of the Inspector General (OIG) conducted an audit of the National CASA Association, as required by Congress. The results of this audit were released in January 2007. The objectives of this audit report were to determine the types of activities funded by National CASA and to assess local CASA programs' performance against four outcome measures for cases involving CASA volunteers as compared with non-CASA cases. These outcomes include the length of time a child spends in foster care, the extent to which there is an increased provision of services, the percentage of cases permanently closed and achievement of the permanent plan for reunification or adoption.

Audit Report Results for CASA Advocacy

1. *Length of Time in Foster Care*

   Children in cases involving a CASA volunteer were on average in foster care longer (between 1.2 months and 2 months) The audit ascribes the longer time to two factors:

   1. Cases assigned to CASA volunteers tend to involve the most serious cases of maltreatment, in which the children were more at risk.
   2. The children have already been in foster care between 4.5 and 5.5 months before assignment of a CASA volunteer.

   Children with a CASA volunteer are substantially less likely to spend time in long-term foster care, defined as more than three years in care: 13.3% for CASA cases versus 27.0% of all children in foster care.

2. *Number of Services Provided*

   When a CASA volunteer was involved; both children and their parents were ordered by the courts to receive more services. The audit concluded that this was an indication that "CASA is effective in identifying the needs of children and parents."

3. *Percentage of Cases Permanently Closed*

   Permanent closure is defined as the case being closed for any reason and the child not reentering the child welfare system (CWS). Cases involving a CASA volunteer are more likely to be "permanently closed" (i.e., the children are less likely to reenter the CWS) than cases where a CASA is not involved. The statistics vary from only 1.4% of children with a CASA reentering the CWS (CASA Data Request) to 9% of CASA

children reentering the CWS (Youngclarke Review). This is in contrast to 16% for children not served by a CASA volunteer.

4. *Achievement of a Permanent Plan for Reunification or Adoption*

   Children with a CASA volunteer are more likely to be adopted and less likely to be reunified with their parents than children not assigned a CASA. The audit explains this finding as the result of CASA volunteers serving on typically the most serious cases of maltreatment and therefore cases where children are less likely to be reunified with their parents.

Audit Report Results for Activities Funded by National CASA

- Over 93% of National CASA expenditures went to fund activities directly supporting CASA/GAL programs.
- National CASA expended 6.85% of grant money on general and administrative activities. According to the audit report, National CASA spends significantly less on administrative costs than the 16.3% average administrative costs for human services nonprofit organizations.

ADDITIONAL STUDIES DOCUMENT RESULTS OF CASA ADVOCACY

Like our volunteer advocates, the National CASA Association and our local programs strive for fact-based decision-making. Below is a summary of conclusive results from the Caliber study and other CASA studies selected by researchers with the University of California, San Francisco Fresno Medical Education program for their high methodological quality.

Notable conclusive results from these studies include the following:

- CASA volunteers spend most of their volunteer time in contact with a child.
- CASAs spend significantly more time in contact with a child than a paid guardian ad litem.
- CASA volunteers are far more likely than paid attorneys to file written reports.
- CASAs are highly effective in getting their recommendations accepted in court. In four out of five cases, all or almost all CASA recommendations are accepted.
- When a CASA volunteer is assigned, a higher number of services are ordered for children and families.
- A child with a CASA is more likely to be adopted.
- A child with a CASA volunteer is as likely to be reunified with their birth parent as a child without a CASA.
- A child with a CASA is less likely to reenter the child welfare system. The proportion of reentries is consistently reduced by half.

Section One Review

As you have learned in section one, you will need specific knowledge, attitudes, and skills to advocate effectively for a child. Children who have been abused or neglected are often without a voice in the court system unless they have a CASA volunteer to advocate for their best interests.

An effective advocate is able to:

1. Approach each case with a single goal: advocating for interventions and services designed to ensure that the child is in a safe, stable, and permanent home as soon as possible.

2. Work within the parameters of federal and state laws governing child abuse, neglect, and dependency cases.

3. And, under the guidance of the CASA program staff:

    - Conduct an independent investigation to gather facts and continue researching the case to understand the needs and wishes of the child.
    - Collaborate with the child (when possible), the child's family, the child protective services agency, and other service providers to identify the appropriate resources for meeting the needs of the child and to determine where those resources are available.
    - Consistently design and present to the court fact-based recommendations so that appropriate resources can be ordered to meet the needs of the child.
    - Monitor the case until the child is in a safe, permanent home.

As you complete this training workbook, you will learn more about what you will need to learn to be an effective Court Appointed Special Advocate in the state of Arizona.

Section One Review Questions

- What three interesting things did you learn about the history of the CASA program?

- How would you explain the Minimally Adequate Parenting Standard?

- In reading about the role of a CASA volunteer, which elements do you feel are your strengths? Which characteristics do you want to develop?

Questions for My Coordinator

Resources

National Court Appointed Special Advocate (CASA)
www.casaforchildren.org
The website for the national child advocacy organization, this site includes information about the work of CASA programs as well as a library with links about several important topics impacting children, including HIV, cultural awareness, and advocacy.

www.casanet.org
This website was created to provide support to CASA staff and volunteers across the country.

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UNDERSTANDING CHILD ABUSE AND NEGLECT

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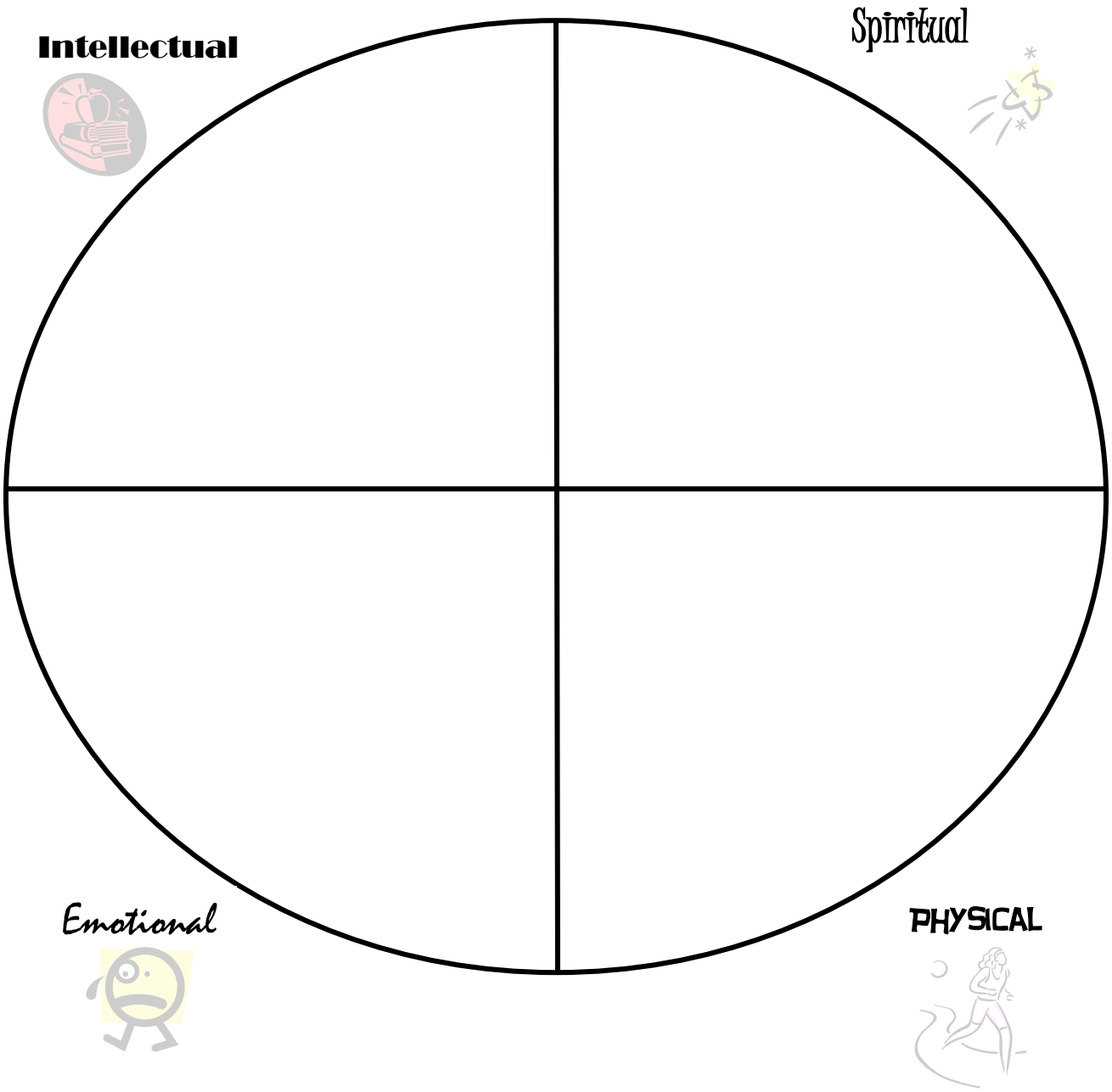
Activity: Seeing the Whole Child

In order to recognize child abuse or neglect, it's important to look at all aspects of a child's life and identify what makes for a happy, well-adjusted child. Below is a circle divided into four quadrants. These quadrants represent four aspects of a child's life: the intellectual, the spiritual, the physical, and the emotional. Write down your ideas of what makes for a happy child in each of these areas of life.



Defining Child Abuse and Neglect

FEDERAL LAW

Federal legislation provides a foundation for states by identifying a minimum set of acts or behaviors that define child abuse and neglect. The Federal Child Abuse Prevention and Treatment Act, as amended by the Keeping Children and Families Safe Act of 2003, defines child abuse and neglect as, at minimum:

- Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or
- An act or failure to act which presents an imminent risk of serious harm.

This definition of child abuse and neglect refers specifically to parents and other caregivers. A "child" under this definition generally means a person who is under the age of 18 or who is not an emancipated minor.

STATE LAWS

While Federal legislation sets minimum standards, each state is responsible for providing its own definitions of child abuse and neglect. Most states recognize four major types of maltreatment: neglect, physical abuse, sexual abuse, and emotional abuse.

- ***Neglect*** is failure to provide for a child's basic needs. Neglect may be:
  - Physical (e.g., failure to provide necessary food or shelter, or lack of appropriate supervision)
  - Medical (e.g., failure to provide necessary medical or mental health treatment)
  - Educational (e.g., failure to educate a child or attend to special education needs)
  - Emotional (e.g., inattention to a child's emotional needs, failure to provide psychological care, or permitting the child to use alcohol or other drugs)

  These situations do not always mean a child is neglected. Sometimes cultural values, standards of care in the community, or poverty may be contributing factors, indicating the family is in need of information or assistance. When a family fails to use information and resources, and the child's health or safety is at risk, then child welfare intervention may be required.

- ***Physical abuse*** is physical injury (ranging from minor bruises to severe fractures or death) as a result of punching, beating, kicking, biting, shaking, throwing, stabbing, choking, hitting (with a hand, stick, strap, or other object), burning, or otherwise harming a child. Such injury is considered abuse regardless of whether the caretaker intended to hurt the child.

- ***Sexual abuse*** includes activities by a parent or caretaker such as fondling a child's genitals, penetration, incest, rape, sodomy, indecent exposure, and exploitation through prostitution or the production of pornographic materials.

- ***Emotional abuse*** is a pattern of behavior that impairs a child's emotional development or sense of self-worth. This may include constant criticism, threats, or rejection, as well as withholding love, support, or guidance. Emotional abuse is often difficult to prove and, therefore, child protective services may not be able to intervene without evidence of harm to the child. Emotional abuse is almost always present when other forms are identified.

Definitions of child abuse and neglect are typically located in three places within each state's statutory code:

- *Mandatory child maltreatment reporting statutes* (civil laws) provide definitions of child maltreatment to guide individuals who are mandated to identify and report suspected child abuse.
- *Criminal statutes* define those forms of child maltreatment that are criminally punishable.
- *Juvenile court jurisdiction statutes* provide definitions of the circumstances necessary for the court to have jurisdiction over a child alleged to have been abused or neglected. When the child's safety cannot be ensured in the home, these statutes allow the court to take custody of the child.

Source: Child Welfare Information Gateway

Child abuse is an act of commission.
Child neglect is an act of omission.

Arizona Statutes on the Definition of Child Abuse and Neglect

Physical Abuse
Citation: Rev. Stat. §§ 8-201; 13-3623

Abuse means inflicting or allowing the infliction of physical injury, impairment of bodily function, or disfigurement.

The term *abuse* includes circumstances in which a child is permitted to enter or remain in any structure or vehicle in which volatile, toxic, or flammable chemicals are found or equipment is possessed by any person for the purpose of manufacturing a dangerous drug. A violation under this section does not require that a person have care or custody of the child.

Neglect
Citation: Rev. Stat. § 8-201

Neglect or *neglected* means the inability or unwillingness of a parent, guardian, or custodian of a child to provide that child with supervision, food, clothing, shelter, or medical care if that inability or unwillingness causes substantial risk of harm to the child's health or welfare.

Sexual Abuse
Citation: Rev. Stat. § 8-201

Abuse shall include:

- Inflicting or allowing sexual abuse
- Sexual conduct with a minor
- Sexual assault
- Molestation of a child
- Commercial sexual exploitation of a minor
- Sexual exploitation of a minor
- Incest
- Child prostitution

Emotional Abuse
Citation: Rev. Stat. § 8-201

Abuse means the infliction of or allowing another person to cause serious emotional damage to the child, as evidenced by severe anxiety, depression, withdrawal, or untoward aggressive behavior, and such emotional damage is diagnosed by a medical doctor or

psychologist, and the damage has been caused by the acts or omissions of an individual having care, custody, and control of a child.

Abandonment
Citation: Rev. Stat. § 8-201

Abandoned means:

- The failure of the parent to provide reasonable support and to maintain regular contact with the child, including providing normal supervision
- That a parent has made only minimal efforts to support and communicate with the child

Failure to maintain a normal parental relationship with the child without just cause for a period of 6 months shall constitute *prima facie* evidence of abandonment.

Standards for Reporting
Citation: Rev. Stat. § 8-201

A report is required when a responsible person:

- Inflicts or allows another person to inflict injury on a child
- Is unable or unwilling to protect the child

Persons Responsible for the Child
Citation: Rev. Stat. § 8-201

Responsible persons include:

- The parent
- A person having care, custody, and control of a child

Exceptions
Citation: Rev. Stat. § 8-201

A dependent child does not include a child who, in good faith, is being furnished Christian Science treatment by a duly accredited practitioner.

A child is not considered neglected if a parent's inability to meet the needs of the child is due solely to the unavailability of reasonable services.

If you want to learn about all of Arizona's statutes on child abuse and neglect, child welfare and adoption, you can visit http://www.childwelfare.gov/systemwide/laws_policies/state/

Conditions That May Lead to Abuse and Neglect

Child abuse and neglect affect children of every age, race, and income level. However, research has identified many factors relating to the child, family, community, and society that are associated with an increased risk of child abuse and neglect. Studies have also shown that when multiple risk factors are present, the risk is greater.

Young mothers and fathers unprepared for the responsibilities of raising a child; overwhelmed single parents with little support; and families placed under stress by poverty, divorce, or a child's disability are all at greater risk. Some families are stressed by worries about employment, health, substance abuse, mental health, domestic violence, or other problems, or are simply unaware of how to care for their children's basic needs.

These circumstances, combined with the inherent challenges of raising children, can result in otherwise well-intentioned parents causing their children harm or neglecting their needs.

CHILD-RELATED FACTORS

- Chronological age of child: 50% of abused children are younger than 3 years old; 90% of children who die from abuse are younger than 1 year old; firstborn children are most vulnerable.
- Mismatch between child's temperament or behavior and parent's temperament or expectations.
- Physical or mental disabilities.
- Attachment problems or separation from parent during critical periods or reduced positive interaction between parent and child.
- Premature birth or illness at birth can lead to financial stress, inability to bond, and parental feelings of guilt, failure, or inadequacy.
- Unwanted child or child who reminds parent of absent partner or spouse.

PARENT/CARETAKER-RELATED FACTORS

- Low self-esteem: Neglectful parents often neglect themselves and see themselves as worthless people.
- Abuse as a child: Parents may repeat their own childhood experience if no intervention occurred in their case and no new or adaptive skills were learned.
- Depression may be related to brain chemistry and/or a result of having major problems and limited emotional resources to deal with them. Abusive and neglectful parents are often seen and considered by themselves and others to be terribly depressed people.

- Impulsiveness: Abusive parents often have a marked inability to channel anger or sexual feelings.
- Substance abuse: Drug and/or alcohol use serves as a temporary relief from insurmountable problems but, in fact, creates new and bigger problems.
- Character disorder or psychiatric illness.
- Ignorance of child development norms: A parent may have unrealistic expectations of a child, such as expecting a 4-year-old to wash his/her own clothes.
- Isolation: Abusive and neglectful families may tend to avoid community contact and have few family ties to provide support.
- Distance from, or disintegration of, an extended family that traditionally played a significant role in child rearing may increase isolation.
- Sense of entitlement: Some people believe that it's acceptable to use violence to ensure a child's or partner's compliance.
- Mental retardation or borderline mental functioning.

SOCIAL-SITUATIONAL FACTORS

- Structural/economic factors: The stress of poverty, unemployment, restricted mobility, and poor housing can be instrumental in a parent's ability to adequately care for a child. The child needs to be protected from separation from his/her family solely because of stressed economic conditions. Middle- and upper income parents may experience job or financial stress as well—abuse is not limited to families in poverty.
- Values and norms concerning violence and force, including domestic violence; acceptability of corporal punishment and of family violence.
- Devaluation of children and other dependents.
- Overdrawn values of honor, with intolerance of perceived disrespect.
- Unacceptable child-rearing practices (e.g., genital mutilation of female children, father sexually initiating female children).
- Cruelty in child-rearing practices (e.g., putting hot peppers in child's mouth, depriving child of water, confining child to room for days, or taping mouth with duct tape for "back talk").
- Institutional manifestations of inequalities and prejudice in law, healthcare, education, the welfare system, sports, entertainment, etc.

FAMILY FACTORS

- Domestic violence: Children may be injured while trying to intervene to protect a battered parent or while in the arms or proximity of a parent being assaulted. Domestic violence can indicate one parent's inability to protect the child from another's abuse because the parent is also being abused.

- Stepparent, or blended, families are at greater risk: There is some indication that adult partners who are not the parents of the child are more likely to maltreat. Changes in family structure can also create stress in the family.
- Single parents are highly represented in abuse and neglect cases: Economic status is typically lower in single-parent families, and the single parent is at a disadvantage in trying to perform the functions of two parents.
- Adolescent parents are at high risk because their own developmental growth has been disrupted: They may be ill-prepared to respond to the needs of the child because their own needs have not been met.
- Punishment-centered child-rearing styles have greater risk of promoting abuse.
- Scapegoating of a particular child will tend to give the family permission to see that child as the "bad" one.
- Adoptions: Children adopted late in childhood, children who have special needs, children with a temperamental mismatch, or children not given a culturally responsible placement.

TRIGGERING SITUATIONS

Any of the factors above can contribute to a situation in which an abusive event occurs. There has been no systematic study of what happens to trigger abusive events. Some instances are acute, happen very quickly, and end suddenly. Other cases are of long duration. Examples of possible triggering situations include:

- A baby will not stop crying.
- A parent is frustrated with toilet training.
- An alcoholic is fired from a job.
- A mother, after being beaten by her partner, cannot make contact with her own family.
- A parent is served an eviction notice.
- A prescription drug used to control mental illness is stopped.
- Law enforcement is called to the home in a domestic violence situation, whether by the victim or a neighbor.
- A parent who was disrespected in the adult world later takes it out on the child.

Consequences of Child Abuse and Neglect

The impact of child maltreatment can be profound. Research shows that child maltreatment is associated with adverse health and mental health outcomes in children and families, and those negative effects can last a lifetime. The long-term effects can be physical, psychological, or behavioral. A history of child abuse or neglect has been associated with increased risk of:

- Mental illness.
- Substance abuse.
- Developmental disabilities and learning problems.
- Social problems with other children and with adults.
- Teen pregnancy.
- Lack of success in school.
- Alcohol and other drug use.
- Domestic violence.

In addition to the impact on the child and family, child abuse and neglect affect various systems—including medical and mental health, law enforcement, judicial, public social services, and nonprofit agencies—as they respond to the incident and support the victim. One analysis of the immediate and long-term economic impact of child abuse and neglect suggests that child maltreatment costs the nation as much as $258 million each day, or approximately $94 billion each year.

EFFECTS OF MALTREATMENT ON ADOLESCENTS AND ADULTS

	Adolescence	***Adulthood***
Physical Abuse	• Withdrawal, apathy • Aggressive behavior • Anti-social behavior • Inability to relate to peers • Members of violence identified groups or gangs • Low self-esteem • Running away • Prostitution • Drug and alcohol abuse • Seeks out attention	• Inability to form long-lasting, meaningful, or satisfying relationships • Attracted to violent partners • Isolated, frequent relocations

	Adolescence	***Adulthood***
Sexual Abuse	• Sexualized behavior • Promiscuity • Defiance • Isolated/fearful • Self mutilating • Suicidal gestures • Obsessively clean and neat • Pseudo-mature • Eating disorders • Drug and alcohol abuse • Prostitution • Running away • Delinquency	• Sexual difficulties • Distrust • Shame of body • Unable to assert, protect self • Repeats victim patterns • Drug and or alcohol abuse
Neglect	• Withdrawal/apathy • Aggressiveness • Obesity or eating disorders • Inability to make and or keep friends • Drug and alcohol abuse	• Depression • Alcohol abuse • Isolated

Prevalence of Child Abuse and Neglect

IN THE UNITED STATES...

- An estimated 906,000 children are victims of abuse and neglect every year. The rate of victimization is 12.3 children per 1,000 children.
- Children ages 0–3 are the most likely to experience abuse. They are victimized at a rate of 16.4 per 1,000.
- 1,500 children die every year from child abuse and neglect. That is just over four fatalities every day.
- 79% of the children killed are younger than four.
- 80% of young adults who had been abused met the diagnostic criteria for at least one psychiatric disorder at the age of 21 (including depression, anxiety, eating disorders, and post-traumatic stress disorder).
- Abused children are 25% more likely to experience teen pregnancy.
- Children who experience child abuse and neglect are 59% more likely to be arrested as a juvenile, 28% more likely to be arrested as an adult, and 30% more likely to commit violent crime.
- 14.4% of all men in prison in the United States were abused as children and 36.7% of all women in prison were abused as children.
- Children who have been sexually abused are 2.5 times more likely to develop alcohol abuse.
- Children who have been sexually abused are 3.8 times more likely to develop drug addictions.
- Nearly two-thirds of the people in treatment for drug abuse reported being abused as children.

Source: US Department of Justice Reports 2006

IN ARIZONA…

- Arizona ranks 40th out of 50 states in overall child well-being (*KidsCount, 2009*).
- Each day, approximately 95 parents and/or caregivers are reported for suspected abuse, neglect, and abandonment in the state of Arizona (*AZ DES, 10/08-3/09*).
- As of 2007, 10% of Arizona high school students dropped out, one of the highest percentages in the nation (*KidsCount, 2007*).
- Arizona ranks 47th out of 50 states in highest teen birth rates (*KidsCount, 2008*)
- Between April 1, 2008 and March 30, 2009, there were over 34,000 reports of child abuse, neglect, and abandonment to Arizona Child Protective Services (*AZ DES, 3/09*).
- More than half of all child abuse victims also suffer from neglect (60%), while one-third suffers from physical abuse (*AZ DES, 2006*).

- Over the last four years, six percent (6%) of all reported child abuse cases involved sexual abuse (*AZ DES, 3/09*).
- There were 65 child deaths in 2007 that were due to child maltreatment (*Arizona Child Fatality Review Program, 2009*)
- Child abuse and neglect often result not only in physical harm or even death, but also profound development and behavior problems (*American Academy of Family Physicians, 2006*).
- Abused and neglected children are at greater risk of delinquent behavior, including substance abuse, criminal activity and high-risk health behaviors, personality disorders, and of mistreating their own children and spouses (*American Academy of Family Physicians, 2006*).

Recognizing Signs of Child Abuse and Neglect

The following signs may signal the presence of child abuse or neglect.

The child:

- Shows sudden changes in behavior or school performance
- Has not received help for physical or medical problems brought to the parents' attention
- Has learning problems (or difficulty concentrating) that cannot be attributed to specific physical or psychological causes
- Is always watchful, as though preparing for something bad to happen
- Lacks adult supervision
- Is overly compliant, passive, or withdrawn
- Comes to school or other activities early, stays late, and does not want to go home

The parent:

- Shows little concern for the child
- Denies the existence of—or blames the child for—the child's problems in school or at home
- Asks teachers or other caregivers to use harsh physical discipline if the child misbehaves
- Sees the child as entirely bad, worthless, or burdensome
- Demands a level of physical or academic performance the child cannot achieve
- Looks primarily to the child for care, attention, and satisfaction of emotional needs

The parent and child:

- Rarely touch or look at each other
- Consider their relationship entirely negative
- State that they do not like each other

The following are some signs often associated with particular types of child abuse and neglect. It is important to note, however, that these types of abuse are more typically found in combination than alone. A physically abused child, for example, is often emotionally abused as well, and a sexually abused child also may be neglected.

PHYSICAL ABUSE

The child:

- Has unexplained burns, bites, bruises, broken bones, or black eyes
- Has fading bruises or other marks noticeable after an absence from school

- Seems frightened of the parents and protests or cries when it is time to go home
- Shrinks at the approach of adults
- Reports injury by a parent or another adult caregiver

The parent or other adult caregiver:

- Offers conflicting, unconvincing, or no explanation for the child's injury
- Describes the child as "evil," or in some other very negative way
- Uses harsh physical discipline with the child
- Has a history of abuse as a child

NEGLECT

The child:

- Is frequently absent from school
- Begs or steals food or money
- Lacks needed medical or dental care, immunizations, or glasses
- Is consistently dirty and has severe body odor
- Lacks sufficient clothing for the weather
- Abuses alcohol or other drugs
- States that there is no one at home to provide care

The parent or other adult caregiver:

- Appears to be indifferent to the child
- Seems apathetic or depressed
- Behaves irrationally or in a bizarre manner
- Is abusing alcohol or other drugs

SEXUAL ABUSE

The child:

- Has difficulty walking or sitting
- Suddenly refuses to change for gym or to participate in physical activities
- Reports nightmares or bedwetting
- Experiences a sudden change in appetite
- Demonstrates bizarre, sophisticated, or unusual sexual knowledge or behavior
- Becomes pregnant or contracts a venereal disease, particularly if under age 14
- Runs away
- Reports sexual abuse by a parent or another adult caregiver

The parent or other adult caregiver:

- Is unduly protective of the child or severely limits the child's contact with other children, especially of the opposite sex

- Is secretive and isolated
- Is jealous or controlling with family members

EMOTIONAL ABUSE

The child:

- Shows extremes in behavior, such as overly compliant or demanding behavior, extreme passivity, or aggression
- Is either inappropriately adult (parenting other children, for example) or inappropriately infantile (frequently rocking or head-banging, for example)
- Is delayed in physical or emotional development
- Has attempted suicide
- Reports a lack of attachment to the parent

The parent or other adult caregiver:

- Constantly blames, belittles, or berates the child
- Is unconcerned about the child and refuses to consider offers of help for the child's problems
- Overtly rejects the child

Adapted from: Recognizing Child Abuse and Neglect: Signs and Symptoms Factsheet
Child Welfare Information Gateway, 2007

Child Abuse and Neglect at a Glance

	DESCRIPTION	***INDICATORS***
Physical Abuse	Intentionally harming a child, use of excessive force, reckless endangerment.	• Unexplained bruises, welts, and scars • Injuries in various stages of healing • Bite marks • Unexplained burns • Fractures • Injuries not fitting explanation • Internal damage or head injury
Sexual Abuse	Engaging a child in any activity for an adult's own sexual gratification.	• Age-inappropriate sexual knowledge • Sexual acting out • Child disclosure of abuse • Excessive masturbation • Physical injury to genital area • Pregnancy or STD at a young age • Torn, stained, or bloody underclothing • Depression, distress, or trauma • Extreme fear
Emotional Abuse	The systematic diminishment of a child. It is designed to reduce a child's self-concept to the point where the child feels unworthy of respect, unworthy of friendship, and unworthy of love and protection, the natural birthrights of all children.	• Habit disorders (thumb sucking, biting, rocking, enuresis) • Conduct disorders (withdrawal or anti-social behavior) • Behavior extremes • Overly adaptive behavior • Lags in emotional or intellectual development • Low self-esteem • Depression, suicide attempts
Neglect	Failure of a person responsible for the child's welfare to provide necessary food, care, clothing, shelter, or medical attention; can also be failure to act when such failure interferes with a child's health and safety.	***Physical Signs:*** • Malnourishment • Missed immunizations • Lack of dental care • Lack of supervision • Consistent dirtiness • Constant tiredness/listlessness ***Material Signs:*** • Insufficient/improper clothing • Filthy living conditions • Inadequate shelter • Insufficient food/poor nutrition

Reporting Abuse and Neglect

Anyone can and should report suspected child abuse or neglect. If you think a child is being mistreated, take immediate action. The number to call in Arizona is: **(888) SOS-CHILD (888-767-2445)**. When you call to make a report, you will be asked for specific information, such as:

- The child's name and location.
- The name and relationship (if known) of the person you believe is abusing the child.
- What you have seen or heard regarding the abuse or neglect.
- The names of any other people who might know about the abuse.
- Your name and phone number (voluntary).

We can all help prevent child abuse by recognizing the risk factors, protecting children who are at risk, and supporting families who are experiencing stressors. Reporting the situation may protect the child and get additional help for the family. Arizona provides training for professionals who are required by law to report child abuse and neglect (e.g., childcare providers, teachers, doctors, clergy) and workshops on responding to signs of stress in families.

Many nonprofit, public, education, social service, and childcare organizations in your community play a role in providing supports and services to children, youth, and families. Parenting education, crisis/respite care, transitional housing, and literacy programs, as well as family resource centers, teen parent support groups, fatherhood groups, and marriage education classes, support families in important ways.

Section Two Review Questions

- What are the four types of maltreatment that most states recognize?

- In what ways does child abuse and neglect impact our society?

- What would you need to do if you thought a child was being maltreated?

Questions for My Coordinator

Child Abuse and Neglect Resources

American Bar Association Center on Children & the Law
www.abanet.org/child/home.html
The goal of the ABA Center on Children and the Law is to improve the lives of children through advances in law, justice, knowledge, practice, and public policy. This site includes child welfare tips and great child advocacy links.

Administration for Children & Families (ACF)—Children's Bureau
http://www.acf.hhs.gov/programs/cb
Part of the Department of Health and Human Services, the ACF Children's Bureau provides federal reports on child maltreatment, current initiatives, and special events.

American Humane Association
www.americanhumane.org
American Humane Association is a network of individuals and organizations working to prevent cruelty, abuse, neglect, and exploitation of children and animals and to assure that their interests and well-being are fully, effectively, and humanely guaranteed by an aware and caring society.

American Professional Society on the Abuse of Children (APSAC)
www.apsac.org
APSAC works to ensure that everyone affected by child maltreatment receives a professional response by providing scholarly and clinical materials. This site includes information on state chapters, legislation, and additional resources.

Best Interests
www.childadvocacy.com
This online magazine offers news and resources for professionals and volunteers who advocate for the best interests of abused and neglected children. The site includes information on legal issues, medical topics, web resources, and legislation.

Center on Child Abuse & Neglect (CCAN)
http://devbehavpeds.ouhsc.edu/ccan.asp
The Center on Child Abuse and Neglect is a university-based center that directs research, professional and public education, clinical services, and administrative programs in the field of child maltreatment. This site is for professionals in the field of child abuse and neglect, and it includes a section devoted to working with Native communities.

Child Abuse Prevention Network
http://child-abuse.com
This site is for professionals in the field of child abuse and neglect. Child maltreatment, physical abuse, psychological maltreatment, neglect, sexual abuse, and emotional abuse and neglect are their key areas of concern. They provide unique and powerful tools for all

workers to support the identification, investigation, treatment, adjudication, and prevention of child abuse and neglect.

Child Welfare Information Gateway
www.childwelfare.gov
The Child Welfare Information Gateway is a national resource for professionals seeking information on child maltreatment; all aspects of child abuse and neglect; prevention, identification, and treatment of child abuse; and other child welfare issues. Their excellent website provides informational databases, links, and current highlights.

Child Welfare League of America (CWLA)
www.cwla.org
CWLA is an association of public and private nonprofit agencies that assist abused and neglected children and families through a wide range of services. The site offers information on their programs, publications, and upcoming conferences and trainings.

Children Now
www.childrennow.org
Children Now utilizes research and the mass media to make children a top priority across the country. They work to improve the quality of news and entertainment media for children and about children's issues.

A Family's Guide to the Child Welfare System
www.cwla.org/childwelfare/familyguide.htm
This resource guide was created to help families better understand how the child welfare system works and to inform families of their rights and responsibilities. CASA/GAL volunteers may also find it an informative look at the system.

Foster Care & Adoptive Community
www.fosterparents.com
This foster parent resource provides articles, website links, and information on local foster parent associations. Links include grandparent and relative caregiver links, medical links, and links to resources on adoption, HIV, educational issues, attachment disorders, FAS, and ADD/ADHD.

Indian Country Child Trauma Center (ICCTC)
www.icctc.org
Indian Country Child Trauma Center was established to develop trauma-related treatment protocols, outreach materials, and service delivery guidelines specifically adapted and designed for Native American children and their families.

Kempe Center
www.kempecenter.org
This site was designed to provide a clinically based resource for training, consultation, program development and evaluation, and research regarding all forms of child abuse and

neglect. The center is committed to multidisciplinary approaches to improving the recognition, treatment, and prevention of all forms of abuse and neglect.

National Association of Counsel for Children (NACC)
www.naccchildlaw.org
NACC is a nonprofit professional membership organization dedicated to quality representation and protection of children in the legal system. Their purpose is to assist attorneys and other professionals in their work with children in the legal system. At the same time, NACC carries out a policy agenda designed to improve the legal system for children. This site provides advocacy links and lists upcoming events.

National Center for Youth Law (NCYL)
www.youthlaw.org
NCYL provides information, training, and consultation on youth law matters to legal services for attorneys and other professionals serving poor children and youth. Its areas of expertise include abuse and neglect, termination of parental rights, public benefits for children, children's health, and the rights of children living in institutions.

National Children's Advocacy Center
www.nationalcac.org
This agency provides prevention, intervention, and treatment services to physically and sexually abused children and their families within a child-focused team approach.

National Indian Child Welfare Association (NICWA)
www.nicwa.org
The National Indian Child Welfare Association is the most comprehensive source of information on American Indian child welfare. NICWA works to address the issues of child abuse and neglect through training, research, public policy, and grassroots community development. NICWA also works to support compliance with the Indian Child Welfare Act of 1978. The public policy section of NICWA's website provides information on how specific child welfare laws impact Indian children.

Native American Children's Alliance (NACA)
www.nativechildalliance.org
The Native American Children's Alliance is an intertribal, cross-mentoring organization whose mission is to inspire and support the development, growth, and maintenance of multidisciplinary teams and Children's Advocacy Centers in Native American and Alaska Native communities in their efforts to address child abuse. These centers specialize in the forensic interviewing and examination of Native child victims and witnesses.

National Children's Alliance (NCA)
www.nca-online.org
NCA's Children's Advocacy Centers (CACs) are community-based programs that bring together representatives from law enforcement, juvenile court counselors, mental health

agencies, and other service-providing agencies to address the investigation, treatment, and prosecution of child abuse cases.

National Council of Juvenile & Family Court Judges (NCJFCJ)
www.ncjfcj.org
The NCJFCJ seeks a society in which every child and every family in need of judicial oversight has access to fair, effective, and timely justice. Their website includes sections on child abuse and neglect, family violence, juvenile delinquency, and substance abuse.

Office of Juvenile Justice and Delinquency Prevention
www.ojjdp.ncjrs.org
This site offers links to the latest facts and figures on juvenile justice, delinquency prevention, and violence, and includes many of the organization's publications, grant options, and local resources.

Prevent Child Abuse (PCA) America
www.preventchildabuse.org
PCA America is a nationally recognized organization for the prevention of child abuse through media, training, and technical assistance. The site has several links/resources, along with child abuse facts and special events.

***Represent* (formerly *Foster Care Youth United*)**
www.youthcomm.org/Publications/FCYU.htm
This is a teen-written magazine that discusses issues facing children throughout the foster care system. Its goal is to train, inform, and provide a voice for teens through print journalism.

Tribal Court Clearinghouse
www.tribal-institute.org
The Tribal Court Clearinghouse was developed on a volunteer basis by the Tribal Law and Policy Institute, an Indian-owned and -operated nonprofit organized to design and develop education, research, training, and technical assistance programs that enhance justice in Indian country and the health, well-being, and culture of Native peoples. The Tribal Court Clearinghouse provides extensive information and resources about tribal, federal, and state laws that affect Native peoples, including the full text of the Indian Child Welfare Act.

U.S. Department of Justice Office of Tribal Justice
www.usdoj.gov/otj
The Office of Tribal Justice provides a single point of contact within the Justice Department for meeting the broad and complex federal responsibilities to federally recognized Indian tribes.

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POVERTY

Overview

Nearly 18% of all children in the United States – more than 13 million – live in families with incomes below the federal poverty level – $21,200 a year for a family of four. Research shows that, on average, families need an income of about twice that level to cover basic expenses. Using this standard, 39% of children live in low-income families.

Most of these children have parents who work, but low wages and unstable employment leave their families struggling to make ends meet. Poverty can impede children's ability to learn and contribute to social, emotional, and behavioral problems. Poverty also can contribute to poor health and mental health. Risks are greatest for children who experience poverty when they are young and/or experience deep and persistent poverty.

Research is clear that poverty is the single greatest threat to children's well-being. But effective public policies—to make work pay for low-income parents and to provide high-quality early care and learning experiences for their children—can make a difference. Investments in the most vulnerable children are also critical.

MOST LOW-INCOME PARENTS ARE EMPLOYED

Despite low levels of unemployment

- The average household income has declined since 2000.
- The number of children living in low-income families has continued to rise.

The majority of children in low-income families have parents who are employed full-time and year round.

- 56% of children in low-income families—16.0 million—have at least one parent who works full-time and year-round.
- 25% of children in low-income families—7.0 million—have at least one parent who works part-time, or full-time, part-year.
- 19% of children in low-income families—5.5 million—do not have an employed parent.

Low Income Children by Parent Work Status 2006

Not employed - 19%

Part time - 11%

Full Time/Part Year - 14%

Full time - year round - 56%

Many low-income parents who work part-year or part-time are unable to find full-time, year round employment:

- The majority (57%) of low-income parents working full-time for only part of the year reported they could not find year-round work.
- 33% of low-income parents working part-time reported they did so because they could not find full-time work.

More than two thirds of low-income parents who did not work at all last year were either disabled or taking care of their families:

- 42 % of low-income parents with no employment reported they were not working because they were taking care of their families.
- An additional 35% of low-income parents with no employment reported they were not working because they had an illness or disability that kept them from working.

Low-income parents who work are more likely to be employed in service occupations:

- Workers in service occupations are not only likely to have lower earnings and fewer opportunities for full-time employment, but they are also less likely to receive benefits such as health insurance, paid vacation, or holidays.

Source: AZ DES, 2007

The Facts for Children

Socioeconomic status, or class, is a major factor that greatly defines how people live in the world. According to the Children's Defense Fund, at the end of 2007 more than 13 million U.S. children lived in poverty.

There are many myths and stereotypes associated with being poor. To separate myths from reality, it is important to look at what we do know about children and poverty in the United States.

KEY FACTS ABOUT AMERICAN CHILDREN

1 in 2 children:

- Will live in a single-parent family at some point in childhood.
- Never completes a single year of college.

1 in 3 children:

- Is born to unmarried parents.
- Will be poor at some point during childhood.
- Is behind a year or more in school.
- Is not fully immunized (among 2 year olds).

1 in 4 children:

- Lives with only one parent.
- Lives in a family where no parent has full-time, year-round employment.

1 in 5 children:

- Is born poor.
- Is born to a mother who did not graduate from high school.

1 in 6 children:

- Live in poverty.
- Is born to a mother who did not receive prenatal care in the first three months of pregnancy.

1 in 7 children:

- Never graduate from high school.
- Is eligible for federal childcare assistance through the Child Care and Development Block Grant and receives it.

1 in 8 children:

- Has an employed person in the family but is still poor.

- Lives in a family receiving food stamps.

1 in 9 children:

- Does not have health insurance.
- Is born to a teenage mother.

1 in 12 children:

- Has a disability.
- Was born with low birth rate.

1 in 13 children:

- Live in extreme poverty.
- Will be arrested at least once before age 17.

**From The State of America's Children: 2008 Report, Children's Defense Fund and The Annie E. Casey Foundation's Kids Count Data Book, 2008.*

Why Poor Children Are More Likely to Be in the System

The majority of children you will encounter as a CASA volunteer will be living at or below the poverty level. Developing a better understanding of the realities of poverty will assist you in being a better advocate. *Keep in mind, knowing people's socioeconomic status—like knowing their race, ethnicity, or other group membership—does not necessarily mean you can predict their attitudes or behavior*. However, knowing their socioeconomic status does help you better understand their life experience, specifically some of the hardships they face.

While abuse and neglect occur in families at all socioeconomic levels, poor children are more likely to come to the attention of the child protection system. This happens for a variety of reasons. One reason is that middle- and upper-income families have access to many more resources within their families than poor people do. Even though family crisis, including abuse, happens at all income levels, it is poor people who often *have to* turn to the system for support. For people living in poverty, initial contact with "the system" is usually for reasons other than abuse. The contact may be about accessing medical care, food stamps, housing, etc. Once this contact is initiated, these families are communicating with many "mandated reporters," increasing the likelihood that issues of child maltreatment and neglect will be investigated.

Poverty causes great stress in families. Because of this stress, poverty itself is a major risk factor of abuse, which increases the likelihood of both immediate and lasting negative effects on children. However, poverty is not a causal agent of abuse. Most poor parents do not abuse their children.

Children living in families in poverty are more likely:

- To have difficulty in school.
- To become teen parents.
- As adults, to earn less and be unemployed more.

Poverty in the first years of life can have critical consequences. Research in brain development shows the importance of the first years of life for a person's overall emotional and intellectual well-being. Poor children face a greater risk of impaired brain development due to their increased exposure to a number of other risk factors. These risk factors include:

- Inadequate nutrition.
- Parental substance abuse.
- Maternal depression.
- Exposure to environmental toxins (because of where they are forced to live).
- Low-quality daycare.

Activity: Assessing Your Knowledge

Thinking about what you have just read, answer the questions below. There are many possible answers for each question.

1. What effect might living in poverty have on access to education, healthcare, and daycare?

2. What effect might current poverty have on the likelihood of future poverty?

3. Is poverty viewed differently in different communities, geographic regions, neighborhoods, and/or religions? Why or why not?

4. Are the experiences of poor families of color distinct from those of poor white families? What about Native American families? Why are race and income level interconnected?

Activity: Poverty vs. Neglect

Think about each of the situations below and share your thoughts.

A family does not have a refrigerator. Is this is a child safety issue?

- Yes, if:
- No, if:

A family lives in a rental unit with holes in the floor. Is this a child safety issue?

- Yes, if:
- No, if:

A family lives in a car. Is this a child safety issue?

- Yes, if:
- No, if:

A family does not have a regular pediatrician. Is this a child safety issue?

- Yes, if:
- No, if:

Poverty Resources

WEB SITES

National Center for Children in Poverty (NCCP)
www.nccp.org
The National Center for Children in Poverty is a public policy organization dedicated to promoting the economic security, health, and well-being of low-income families and children. Their site offers a variety of research publications related to economic security, early childhood, and family stability. Also available is a state-by-state search for demographic information correlating income level to employment, race and ethnicity, marital status, home ownership, and more.

National Poverty Center (NPC)
http://www.npc.umich.edu/
The National Poverty Center at the University of Michigan was established in the fall of 2002 as a nonpartisan research center. This site presents multidisciplinary research and policy briefs related to poverty.

US Census Bureau
www.census.gov/hhes/www/poverty/poverty.html
This site provides basic facts about poverty and how it is measured. It also displays the most recent reports, briefs, and data on poverty for the past twelve months.

BOOKS

- ***Framework for Understanding Poverty*** by Ruby K. Payne, Ph.D. (2003)
- ***Bridges Out of Poverty: Strategies for Professionals and Communities*** by Ruby K. Payne, Ph.D. (2000)

DOMESTIC VIOLENCE

Overview

THE PROBLEM

- Estimates of violence against a current or former spouse, boyfriend, or girlfriend range from nearly 1 million to 4 million incidents each year.

  US Department of Justice Violence by Intimates: Analysis of Data on Crimes by Current or Former Spouses, Boyfriends, and Girlfriends, 1998.

- Domestic violence is statistically consistent across racial and ethnic boundaries.

  Bureau of Justice Statistics Special Report Violence Against Women: Estimates from the Redesigned Survey, 1995.

- In 2001, women accounted for 85% of the victims of intimate partner violence and men accounted for approximately 15% of the victims.

  Bureau of Justice Statistics Crime Data Brief, Intimate Partner Violence, February 2003.

- As many as 95% of domestic violence perpetrators are male.

  A Report of the Violence Against Women Research Strategic Planning Workshop sponsored by the National Institute of Justice in cooperation with the US Department of Health and Human Services, 1995.

DEFINITION

Domestic violence is a pattern of assaultive and coercive behaviors, including physical, sexual, and psychological attacks and economic coercion that adults or adolescents use to control their current or former intimate partners (e.g., spouses, girlfriends/boyfriends, lovers, etc.).

Domestic violence ranges from threats of violence to hitting to severe beating, rape, and even murder. Victims and perpetrators are from all age, racial, socioeconomic, sexual orientation, educational, occupational, geographic, and religious groups. Abuse by men against women is by far the most common form, but domestic violence does occur in same-sex relationships, and some women do abuse men.

CAUSES

Domestic violence stems from one person's need to dominate and control another. Domestic violence is not caused by illness, genetics, gender, alcohol or other drugs, anger, stress, the victim's behavior, or relationship problems. However, such factors may play a role in the complex web of factors that result in domestic violence.

Domestic violence is learned behavior; it is a choice.

- It is learned through observation, experience, and reinforcement (perpetrators perceive that it works).
- It is learned in the family, in society, and in the media.

LEGAL SYSTEM RESPONSE

The legal system can respond to domestic violence as a violation of criminal and/or civil law. If the violence has risen to the level of assault, it can be prosecuted criminally. While definitions and procedures differ from one state to another, physical assault is illegal in all states. Law enforcement can press charges in criminal court with the victim as a witness. Victims may also secure a restraining/protective order and, in rare instances, may bring a civil lawsuit.

Whether a case proceeds in civil court or criminal court is dependent on a number of factors, many of which are beyond the victim's control. Availability and willingness of court personnel to act in domestic violence cases vary widely. Unless judges and attorneys, including prosecutors, have been educated about the dynamics of domestic violence, protective laws are inconsistently enforced. The repeated pattern of the abused spouse bringing charges and subsequently dropping them often discourages law enforcement personnel from giving these cases their immediate attention. Thus the victim is re-victimized.

The other setting in which the legal system and domestic violence may intersect is a court hearing regarding allegations of child abuse and/or neglect. As a CASA volunteer, you should be aware that a determination of domestic violence within the child's home will significantly influence placement decisions and what is expected of the non-abusing parent to retain/regain custody. The standard risk assessment conducted by child welfare agencies to evaluate whether a child needs to be removed from his/her home generally includes domestic violence as a factor that negatively relates to the child's safety at home. A child found to be living in a violent home is more likely to be removed. A child abuse or neglect case also may be substantiated against the battered parent for "failure to protect" the child because the victim did not leave the batterer, even if the victim lacked the resources to do so or it was not safe to do so.

BARRIERS TO LEAVING A VIOLENT RELATIONSHIP

For people who have not experienced domestic violence, it is hard to understand why the victim stays—or returns again and again to reenter the cycle of violence. The primary reason given by victims for staying with their abusers is fear of continued violence and the lack of real options to be safe with their children. *This fear of violence is real; domestic violence usually escalates when victims leave their relationships.* In addition to fear, the lack of shelter, protection, and support creates barriers to leaving. Other barriers

include lack of employment and legal assistance; immobilization by psychological or physical trauma; cultural/religious/family values; hope or belief in the perpetrator's promises to change; and the message from others (police, friends, family, counselors, etc.) that the violence is the victim's fault and that she could stop the abuse by simply complying with her abuser's demands. Leaving a violent relationship is often a process that takes place over time, as the victim can access resources she needs. The victim may leave temporarily many times before making a final separation.

**Adapted from Domestic Violence: A National Curriculum for Children's Protective Services, Anne Ganley and Susan Schechter, Family Violence Prevention Fund, 1996*

IMPACT ON CHILDREN

Lenore Walker, author of *The Battered Woman*, describes the world of children who grow up in violent homes:

> *Children who live in battering relationships experience the most insidious form of child abuse. Whether or not they are physically abused by either parent is less important than the psychological scars they bear from watching their fathers beat their mothers. They learn to become part of a dishonest conspiracy of silence. They learn to lie to prevent inappropriate behavior, and they learn to suspend fulfillment of their needs rather than risk another confrontation. They expend a lot of energy avoiding problems. They live in a world of make-believe.*

Children in families where there is domestic violence are at great risk of becoming victims of abuse themselves. Studies indicate this group is 15 times more likely to experience child abuse than children in nonviolent homes are. Over half of children in families where the mother is battered are also abused. In some cases, children may try to intervene and protect their mothers, getting caught in the middle of the violence. In most cases, however, children are also targets of the violence.

At least 75% of children whose mothers are battered witness the violence. In some cases, the batterer deliberately arranges for the child to witness it. The effect on children's development can be just as severe for those who witness abuse as for those who are abused. Witnessing violence at home is even more harmful than witnessing a fight or shooting in a violent neighborhood. It has the most negative impact when the victim or perpetrator is the child's parent or caregiver.

Source: "Children: The Forgotten Victims of Domestic Violence," Janet Chiancone, ABA Child Law Practice Journal, July 1997

Understanding Domestic Violence

THE CYCLE OF VIOLENCE

The cycle of violence can happen many times in an abusive relationship. Each stage lasts a different amount of time in the relationship, with the total cycle taking from a few hours to a year or more to complete. Emotional abuse is present in all three stages.

A person does not need to have experienced the following behaviors to be in an abusive relationship. These are some examples of abusive behaviors. There are many more not listed.

Phase 1: Tension Building	
Batterer may:	**Partner may:**
Pick fights	Feel like she/he is walking on eggshells
Act jealous and possessive	Try to reason with the batterer
Criticize, threaten	Try to calm the batterer
Drink, use drugs	Try to appease the batterer
Be moody, unpredictable	Keep silent, try to keep children quiet
Act crazy	Feel afraid or anxious

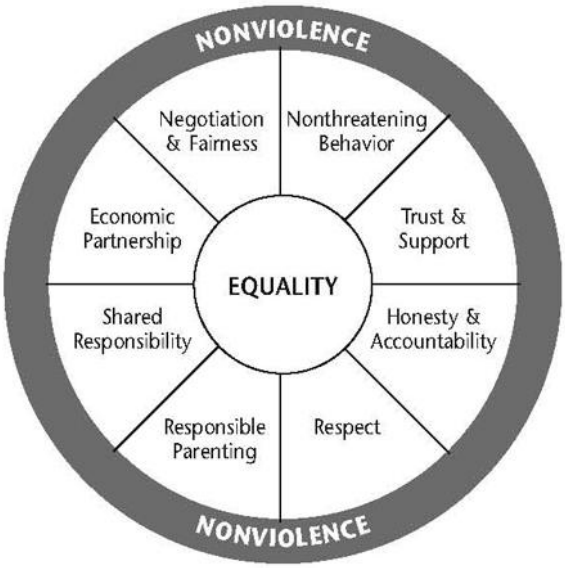
Phase 2: Crisis	
Batterer may:	**Partner may:**
Verbally abuse	Experience fear, shock
Sexually assault	Protect self and children
Physically abuse	Use self-defense
Increase control over money	Call for help
Restrain partner	Try to flee, leave
Destroy property, phone	Pray for it to stop
Emotionally assault	Do whatever is necessary to survive

Phase 3: Calm	
Batterer may:	**Partner may:**
Ask for forgiveness	Forgive
Promise it won't happen again	Return home
Stop drinking, using drugs	Arrange for counseling
Go to counseling	Feel hopeful
Be affectionate	Feel manipulated
Initiate intimacy	Blame self
Minimize or deny abuse	Minimize or deny abuse

THE POWER AND CONTROL WHEEL

Abusive relationships are based on the mistaken belief that one person has the right to control another. When the actions described in the spokes of this wheel don't work, the person in power moves on to actual physical and sexual violence. The relationship is based on the exercise of power to gain and maintain control. The dignity of both partners is stripped away.

THE EQUALITY WHEEL



Healthy relationships are based on the belief that two people in a relationship are partners with equal rights to have their needs met and equal responsibility for the success of the partnership. In this equality belief system, violence is not an option because it violates the rights of one partner and jeopardizes the success of the relationship. The dignity of both partners is built up in a relationship based on equality.

What A CASA Volunteer Can Do

As a CASA volunteer, it is important for you to be aware of the possibility that domestic violence exists in the families you encounter.

Be both knowledgeable and concerned about domestic violence.

Children from violent homes are at a higher risk for abuse than other children. According to *A Nation's Shame*, a report compiled by the U.S. Advisory Board on Child Abuse and Neglect, "Domestic violence is the single, major precursor to child abuse and neglect fatalities in the U.S."

Seek resources for children from violent homes.

Children need:

- Positive role models and supportive environments that will help them develop social skills and address feelings about the violence in a constructive manner.
- Help adopting alternative, nonviolent ways to address and resolve conflict (through specialized counseling programs, therapy, domestic violence victim support groups, youth mediation training, and relationships with supportive mentors).

Recommend help for parents.

- Try to ensure that domestic violence victims are treated fairly by the legal system and not further blamed in child abuse/neglect proceedings.
- Advocate in your community for things like housing, emergency shelters, legal procedures, and court advocates that increase the safety of mothers and children and support the autonomy of the adult victim.
- Encourage parenting classes for battered parents focused on empowering them to become more effective parents and teaching them how to help children cope with the consequences of witnessing domestic violence.
- Advocate for treatment programs for batterers followed by parenting classes focused on how to parent in a non-coercive, nonintrusive manner.

Activity: Effects of Domestic Violence on Children

Read the following stories told by mothers whose children have witnessed domestic violence and take a moment to answer the question following the scenarios.

ANNETTE

The kids were carrying a dreadful secret. If they talked, they would lose their dad, and they would be responsible for "breaking up" the family. If they didn't talk, they felt like they were taking part in my abuse. The kids were torn to pieces by the time we left him. And even that didn't end it. Every time he had visitation, he'd grill them about me, and he was always trying to make them choose between him and me. He'd coach them on things he wanted them to say to me and then they'd have to decide: "Should I say it or not?" He tried to turn them into weapons in his war on me.

JOCELYN

One morning after my husband left for work, my sons were in their room and as I cleaned the kitchen, I realized that they were role-playing one of our fights. My youngest called his brother a "rotten *#@*" and I wanted to die. Over the years the imitation continued. The older one wanted to beat up his dad for me and tried on a few occasions. But the younger one walked around the house calling me a fat pig. Eventually he started to hit me. That was too much. It opened my eyes. I wouldn't tolerate this behavior from an eight-year-old, so why was I tolerating it from my husband? I realized that my kids were growing up with a totally distorted image of what a family is, what a normal mom is, what a normal dad is, what love is. They'd already learned to disrespect women—to disrespect me.

CHERYL

One day my husband laid into me because I was delayed at the church and I wasn't home with dinner on the table when he came in from work. He cursed me out and carried on, and afterwards my son said to me, "I'd be mad too if I came home and my wife wasn't there." He was only nine years old. I hated the way he thought about women and the way he talked to me, and I realized that if we stayed there he was going to wind up thinking and acting just like his father.

Source: When Love Goes Wrong: What to Do When You Can't Do Anything Right, Ann Jones and Susan Schechter, New York: Harper Collins, 1992.

What might you recommend for these children and their families?

Domestic Violence Resources

WEB SITES

"Batterer Accountability: Responding to Child Maltreatment & Domestic Violence"
http://www.wscadv.org/resourcesPublications.cfm?aId=E434491E-C298-58F6-0867ECA86B83C0C3
This article addresses Washington State's efforts to bring together judges, law enforcement officials, child welfare professionals, and domestic violence advocates to improve the response to child welfare cases involving domestic violence. Central to this effort is finding ways to hold domestic violence perpetrators accountable for their actions in order to improve the safety of children.

Deaf Hope
www.deaf-hope.org
Deaf Hope is a California-based nonprofit organization working to end domestic violence and sexual assault against deaf women and children through empowerment, education, and services. This website provides the number for a national toll-free TTY domestic violence hotline.

Family Violence Prevention Fund (FVPF)
www.endabuse.org
FVPF is a national nonprofit organization that focuses on domestic violence education, prevention, and public policy reform. This site includes information on the effects of domestic violence on children, immigrant women, public education, teens, and the workplace, as well as other relevant links.

The Greenbook Initiative
www.thegreenbook.info
This site describes an initiative launched by the National Council of Juvenile and Family Court Judges to help child welfare and domestic violence agencies and family courts work together more effectively to help families experiencing violence. Research and experience has verified a strong link between violence against women and abuse of children in the same home. The Greenbook Initiative seeks to make courts aware of the effects of violence on both adults and children in order to take action that will adequately address the immediate as well as the long-term harm to children of domestic violence victims.

The Intersection of Domestic Violence & Child Victimization
http://familyvio.csw.fsu.edu/rural/intersection/
This online tutorial, created by the Institute for Family Violence, part of Florida State University's College of Social Work, is a thorough training in how domestic violence impacts children. It has a unit devoted entirely to rural communities, including barriers to intervention in these areas.

MedlinePlus
www.nlm.nih.gov/medlineplus/domesticviolence.html
MedlinePlus provides information on domestic violence patterns and signs. Other information includes resources, diagnostic information, law and policy, and statistics. There are specific links for women, children, teenagers, and men.

The Minnesota Center Against Violence & Abuse (MINCAVA)
www.mincava.umn.edu
MINCAVA operates an electronic clearinghouse that provides scholarly papers on battered spouses and their children, a searchable database on the link between child maltreatment and woman battering, and links to additional resources.

National Coalition Against Domestic Violence (NCADV)
www.ncadv.org
The NCADV site provides information on prevention, public policy, support programs, resources, membership, their national conference, and much more.

National Domestic Violence Hotline
www.ndvh.org
This site focuses on how to get help and become educated about domestic violence. A Spanish version of the website is available.

National Latino Alliance for the Elimination of Domestic Violence (Alianza)
www.dvalianza.org
Alianza carries out work in four main areas: community education and development; public policy; research; and training and technical assistance. The resources section of this site lists publications, web links, services, grants and fellowships, job listings, and a calendar of events.

Violence Against Women Online Resources
www.vaw.umn.edu
This site includes documents that address provisions of the Violence Against Women Act; issues related to child custody and protection; the overlap between child maltreatment and abuse of women; and child witnesses of domestic violence.

SUBSTANCE ABUSE

Overview

THE PROBLEM

In 1999, 85% of states named substance abuse as one of the top two problems (the other was poverty) challenging families reported to child welfare agencies for child maltreatment.

- More than half of children in foster care have parents with substance abuse problems.
- In 80% of substance-abuse-related cases, the child's entry into foster care was the result of severe neglect.

Child Welfare League of America, Alcohol, Other Drugs, and Child Welfare, 2001.

DEFINITIONS

Psychoactive substances, whether legal (i.e., alcohol), or illegal, impact and alter moods, emotions, thought processes, and behavior. These substances are classified as stimulants, depressants, opioids and morphine derivatives, cannabinoids, dissociative anesthetics, or hallucinogens based on the effects they have on the people who take them.

Substance abuse occurs when a person displays behavior harmful to self or others as a result of using the substance. This can happen with only one instance of use, but it generally builds over time, eventually leading to addiction. Addiction, also called chemical dependency, involves the following:

- Loss of control over the use of the substance
- Continued use despite adverse consequences
- Development of increasing tolerance to the substance
- Withdrawal symptoms when the drug use is reduced or stopped

CAUSES

There are different theories about how abuse/addiction starts and what causes substance abuse/dependency. According to the American Society of Addiction Medicine, substance-related disorders are biopsychosocial, meaning they are caused by a combination of biological, psychological, and social factors.

It is important to remember that people suffering from abuse/addiction are not choosing to be in the situation they are in. Try to see those who are addicted as separate from their disease. In other words, they should be seen as "sick and trying to get well," not as "bad

people who need to improve themselves." This will help you to remember to be compassionate and nonjudgmental in your approach.

TREATMENT

The field of addiction treatment recognizes an individual's entire life situation. Treatment should be tailored to the needs of the individual and guided by an individualized treatment plan based on a comprehensive assessment of the affected person, as well as his/her family. Treatment can include a range of services depending on the severity of the addiction, from a basic referral to 12-step programs to outpatient counseling, intensive outpatient/day-treatment programs, and inpatient/residential programs.

Treatment programs use a number of methods, including assessment; individual, group, and family counseling; educational sessions; aftercare/continuing-care services; and referral to 12-step or Rational Recovery support groups. Recovery is a process—and relapse is part of the disease of addiction.

The process of recovery includes holding substance abusers accountable for what they do while using. While it is important to act in an empathetic manner toward people with addictions, they must be held accountable for their actions. For example, a mother who is successfully participating in treatment may have to deal with her children being temporarily taken from her because of how poorly she cared for them when using. In most cases, successful recovery efforts can be rewarded.

IMPACT ON CHILDREN

Children whose parents abuse drugs and alcohol are almost three times likelier to be abused and more than four times likelier to be neglected than children of parents who are not substance abusers. Substance abuse and addiction are the primary causes of the dramatic rise in child abuse and neglect cases since the mid-1980s.

National Center on Addiction and Substance Abuse at Columbia University, No Safe Haven, 1999.

It is helpful to remember that children of parents with abuse/addiction problems still love their parents, even though the parents may have abused or neglected them. However, the CASA volunteer must always consider the impact that substance abuse has on children.

The Effects of Substance Abuse on Parenting

It is important to remember that when a parent is involved with drugs or alcohol to a degree that interferes with his/her ability to parent effectively, a child may suffer in a number of ways:

- A parent may be emotionally and physically unavailable to the child.
- A parent's mental functioning, judgment, inhibitions, and/or protective capacity may be seriously impaired by alcohol or drug use, placing the child at increased risk of all forms of abuse and neglect, including sexual abuse.
- A substance-abusing parent may "disappear" for hours or days, leaving the child alone or with someone unable to meet the child's basic needs.
- A parent may spend the family's income on alcohol and/or other drugs, depriving the child of adequate food, clothing, housing, and healthcare.
- The resulting lack of resources often leads to unstable housing, which results in frequent school changes, loss of friends and belongings, and an inability to maintain important support systems (churches, sports teams, neighbors).
- A child's health and safety may be seriously jeopardized by criminal activity associated with the use, manufacture, and distribution of illicit drugs in the home.
- Eventually, a parent's substance abuse may lead to criminal behavior and periods of incarceration, depriving the child of parental care.
- Exposure to parental abuse of alcohol and other drugs, along with a lack of stability and appropriate role models, may contribute to the child's substance abuse.
- Prenatal exposure to alcohol or other drugs may impact a child's development.

The Effects of Substance Abuse on the Child's Experience

From a child's perspective, a parent's substance abuse is usually characterized by the following:

- **Broken Promises—**Parents may break their promises to go somewhere with the family, do something with the children, not drink that day, or not get high on some occasion. The children grow up thinking they are not loved or important enough for their parents to keep their promises.

- **Inconsistency & Unpredictability—**Rules and limits may seem to change constantly, and parents may be loving one moment and abusive the next.

- **Shame & Humiliation—**Alcohol or drugs may take over and suddenly turn an otherwise lovely parent into a loathsome embarrassment.

- **Tension & Fear—**Because the children of substance-abusing parents never know what will happen next, they typically feel unsafe at home, the environment in which they should feel most protected.

- **Paralyzing Guilt & an Unwarranted Sense of Responsibility—**Many children think they cause their parents' behavior. Part of the disease is to blame someone else for it, and the children grow up thinking that if they were better students, more obedient, neater, more reliable, or nicer to their siblings, their parents would not use alcohol/drugs.

- **Anger & Hurt—**Children may feel neglected, mistreated, and less important in their parents' lives than the alcohol or drugs. They grow up with a profound sense of abandonment.

- **Loneliness & Isolation—**Because the family denies or hides the problem and often will not even discuss it among themselves, the children, with no one to talk to about the most important thing in their lives, think they are the only ones with this problem.

- **Lying as a Way of Life—**Children may feel they have to constantly cover for the failure of the parent, or account for his/her deviant behavior.

- **Feeling Responsible—**Often children feel that it is their job to organize and run the home and care for younger siblings.

- **Feeling Obligated—**Children feel they must hide the problem from authorities in order to protect the parent.

Adapted from When Your Parent Drinks Too Much: A Book for Teenagers, Eric Ryerson, New York: Facts on File, 1985.

Children in substance-abusing families need help to address these issues and begin to heal their wounds. CASA volunteers can advocate for thorough assessment and treatment by a provider who has expertise in working with substance abuse issues.

What A CASA Volunteer Can Do

Educate yourself about the power of addiction and about resources such as Alcoholics Anonymous, Narcotics Anonymous, Rational Recovery, Al-Anon, Alateen, and Nar-Anon. Support those family members who are willing to deal with the substance abuse problem, even if the person with the substance dependence is not.

Services for which you might advocate include:

- Thorough assessment with recommendations for treatment.
- Substance abuse treatment services (especially programs where the child can be with the parent, if appropriate).
- Home-based services to build family skills.
- Relocation out of an environment where drug or alcohol use is pervasive.
- Financial assistance and childcare while parents are in treatment.
- Support services such as SSI (Supplemental Security Income), TANF (Temporary Assistance for Needy Families), food stamps, job training, and child support.
- When a child is in foster care, frequent visitation in a homelike atmosphere or a natural setting such as a park.
- Assistance for the parent seeking to flee a domestic violence perpetrator—for example, obtaining a protective order, securing alternative housing, and taking other necessary steps (substance abusing domestic violence victims are more likely to remain sober away from the abuser).

Activity: Responding to What the Child Experiences

Read the following situations and write down how you might respond as a CASA volunteer.

1. A 15-year-old child says, "My mom and her boyfriend smoke dope on weekends."

2. You learn that the 10-year-old child for whom you advocate taught his foster sister how to smoke crack.

3. A 4-year-old child, whose mother is in jail after a third offense for driving under the influence, asks you, "Why is Mommy in jail? Is she bad?"

Substance Abuse Resources

Addiction Links Page (Directory)
www.drugnet.net/metaview.htm#general
This comprehensive site provides links to virtually every relevant topic on substance abuse, as well as links to fact sheets and statistics.

Drugstory.org
www.drugstory.org
Drugstory.org provides information and statistics about drug use. The site contains sections on drug abuse prevention and treatment, drug trafficking, and drug-related crime. It also contains extensive information on individual drugs and classes of drugs, such as methamphetamine, ecstasy, marijuana, hallucinogens, etc.

Meth & Child Welfare: Promising Solutions for Children, Their Parents & Grandparents
http://ipath.gu.org/documents/A0/Meth_Child_Welfare_Final_cover.pdf
This report from Generations United focuses on the risks that methamphetamine use poses to children and makes recommendations for how the child welfare system can respond to the increase in meth use across the country.

National Association for Children of Alcoholics (NACoA)
www.nacoa.org
The mission of NACoA is to advocate for all children and families affected by alcoholism and other drug dependencies. This mission drives their programs and materials to help children of alcoholics.

National Center on Addiction & Substance Abuse
www.casacolumbia.org
Topics on this site include the economic and social costs of substance abuse and its impact on lives; what works in prevention, treatment, and law enforcement; individual and institutional responsibility for combating substance abuse and addiction; the tools helpers need to succeed; and the goal of removing the stigma of abuse and replacing shame and despair with hope.

National Alliance for Drug Endangered Children
www.nationaldec.org
This organization promotes programs that rescue, shelter, defend, and support children endangered by caregivers who manufacture, deal, or use drugs.

National Center on Substance Abuse & Child Welfare (NCSACW)
www.ncsacw.samhsa.gov
The National Center on Substance Abuse and Child Welfare works to develop knowledge and provide technical assistance to federal, state, and local agencies and tribes to improve

outcomes for families with substance use disorders in the child welfare and family court systems.

National Institute on Drug Abuse
www.nida.nih.gov
This site focuses on the science of drug abuse and addiction and includes information for researchers and health professionals, parents and teachers, and students and young adults.

Prevention Online
http://ncadi.samhsa.gov/
The National Clearinghouse for Alcohol and Drug Information's Prevention Online site provides alcohol and drug information, including research and publications, with resources specifically for families, youths, schools, employers, and the community.

Recovery Connection
www.recoveryconnection.org/substance_abuse/
This site describes substance abuse and gives information on hotlines, support groups, detox treatment, and intervention.

Substance Abuse & Mental Health Services Administration
www.samhsa.gov
This site includes new forms of treatment, general information, and publications, and offers a link to area professionals.

"The Truth About Addiction"
www.abanet.org/child/clp/archives/vol19/dec00.pdf
This article is aimed at helping those who work in the child welfare system understand addiction.

Understanding Substance Abuse & Facilitating Recovery: A Guide for Child Welfare Workers
www.ncsacw.samhsa.gov/files/UnderstandingSAGuide.pdf
This guide is intended to help child welfare workers understand how alcohol and drugs affect child welfare, recognize when substance abuse is a factor in child welfare cases, understand addiction and treatment, and collaborate with treatment partners.

MENTAL ILLNESS

Overview

THE FACTS

- An estimated one in five adults in the United States suffers from a diagnosable mental disorder in any given year.

  Source: National Institute of Mental Health, www.nimh.nih.gov.
- The vast majority of people with a mental illness are not dangerous.
- Mental illness is treatable with various combinations of therapy and drugs.

DEFINITION

Definitions of mental illness have changed over time, across cultures, and across national—and even state—boundaries. Mental illness is diagnosed based on the nature and severity of an individual's symptoms. If a person meets the diagnostic criteria as set forth in the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*, he/she may be diagnosed with a particular disorder such as depression, anxiety, post-traumatic stress disorder, schizophrenia, alcohol dependence, and so on. The term "dual diagnosis" indicates that an individual has both a psychiatric disorder and a substance abuse problem.

CAUSES

No single model or perspective accounts for all instances of mental illness. Some disorders have a predominately biological or neurological basis; others seem to be related to life experiences, trauma, or difficulties in communication. The most helpful stance for you to take in your CASA work is to accept that mental illness affects the whole person—mentally, physically, psychologically, socially, emotionally, and spiritually.

IMPACT ON CHILDREN & FAMILIES

The biggest obstacle facing those suffering from mental illness is the lack of appropriate, effective treatment. This lack may result from misunderstanding the need for treatment or being afraid to seek it due to the stigma associated with mental illness in U.S. culture. It may also result from a lack of access to treatment. There may not be treatment available in a person's community, or the person may not be able to pay for it.

Untreated mental illness can lead to isolation and despair for individuals and families. Some parents may be so incapacitated by anxiety or depression that they are unable to care for their children. Or some may have hallucinations or delusions, which make them a

danger to themselves, or their children. It is critical for you as a CASA volunteer to focus less on a parent's diagnosis and more on his/her ability to provide a safe home for the child. The degree to which a parent's functioning is impaired will vary from mild to severe. It is important to note that with medication and/or therapy most people with mental illness can function normally.

To understand the impact of mental illness in a particular family, it is critical that you also examine the parents' level of functioning. A person's level of functioning can be affected by many factors, and not all are related to mental illness. It is important to distinguish between mental illness and other kinds of limitations. For example, many adults have limited intellectual abilities or specific learning disabilities. These limitations range in severity. By looking at the parents' level of functioning in addition to mental illness, you can make recommendations that address the likelihood that the parents can remedy the problems that initiated their involvement with the child protective services system.

TREATMENT

Availability of mental health treatment varies, and its effectiveness depends on a variety of factors. A well-designed treatment plan takes individual differences into account. Healers and practices from a person's cultural tradition (e.g., the use of prayer or meditation) can be included with other, more "Western," approaches, which might include specialized inpatient treatment (e.g., for substance abuse), medication, individual and/or group counseling, self-help groups (e.g., Alcoholics Anonymous, Overeaters Anonymous, and other 12-step programs), and education or training (e.g., parenting classes or anger management training).

What A CASA Volunteer Can Do

It is not your task to diagnose mental illness. However, it is important to be aware of warning signs or indicators that may affect the health or safety of the child so that you can alert the child protective services caseworker about your concerns. How will you know mental illness when you see it? Your internal cues are your best initial indicators that something is "off" or "not right" about a person. Following are some indicators that may point to the need for professional assessment:

Social Withdrawal
Characterized by "sitting and doing nothing"; friendlessness (including abnormal self-centeredness or preoccupation with self); dropping out of activities; decline in academic, vocational, or athletic performance

Depression
Includes loss of interest in once pleasurable activities; expressions of hopelessness or apathy; excessive fatigue and sleepiness, or inability to sleep; changes in appetite and motivation; pessimism; thinking or talking about suicide; a growing inability to cope with problems and daily activities

Thought Disorders
Evidenced by confused thinking; strange or grandiose ideas; an inability to concentrate or cope with minor problems; irrational statements; peculiar use of words; excessive fears or suspicions

Expression of Feelings Disproportionate To Circumstances
May include indifference even in important situations; inability to cry or excessive crying; inability to express joy; inappropriate laughter; anger and hostility out of proportion to the precipitating event

Behavior Changes
Such as hyperactivity, inactivity, or alternating between the two; deterioration in personal hygiene; noticeable and rapid weight loss; changes in personality; drug or alcohol abuse; forgetfulness and loss of valuable possessions; bizarre behavior (such as skipping, staring, or strange posturing); increased absenteeism from work/school

As part of the assessment, it is important to determine if domestic violence and/or substance abuse are contributing or causal factors. This is a task for professionals.

In your capacity as a CASA volunteer:

- You can recommend a mental health assessment of a parent or child.

- You may request consultations with a parent's or a child's mental health care providers. Although the parent's mental health providers are ethically and legally required to maintain their client's confidentiality, they may be willing—with their client's permission—to talk with you about their perspective on the situation and any concerns you have. Your county coordinator will be able to answer your questions about gaining access to this confidential information.
- If you encounter someone's resistance to a label, diagnosis, or treatment, you can become aware of ethnic and cultural considerations. The standards for research and definitions of health, illness, and treatment have historically derived from a white, middle-class perspective.

Mental Health Resources

National Alliance on Mental Illness
www.nami.org
This organization provides resources to improve the lives of people with mental illnesses and their families. Legal issues, medical information, and many other fact sheets are included in the website.

Mental Health America of Arizona (MHAAZ)
www.mhaarizona.org
This is a non-profit association providing leadership to address the full range of mental health and wellness issues in Arizona. MHAAZ promotes good mental health and works on behalf of all people living with mental illness by advocating, educating and shaping public policy.

Internet Mental Health
www.mentalhealth.com
This site contains links for common disorders, organizations, search engines, and medical sites.

Children & Adults with Attention-Deficit/Hyperactivity Disorder (CHADD)
www.chadd.org
CHADD works to improve the lives of people with attention-deficit/hyperactivity disorder through education, advocacy, and support. Their site offers great information on ADHD and disability issues in the legislature.

Section Three Review Questions

- In thinking about child poverty, and the accompanying statistics, what surprised you?

- What beliefs do you have about domestic violence?

- What else do you hope to learn about that you think will help you advocate effectively for a child who has been impacted by substance abuse?

Questions for My Coordinator

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Section Four
CHILD DEVELOPMENT BASICS

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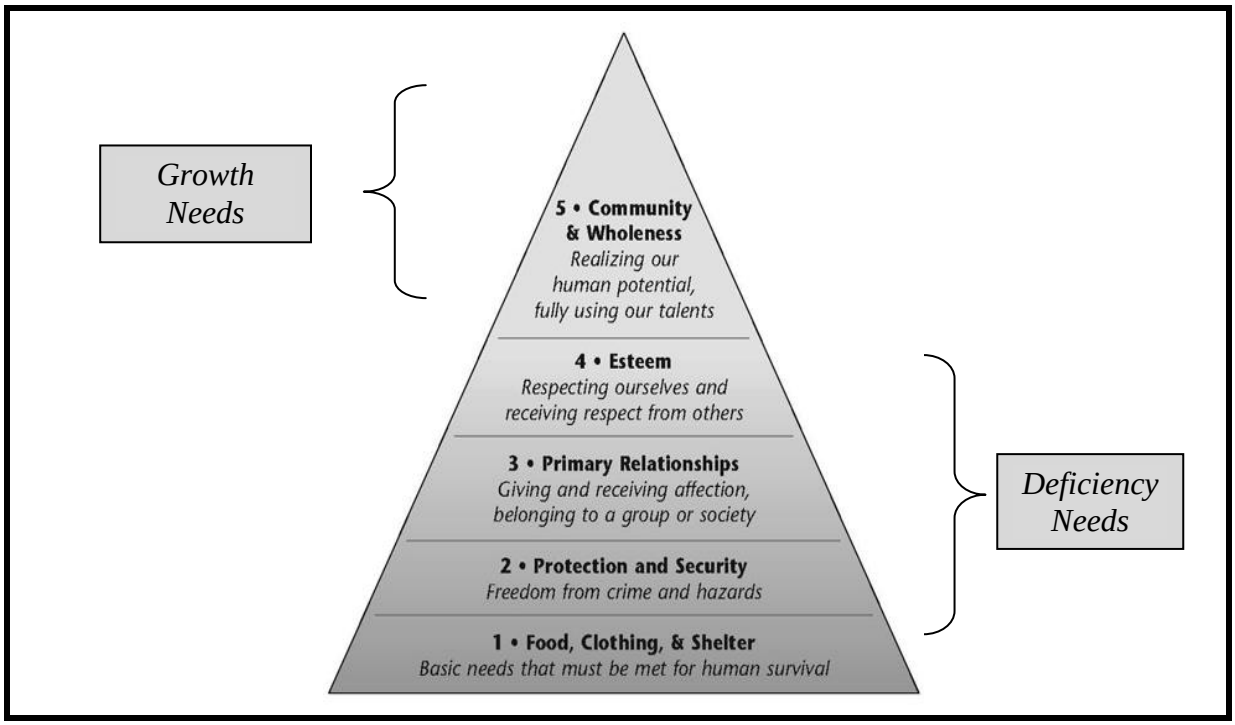
Maslow's Hierarchy of Needs

Abraham Maslow believed there are five categories of needs that all people have, and that these needs have to be met in sequence from the first level on up. If the needs at one level are not met, the needs at the next level cannot be met.



Maslow's hierarchy of needs is often depicted as a pyramid consisting of five levels: the four lower levels are grouped together as *deficiency needs* associated with physiological needs, while the top level is termed *growth needs* associated with psychological needs.

While *deficiency needs* must be met, *growth needs* are the need for personal growth. The basic concept is that the higher needs in this hierarchy only come into focus once all the needs that are lower down in the pyramid are mainly or entirely satisfied.

Once an individual has moved past a level, those needs will no longer be prioritized. However, if a lower set of needs is continually unmet for an extended period of time, the individual will temporarily re-prioritize those needs—dropping down to that level until those lower needs are reasonably satisfied again. Innate growth forces constantly create upward movement in the hierarchy unless basic needs remain unmet indefinitely. This will come into play as you learn about abuse and neglect, and child trauma.

DEFICIENCY NEEDS

1. Physiological—food, clothing and shelter

- The need to breathe
- The need to drink water
- The need for sleep
- The need to eat
- The need to dispose of bodily wastes

If some needs are not fulfilled, a human's physiological needs take the highest priority. Physiological needs can control thoughts and behaviors, and can cause people to feel sickness, pain, and discomfort.

2. Safety—protection and security

When physiological needs are met, the need for safety will emerge. Safety and security rank above all other desires when pertaining to physiological needs. These include:

- Physical security—safety from violence, delinquency, aggressions.
- Security of employment.
- Security of revenues and resources.
- Family security.
- Security of health.

3. Love/Belonging—primary relationships

After physiological and safety needs are fulfilled, the third layer of human needs is love and belonging. This involves emotionally-based relationships in general, such as:

- Friendship.
- Sexual intimacy.
- Having a supportive and communicative family.

Humans need to feel a sense of belonging and acceptance, whether it comes from a large social group (such as clubs, work, religious groups, professional organizations, sports teams, gangs) or small social connections (family members, intimate partners, mentors, close colleagues, confidants). They need to love and be loved (sexually and non-sexually) by others.

4. Esteem needs

According to Maslow, all humans have a need to be respected, to have self-respect, and to respect others. People need to engage themselves to gain recognition and have an activity or activities that give the person a sense of contribution, to feel accepted and self-valued, be it in a profession or hobby.

There are two levels to Esteem needs. The lower of the levels relates to elements like fame, respect, and glory. The higher level is contingent to concepts like confidence, competence, and achievement. The lower level is generally considered less advanced and more external; it is dependent upon other people. However confidence, competence, and achievement only need one person and everyone else is inconsequential to one's own success.

GROWTH NEEDS

Though the deficiency needs may be seen as "basic," and can be met and neutralized (i.e., they stop being motivators in one's life), growth needs are an enduring driver of behavior.

5. Self-actualization—community and wholeness

Self-actualization is the instinctual need of humans to make the most of their abilities and to strive to be the best they can.

- They embrace the facts and realities of the world rather than denying or avoiding them.
- They are spontaneous and creative in their ideas and actions.
- They are interested in solving problems.
- They feel a closeness to other people, and generally appreciate life.
- They have a system of morality that is fully internalized and independent of external authority.
- They have discernment and are able to view all things in an objective manner.

IMPORTANT POINTS ABOUT CHILDREN'S NEEDS

- Healthy growth and development depend on adequately meeting basic needs (e.g., the development of friendships depends on more basic needs being met).
- Children's needs depend on their age, stage of development, attachment to their family/caregivers, and reaction to what is happening around them.
- The essence of your role as a CASA volunteer is to identify the child's unmet needs and to advocate for those needs to be met.

Activity: Understanding the Needs of Children

PART I

A. Review Maslow's hierarchy of needs and write down all of the things that you think children need.

B. Which of the needs on the list are child protection issues?

PART II

Assume you are the CASA volunteer for Robert and Rose, the younger children in the Harris-Price case study.

A. Which of the needs that you wrote down above would you wish to address for Robert? Which would you wish to address for Rose?

B. Where do Robert's needs fall on Maslow's hierarchy? Where do Rose's fall?

Developmental Characteristics of Children

When children's needs are met appropriately, they are able to grow and develop optimally. It is important for CASA volunteers to be able to assess age-appropriate behavior for children from birth through adolescence. The next few pages provide information on growth and development that will be a resource to you in your work.

AGE: BIRTH TO 6 MONTHS

Cognitive	Language	Physical	Social/Emotional
• Looks at shapes, such as the shape of faces • Stares or swat at moving objects • Connects people with events—such as mother with bottle • Tells family member from others • Repeats actions that cause toys to move or make noises	• Babbles and coos • Cries when something is wrong • Makes sounds to get attention • Responds to sounds by making gestures	• Explores by looking, grasping, swatting • Sucks • Follows objects with eyes • Brings fists together • Begins to roll over, rolls over • Balances head • Reaches with both hands • Pulls to sitting position • Holds onto bottle when being fed	• Smiles at faces and voices • Smiles o babbles when held, rocked, or played with • Shows discomfort by crying or tensing body • Laughs and makes noises to show pleasure • Different cried to show different needs

AGE: 6 MONTHS TO ONE YEAR

Cognitive	Language	Physical	Social/Emotional
• Repetitive actions • Uncovers hidden toys • Shakes or moves objects to make noise • Explores nearby areas more carefully • Tries to name familiar people • Looks at pictures in a book • Remembers games played before	• Says dada and mama • Babbles to self and familiar people • Copies mouth and lip movements • Imitates sounds and gestures • Combines words and gestures; e.g., "bye-bye" • Imitates sounds things make • Stops doing things when told "no"	• Sits without support • Crawls—pulls to standing • Feeds self with fingers and messily with a spoon • Begins to stand alone—holding onto furniture • Opens drawers and cupboards • Picks up toys with thumb and first finger	• Reaches out and pats reflection in a mirror • Pulls away from things not wanted • Participates in games like peek-a-boo • Begins to imitate and play with adults • Responds to name • May cling to familiar person if a stranger is present • Shows hurt feeling when scolded

AGE: ONE TO TWO YEARS

Cognitive	Language	Physical	Social/Emotional
• Understands simple instructions • Connects the order of events, such as food, wash, nap • Begins to name things • Finds new ways to get things done • Recognizes self in a mirror • Recognizes body parts on a doll • Fills a box or can with objects	• Uses dada and mama correctly • Puts simple words together • Uses one word to indicate needs • Imitates words • Follows simple instructions • Asks simple questions	• Throws a ball • Walks up and down stairs with help • Pulls clothes off • Uses a spoon, drinks from a cup • Walks and runs without falling • Climbs on and sits in a chair • Carries, pushes, pulls a large toy • Turns pages in a book • Tells when they are wet, soiled and need to use the restroom	• Watches children play, plays with other, may not share well • Shows a sense of humor • Shows a preference for a toy • Demonstrates anger by crying or fighting • Shows affection • Shows more independence in activities and self care, decision making • May slap, bite, or hit and refuse to do what they are asked

AGE: TWO TO THREE YEARS

Cognitive	Language	Physical	Social/Emotional
• Takes simple objects apart and puts them together • Develops longer memory span • Matches colors, sizes and shapes • Makes simple choices • Knows what some objects are used for • Begins to understand numbers	• Uses three-word sentences • Using words to show feelings and thoughts • Uses more expressive language • Listens to memorize simple rhymes • Uses me, I, and you	• Jumps • Walks up and down stairs—alternating feet • Kicks a large ball • Makes simple lines with crayons • Puts on and takes off clothes • Unzips clothes • Washes, dries hands, combs/brushes hair • Stays dry at night	• Becomes frustrated easily • Protects and cares for belongings • Imitates adult activities • Expresses pride in accomplishments • Shows a sense of humor and enjoys surprises

AGE: THREE YEARS

Cognitive	Language	Physical	Social/Emotional
• Puts together a 5–10 piece puzzle • Draws figures with head and hands • Counts to five and can count three objects • Shows greater awareness of time • Sees likeness and differences • Understands words of place	• Speaks in longer sentences • Uses language to describe objects, events, and things • Asks and answers questions • Uses language in imaginative play • Listens to longer stories	• Walks downstairs without help • Jumps from a bottom step • Does forward somersaults • Paints with a brush • Unbuttons, zips, laces shoes, dress and undresses with help • Brushes teeth—with help • Expresses need to use the toilet	• Takes turns and shares • Plays with a group of children • Chooses a special friend • Expresses anger verbally • Selects activities independently

AGE: FOUR YEARS

Cognitive	Language	Physical	Social/Emotional
• Draws a person with detailed features • Puts together a 10 piece puzzle • Matches letters to letters in a name • Names colors, shapes and textures • Brushes teeth, uses the toilet	• Acts out and tells stories • Shows pleasure playing with word sounds and meaning • Gives longer answers to questions • Uses past tense	• Bounces a ball • Walks backwards • Jumps over low ropes • Shows great eye-hand coordination • Buttons, laces, dresses, and undresses	• Makes demands for attention, shows off, expects praise • Easily encouraged or discouraged • Enjoys leadership roles. Can appear bossy • Experiments and solves problems • Apologizes easily

AGE: FIVE YEARS

Cognitive	Language	Physical	Social/Emotional
• Shows definite purpose in using objects • Counts to 20 • Prints numbers 1–5 • Compares objects by size and weights • Names shapes and days of the week	• Repeats songs and nursery rhymes • Recalls events in order • Follows three-step instructions • Says their full name and address • Uses future tense • Pronounces words clearly and uses them in sentences • Uses more words to express needs, fears, feelings, and ideas	• Skips, jumps, marches, gallops, and hops • Bounces and catches a ball • Rides a tricycles • Can balance on one foot • Completes puzzles with 20–30 pieces • Draw human figure with features • Tries to tie shoes	• Enjoys playing with other children or may prefer to play alone • Likes to run errands • Take responsibility for own actions • Rarely quarrels • Respects others belongings • Follows a leader and enjoys being the leader

AGE: SIX YEARS TO PUBERTY

Cognitive
• Capable of organized learning, understands concepts of time, distance, money, past and future • Begins to shift and sort information into categories • Develops interest in historic events, foreign lands, and different cultures • Refines readiness skills in reading, numbers, and writing • Understands charts, graphs, and diagrams, especially when making objects • Organizes collections • Improves their reasoning and problem solving skills • Develops and interest in learning special skills like music, art or sports
Language Development
• Uses more and more words to talk about people, things, or feelings • Criticizes and complains in very clear terms • Makes puns and comical comments with words and phrases • Can be verbally aggressive when interacting with others • Are fascinated by rhymes, anagrams, codes, and foreign words

SCHOOL AGE: SIX TO PUBERTY (continued)

Physical Development
• Loses their baby roundness, are long legged and gain weight • Writes more clearly and tries more detailed work • Develops a coordinated sense of balance • Practices personal hygiene independently • Performs simple household tasks • Develops a sense of rhythm
Social/Emotional
• Spends increasing amounts of time with others of their own age and gender • Forms clubs around friendships and neighborhood alliances • Shares secrets, handshakes, rituals with friends • Develops competitive feelings and the need to be strong • Strives to succeed in school work and develops careful, consistent work habits • Develops an active imagination and interest in creative play • Develops a strong sense of fair play • Enjoys independent activities, such as reading or watching television • Learns to control their emotions and tries to hide their needs and fears from adults

You are not expected to be a child development expert. Rather, you need to be aware of typical child development so you will know when to recommend an assessment by a child development professional. When observing a child's development, keep in mind these key points:

- ✓ There is a wide range of typical behavior. At any particular age 25% of children will not exhibit the behavior or skill, 50% will show it, and 25% will already have mastered it.
- ✓ Some behaviors may be typical—in the sense of predictable—responses to trauma, including the trauma of separation as well as abuse and neglect.
- ✓ Prenatal and postnatal influences may alter development.
- ✓ Other factors, including culture, current trends, and values, also influence what is defined as typical.

Reflection Questions

- *Which age groups do you have the most interest or experience with?*
- *Which age groups do you want to learn more about?*

Additional Tips on How Children Grow and Develop

1. No two children are alike. Each one is different. Each child is a growing, changing person.
2. Children are not small adults. They do not think, feel, or react as grown-up people do.
3. Children cannot be made to grow. On the other hand, they cannot be stopped from growing.
4. Even though children will grow in some way no matter what care is provided for them, *they cannot reach their best growth possibilities unless they receive care and attention appropriate for their stage of development from a consistent figure in their life*.
5. Most children roughly follow a similar sequence of growth and development. For example, children scribble before they draw. But no two children will grow through the sequence in exactly the same way. Some will grow slowly while others grow much faster. Children will also grow faster or slower in different areas of development. For example, a child may be very advanced in language development but less advanced, or even delayed, in motor coordination.
6. During the formative years, the better children are at mastering the tasks of one stage of growth, the more prepared they will be for managing the tasks of the next stage. For example, the better children are able to control behavior impulses as two-year-olds, the more skilled they will be at controlling behavior impulses they experience as three-year-olds.
7. Growth is continuous, but it is not always steady and does not always move smoothly forward. You can expect children to slip back or regress occasionally.
8. Behavior is influenced by needs. For example, active 15-month old babies touch, feel, and put everything into their mouths. That is how they explore and learn; they are not intentionally being a nuisance.
9. Children need to feel that they are loved, that they belong, that they are wanted. They also need the self-confidence that comes from learning new things.
10. It is important that experiences that are offered to children fit their maturity level. If children are pushed ahead too soon, and if too much is expected of them before they are ready, failure may discourage them. On the other hand, children's growth may be impeded if parents or caregivers do not recognize when they are ready for more complex or challenging activities. Providing experiences that tap into skills in which children already feel confident as well as offering some new activities that will challenge them gives them a balance of activities that facilitates healthy growth.

Source: Resources for Child Caring, Inc., Minnesota Child Care Training Project, Minnesota Department of Human Services.

Activity: Ages and Stages

Review the Harris-Price Case and try to establish the developmental level of nine-month-old Rose. Make notes in the chart below for each of the areas. Be sure to keep in mind the principles of development from the previous sections.

Cognitive
Language Development
Physical Development
Social/Emotional

A. Is Rose on target?

B. What additional information would you need to gather in order to assess her?

C. What might help her in areas in which she is lagging behind?

Attachment and Resilience

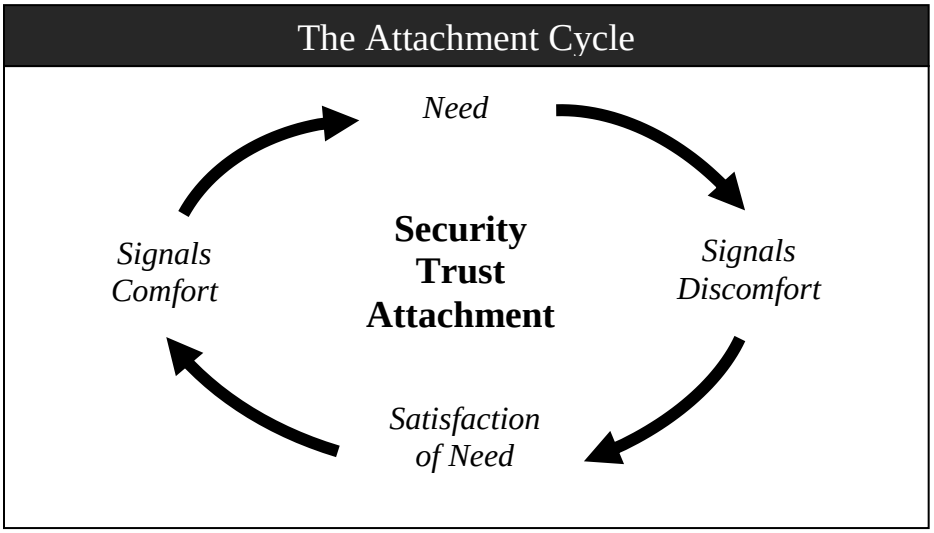
ATTACHMENT

Attachment is an emotional and psychological connection between two people that endures through space and time. In child development, attachment refers to a strong, enduring bond of trust that develops between a child and the person(s) he/she interacts with most frequently.

Attachment develops intensely throughout the first three years of life. After age three, children can still learn how to attach; however, this learning is more difficult. The child's negative experiences with bonding will strongly influence the child's response to caregivers and other individuals throughout the child's lifetime.

Children who are learning to attach will be influenced by three specific factors:

1. The child's genetic predisposition
2. The conditions under which the child is cared for
3. The child's parents or caretakers



When a baby cries, the caretaker responds by picking up the child. The caretaker continues to stroke, talk to, and hold the baby during feeding or diaper changing. After several days of this routine the child learns that to get needs met, all he/she has to do is cry. The caretaker responds and immediately begins to soothe the infant, resulting in an increased sense of trust and security. This cycle of consistently meeting a child's needs creates a secure attachment between the infant and caretaker. It is referred to as the "attachment cycle" or the "trust cycle."

Healthy attachments **are** based on the nature of the relationship between the child and the caretaker. They **are not** based on genetic ties to or the gender or culture of the caretaker.

The basic needs of many of the children in the CASA program have not been met. Some children may cry for hours at a time or may get hit when they cry. As a result, a child may stop crying when hungry and may not trust adults. This child might turn away from the caregiver, refuse to make eye contact, push away, or fight to avoid being close with another individual. When this type of child is distressed, he/she may not seek out a caregiver for soothing or comfort, or may seek satisfaction from any potential caregiver, including a total stranger.

It is very important to understand the normal process of attachment because the experiences of most of the children in the child protection system increase the likelihood that they will have attachment problems, which may or may not rise to the level of a reactive attachment disorder.

Think about what you have observed in a healthy relationship between a child and parent. There is a distinct cycle of infant attachment development:

1. Expressing a need (by crying);
2. Having that need met (through feeding, diapering, holding);
3. Growing familiar with the person who meets the need; and
4. Trusting that the caretaker will be there every time. This leads to "bonding" with that person, the trusted caretaker.

This is the healthy attachment cycle. You will learn more about attachment and bonding at the Advocacy Academy.

RESILIENCE

Not all children subjected to lives of severe adversity go on to suffer problems. While abuse and neglect certainly increase the likelihood of developing problems, some children don't experience problems, or do to only a minor degree. This is resilience.

In short, resiliency theory suggests that certain children (and adults) have qualities of personality, family, relationships, outlooks, and skills that allow them to rise above enormous hardship. Resilient people are those who escape the ravages of poverty, abuse, unhappy homes, parental loss, disability, or many of the other risk factors known to set many people on a course of life anguish. Numerous studies of resilient people have identified the presence of the same protective factors—aspects of their personalities, their families, their significant relationships, or their experiences—that help them succeed.

Activity: Risk Factors and Protective Factors

The chart below contains the risk and protective factors that influence a person's response to adversity. Put a check mark by the *protective factors* that you believe can be influenced. For example, a person cannot do much to become the firstborn child, but he/she could become a better reader.

Risk Factors	Protective Factors
Early Development Premature birth or complications Fetal drug/alcohol effects Difficult temperament Long-term absence of caregiver in infancy Poor infant attachment to mother Shy temperament Siblings within two years of child Developmental delays **Childhood Disorders** Repeated aggression Delinquency Substance abuse Chronic medical disorders Behavioral or emotional problems Neurological Impairment Low IQ (less than 80) **Family Stress** Family living in poverty Separation/divorce/single parent Large family—five or more children Frequent family moves **Parental Disorders** Parent with substance abuse issues Parent with mental disorders Parent with criminal behavior **Experimental** Witness to conflict and violence Removal of child from the home Substantiated neglect Physical abuse Sexual abuse Negative relationship with parent	**Early Development** ☐ Easy temperament ☐ Positive attachment to mother ☐ Firstborn child ☐ Independence as a toddler **Family** ☐ Child lives at home ☐ Parent is consistently employed ☐ Parent has high school education or higher ☐ Childcare support—older siblings ☐ Regular involvement in religious activities ☐ Regular rules, routines, chores at home ☐ Family discipline—fair with discussion ☐ Positive relationships with parents ☐ Perception of parental warmth ☐ Parental knowledge of child's activities **Child Competencies** ☐ Reasoning/problem solving skills ☐ Good student ☐ Good reader ☐ Child perception of competencies ☐ Extracurricular activities/hobbies ☐ IQ higher than 100 **Child Social Skills** ☐ Gets along with other children ☐ Gets along with adults ☐ Likeable child ☐ Sense of humor ☐ Empathy **Extra-familial Social Support** ☐ Adult mentor outside the family ☐ Support for child at school ☐ Support for child with religious organization, faith or spirituality

Social Drift Academic failure or drop out Negative peer group If female, teen pregnancy	☐ Support for child from peers ☐ Adult support and supervision in the community **Outlook and Attitudes** ☐ Internal locus of control as teen ☐ Positive and realistic expectations for future ☐ Plans for the future ☐ Independent minded

Pick two of the protective factors you checked and answer the following question:

- What is one action you could take as a CASA volunteer to strengthen these protective factors for a child?

Separation

Understanding typical reactions of children and their parents to separation and loss provides motivation for fulfilling your CASA role. By integrating this understanding about separation and loss with information on child development, behavior, attachment, and a child's sense of time, you will be able to assess a child's needs more accurately. When children are removed from their homes, no matter how strong or weak the attachment, they feel isolated and detached. Not only do they worry about not seeing their parents, but they also fear losing their peer groups and siblings, changing schools, or missing something as simple as their bed or toys.

SEPARATION ANXIETY DISORDER

While all children would be expected to show signs of distress if removed from their homes, some children have extreme reactions. In a child with separation anxiety disorder, the feelings of anxiety become so intense that they interfere with the child's ability to participate in daily activities. Below is a list of characteristics of a child who suffers from separation anxiety disorder:

- Recurrent excessive distress when separation from home or caretakers occurs or is anticipated
- Persistent and chronic worry about losing a caretaker or that person being hurt
- Persistent worry that an event will lead to separation from a caretaker (e.g., getting lost or being kidnapped)
- Reluctance or refusal to go to school, camp, or a friend's house because of the fear of separation
- Clinging to a parent or shadowing the parent around the house
- Excessive fear of being alone in the child's room, the child's house, or elsewhere
- Reluctance or refusal to go to sleep without being near a caretaker or when away from home
- Nightmares involving separation
- Complaints of physical symptoms (headaches, stomachaches, nausea, vomiting) when separation from a caretaker takes place or is anticipated
- Enuresis (bed wetting) and encopresis (soiling)

For some children, medication can significantly reduce the anxiety and allow them to return to school. These medications may also reduce the physical symptoms. Generally, psychiatrists use medications as an addition to psychotherapy. Both play therapy and behavioral therapy have been found helpful in reducing anxiety disorders. In play therapy, the therapist helps the child work out the anxiety by expressing it through play. In behavioral therapy, the child learns to overcome fear through gradual exposure to separation from the parents.

THE CHILD'S EXPERIENCE

For the next few minutes, try to imagine the experience of being a child who is removed from his/her home as a result of the local child protection agency filing a petition for abuse or neglect.

Visualize yourself as a four-year-old boy or girl at home one evening with your mom and dad. A lady came to the daycare center today and asked you lots of questions about what your mom and dad do when you are bad, whether you have enough food at home, how much your daddy drinks, and how often he hits your mommy. You are pretty sure you are going to be in a lot of trouble because the lady said she had to tell your parents that she talked to you. You can barely eat your dinner and your mom is already mad about that. Your dad is drinking another beer, which usually is a bad sign.

There is a knock on the door and that same lady is standing there with a policeman. Now you know you are really in big trouble. She tells your mom and dad that she is taking you away with her. Will they put you in jail? She sits near you at the table and tells you not to worry. She asks your mom or dad to get some clothes together. She asks if there is any special toy or blanket that might help you sleep better. You just can't imagine what it will be like to sleep in jail with all of those mean people that were there with your dad the last time he went.

But the lady doesn't take you to jail. The policeman and the lady take you to a big house in another part of the town. They are chatting and laughing on the way. You can tell they are trying to be nice, but you are really scared. The lady walks you to the door and another lady opens it up. She has a big smile on her face and takes your bag of stuff and says, "Come right in." Behind her is a man. He is smiling, too. There are a bunch of other kids who are all looking at you. The new lady says, "Welcome. This is your new home. We are so glad to have you." She keeps smiling and seems really nice, but there must be some mistake. You didn't ask for a new home…you already have a mom and dad…you don't have brothers and sisters…this isn't your room…and what is this food that they are giving you? You realize that this is your entire fault and that your mom and dad must be really mad now. You wonder if you'll ever see them again.

Reflection Questions
Taking into account the issues that are raised for children when they are moved, consider the Harris-Price case. Remember that Ben, Robert, and Rose are not placed together in their emergency foster care placement.

- *What issues does this separation raise for Ben?*
- *How is it different for Robert?*
- *Since Rose can't tell you how she is feeling, what might be some signs that the separation is affecting her negatively?*

THE PARENT'S EXPERIENCE

Following is a description of what it's like to have your children removed from your home and placed in foster care. Knowledge about parents' feelings leads to more meaningful contact with parents. You may often observe that both a parent and a child have a similar reaction to the separation experience because grief and loss are experienced universally as a series of emotions including denial, anger, sadness, and, eventually, acceptance. Sometimes these reactions proceed in the order outlined below; sometimes people skip around or cycle back to a previous stage as they work through their personal reactions to grief and loss.

Stage 1: Denial

When the loss of your child hits you, it is like going into shock. You may cry, feel shaky, and find it hard to hear what people are saying to you. You can't think of anything except the child who has been taken. You take care of the rest of the family or go to work like a sleepwalker without really knowing what you're doing. You wonder what your child is doing now. If you have a car and know where the foster home is, you may drive by just to be sure it is there. You wonder if the foster parents are taking good care of your child and doing all the things the way he/she is used to. You may think you hear your child or see him/her in his/her old room. You remember all the good times, even if there weren't very many. You try to keep busy and not think at all, but you keep coming back to your last glimpse of your child. This shock usually lasts from a few days to a few weeks. Other people may try to be comforting to you, but you feel distant from and "outside" the rest of the world.

Stage 2: Anger

As you come out of the numbness of shock, you experience sadness, anger, and physical upset. You might lose your appetite, or you might eat constantly. It may be hard to fall asleep. You may increase your use of alcohol, cigarettes, or sleeping pills. You might start using drugs, or increase your use. You may find yourself suddenly tearful "over nothing." You are afraid of what people think of you. You are angry at perfect strangers on the street because it is you going through this and not them. You are angry with God. If your child was placed in foster care against your wishes—or even if he/she wasn't—you are furious at the social agency, the court, and everybody there. You are mad at yourself and go over and over and over in your mind what happened to see what you could have done to make it different. You can't come up with anything, but you can't quit thinking about it either. You are angry at your child and feel he/she was difficult on purpose. You tell yourself you are glad your child is gone and never want him/her back. You think how nice it is without him/her. Above all, you resent your child for making you go through all this pain.

You get scared at how angry you are or feel guilty about the anger and start avoiding your child or your work. But it is normal to feel angry when things are not the way you would like them to be. Anger sometimes helps you act to change things. When anger doesn't help, you learn to give it up and try something else to get what you want. You might stay with being angry because it hurts less than the next step, which is sadness.

Stage 3: Sadness

When the anger has worn off, you go into the blues. You may feel you don't care about anybody or anything. It isn't worth getting up each day, and nothing interests you. You may feel worthless and no good. You might think about suicide. You might get ill. If you are a single parent and all your children have been taken, you may feel desperately lonely. You don't know who you are without your children to care for, or what to do with your day with no one to fix meals for. The world seems barren and silent, and you feel empty and hollow. You might feel guilty because there is less stress with the child out of the home. You might find you can survive without your child, but feel bad because of it.

Stage 4: Acceptance

One day things just seem to be better. You begin eating and sleeping well again. You miss your child but are now more realistic about his/her being in foster care. You again pay attention to the house, your work, and the rest of the family. You get interested in keeping your agreements about visiting your child and making your appointments with your caseworker. You begin to realize that you may actually have more time with your child now and feel better when you're with him/her than you did before the foster care, when you were trying to handle too much. You begin to see that both you and your child need relationships with others to deal with the loneliness, and now you have some energy for that.

Adapted from *The Parents' Guide to Foster Family Care*, Barbara Rutter, New York: Child Welfare League of America, 1978.

Reflection Question

- *How might knowing this information about the separation experience for parents impact your recommendations for visitation and your expectations about the compliance with court orders?*

The Importance of Family to a Child: Why Minimally Adequate Parenting (MAP) Is Important

Children grow up best in families. To develop into functional, emotionally stable adults, they need that unique sense of belonging that comes from being part of a family. Children need the safety net that only the unconditional acceptance of family can provide. They need the knowledge of and connection to their cultural/ethnic heritage that is learned within the family.

**Adapted from Beyond Rhetoric: A New American Agenda for Children and Families, National Commission on Children. Government Printing Office. 1991.*

A CASA volunteer's role is to advocate for the services necessary so the child can go home safely. If the child cannot be returned home safely, what is in the child's best interest? This is not an easy question to answer. As a CASA, you start with the assumption that a child's family is usually the best setting for raising and nurturing that child. This is true even if the family's lifestyle, beliefs, resources, and actions are radically different from yours. As long as the child's family meets or can be helped to meet the minimum sufficient level of care required for the safety of that child, the child belongs with his/her family.

As discussed in section one, minimally adequate parenting (MAP) means that all basic needs are met and the child is not harmed physically, sexually, or emotionally. On the other hand, the optimum level of care means that the child has considerably more than the minimum: things like a library card, tutoring, a community of faith, sports, Scouts, music lessons, college, a loving extended family. The state intervenes when basic needs are not met—not when a family is unable or unwilling to provide an optimal level of care.

Remember **Minimally Adequate Parenting** from Section One:

1. It relates to a particular child.
2. It is a set of minimum conditions, not an ideal situation.
3. It is a relative standard, depending on the child's needs, social standards, and community standards. It will not be the same for every family or every child in a particular family.
4. It remains the same when considering reunification as when considering removal.

The idea that a minimum sufficient level of care should be the standard for families is often difficult for CASA volunteers to embrace. It feels counterintuitive, as though it defies common sense. You may be tempted to ask, "Wouldn't any child be better off in a family without the limitations that are present in this situation?" The truth is that most would not. The overwhelming sense of loss that children suffer when removed from their homes—loss of love, of security, of the familiar, of their heritage, of control in their

lives; feelings of worthlessness; and the almost unendurable pain of separation—is terribly painful for most children. Despite the bad things that have happened in their lives, most children in the system love their families and want desperately to be reunited with them. Take a moment to think back to your own childhood. Whatever it was like, how would you have felt if a stranger came one day to take you away to live with a "better" family?

If parenting hovers at the minimum sufficient level of care, the child protective services system and the court likely will not get involved. If the child's basic needs are not being met and/or the child is being abused, the child protective services system steps in. Once the system has intervened, the responsibilities of the parent (e.g., to seek substance abuse treatment or learn parenting skills) and those of the child protective services agency (e.g., to provide visitation, arrange counseling, etc.) are spelled out in agreements that are enforced by court orders.

Ideally, these agreements will help the parent move at least to a minimum sufficient level of care. The steps in these agreements with parents need to be small and measurable. Appropriate resources need to be available to support changes that the parent makes. If the steps are too big or complex, the parent may give up, causing the family situation to deteriorate and the child to lose the chance to ever return home. If the steps are not measurable, success cannot be determined.

For example, a parent can "attend parenting classes" for six months without ever making a change in behavior. If the agreement specifies that the parents are "able to describe and apply five ways to discipline their child without spanking," both the parents and any observer will be able to tell whether the task gets accomplished. **As a CASA volunteer, you should routinely ask the question of both parents and case managers, *"How will you know when this requirement is met?"***

Section Four Review Questions

- What are the five categories of Maslow's hierarchy of needs?

- Which two tips about the development of children do you think will help you most in your role as a CASA volunteer?

- What three factors will influence children who are learning to attach?

- What additional information about child development do you want to acquire?

Questions for My Coordinator

Child Development Resources

American Academy of Child & Adolescent Psychiatry
www.aacap.org
The American Academy of Child and Adolescent Psychiatry works to assist parents and families in understanding developmental, behavioral, emotional, and mental disorders affecting children and adolescents. The website includes journal information, facts, resources, and information on legislation.

American Academy of Pediatrics (AAP)
www.aap.org
AAP offers materials for professionals working in the field of child abuse, including policy statements, and resources for prevention, recognition, and treatment.

Association for Treatment and Training in the Attachment of Children (ATTACh)
www.attach.org
ATTACh is an international coalition of professionals and families dedicated to creating public awareness and education regarding attachment and the critical role it plays in human development. The organization provides a quarterly newsletter, hosts an annual conference, and compiles a membership directory.

Attachment Disorder.net
www.attachmentdisorder.net
Written by an adoptive parent of a child diagnosed with attachment disorder, this site provides information, resources, and support for parents and others trying to help children with attachment problems.

The Barr-Harris Children's Grief Center
www.barrharris.org
The center offers help for children facing the pain of death, divorce, separation, or abandonment, and provides a list of books/links for school professionals, parents, and advocates who deal with children's grief.

Child Development Institute
www.cdipage.com
This site, aimed at parents, provides information on child development, child psychology, parenting, learning, health, safety, and childhood disorders such as attention deficit disorder, dyslexia, and autism.

MedTerms Medical Dictionary
www.medterms.com
This resource allows you to search for information on any medical term through a wide search and can also link you to a multilingual dictionary and a drug database.

The National Center for Post-Traumatic Stress Disorder
www.ncptsd.org
This program of the US Department of Veterans Affairs offers a broad range of activities, including research, training, and public information. The site includes an index of worldwide literature on PTSD.

National Organization on Fetal Alcohol Syndrome (NOFAS)
www.nofas.org
NOFAS is committed to raising public awareness of fetal alcohol syndrome and to developing and implementing innovative ideas in prevention, intervention, education, and advocacy in communities nationwide. NOFAS also operates a national clearinghouse for regional, state, and local fetal alcohol syndrome organizations.

SAMHSA Fetal Alcohol Spectrum Disorders Center for Excellence (FASD Center)
http://fasdcenter.samhsa.gov
The mission of the FASD Center is to facilitate the development and improvement of FASD prevention, treatment, and care systems in the United States by providing national leadership and facilitating collaboration in the field.

Trauma Information Pages
www.trauma-pages.com
Dr. David Baldwin's Trauma Pages focus primarily on emotional trauma and traumatic stress, including post-traumatic stress disorder, whether following individual traumatic experience(s) or a large-scale disaster. The site includes information on trauma resources, a bookstore, articles, and links.

Violence & Childhood: How Persisting Fear Can Alter the Developing Child's Brain
www.childtrauma.org/ctamaterials/vio_child.asp
This article by Bruce Perry, a researcher in children's mental health and neuroscience, offers a neuro-developmental perspective on the impacts of violence on children. Perry discusses how "exposure to violence activates a set of threat-responses in the child's developing brain; in turn, excess activation of the neural systems involved in the threat responses can alter the developing brain; finally, these alterations may manifest as functional changes in emotional, behavioral and cognitive functioning."

Zero to Three
www.zerotothree.org
Zero to Three is a national organization that supports the health and well-being of infants and toddlers by informing, educating, and supporting the adults who influence their lives. Aimed at both parents and professionals, this site provides resources, public policy papers, parenting tips, and publications—all related to infants and toddlers.

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Section Five
DEVELOPING CULTURAL COMPETENCE

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Diversity

As a general term "diversity" refers to difference or variety. In the context of CASA volunteer work "diversity" refers to differences or variety in people's identities or experiences: ethnicity, race, national origin, language, gender, religion, ability, sexual orientation, socioeconomic class, and so on. The term "cultural competence" refers to the ability to work effectively with people from a broad range of backgrounds, experiences, and viewpoints.

The United States is becoming increasingly multicultural. According to the 2000 U.S. Census, approximately 30% of the population currently belongs to a racial or ethnic minority group. The Census Bureau projects that by the year 2100, non-Hispanic Anglo will make up only 40% of the U.S. population. Currently the nation's 16th largest state, Arizona is also the nation's 2nd fastest-growing state, second to Utah.

Arizona's Racial and Ethnic Compositions (2008 Census Bureau estimates)	
Anglo (not including Hispanic/Latino)	58.4%
American Indian/Alaska Native	4.8%
African American	4.9%
Asian	2.5%
Hispanic/Latino	30.1%
Native Hawaiian/Pacific Islander/Native Islander	0.2%
Two or more races	1.8%

Source: U.S. Census Bureau – Quick Facts 2008

As you work through this section, keep in mind the particular cultural groups with whom you will work as a CASA volunteer.

Understanding issues related to diversity and culturally competent child advocacy is critical to your work as a CASA. It can enhance your ability to see things from new and different perspectives and to respond to each child's unique needs. Developing cultural competence is a lifelong process. This section offers a starting point for understanding key issues, and the case studies and examples throughout this manual encourage continued exploration.

Guiding Principles for Achieving a Diverse CASA Network

THE NATIONAL VISION

The National Court Appointed Special Advocate Association "stands up" for abused and neglected children.

Building on our legacy of quality advocacy, we acknowledge the need to understand, respect, and celebrate diversity including race, gender, religion, national origin, ethnicity, sexual orientation, socioeconomic status, and the presence of a sensory, mental, or physical disability. We also value diversity of viewpoints, life experiences, talents, and ideas.

A diverse CASA network helps us to better understand and promote the well-being of the children we serve. Embracing diversity makes us better advocates by providing fresh ideas and perspectives for problem solving in our multicultural world, enabling us to respond to each child's unique needs.

GUIDING PRINCIPLES FOR ACHIEVING A DIVERSE CASA NETWORK

1. Ethnic and cultural background influences an individual's attitudes, beliefs, values, and behaviors.

2. Each family's characteristics reflect adaptations to its primary culture and the majority culture, the family's unique environment, and the composite of the people and needs within it.

3. A child can be best served by a CASA volunteer who is culturally competent and who has personal experience and work experience in the child's own culture(s).

4. To understand a child, a person should understand cultural differences and the impact they have on family dynamics.

5. No cultural group is homogenous; within every group there is great diversity.

6. Families have similarities yet are all unique.

7. In order to be culturally sensitive to another person or group, it is necessary to evaluate how each person's culture impacts his/her behavior.

8. As a person learns about the characteristic traits of another cultural group, he/she should remember to view each person as an individual.

9. Most people like to feel that they have compassion for others and that there are new things they can learn.

10. Value judgments should not be made about another person's culture.

11. It is in the best interest of children to have volunteers who reflect the characteristics (i.e., ethnicity, national origin, race, gender, religion, sexual orientation, physical ability, and socioeconomic status) of the population served.

Reflection Questions

- *Which principle do you think is most important and why?*

- *What questions or observations do you have about the vision and guiding principles?*

Activity: Cultural Pursuit

Read the following statements and circle/initial the statements that describe you.

Have had your name mispronounced	Know what *Nisei*[1] means	You know what "comparable worth[2]" means
Have a parent or grandparent who was not born in the United States	Have had to overcome physical barriers in life	You know what Rosa Parks[3] did
Are from a mixed-heritage background	Know what an upside-down pink triangle[4] symbolizes	Have traced your family lineage or heritage
Are bilingual/multi-lingual	Know what Kwanzaa[5] is	Know why the Irish immigrated to the United States in the 1840s[6]
Have been misunderstood by a person from a different culture	Know the meaning of "mensch[7]"	Have seen a step show[8]
Can name the West Coast equivalent to Ellis Island[9]	Have experienced being stereotyped	Have an *abuela*[10]
Know how many federally recognized Native American tribes[11] are in the United States	You listen to salsa music	Know who Harvey Milk[12] was
Can name the lawyer who argued for the petitioner in *Brown v. Board of Education*[13]	You know the significance of eagle feathers[14]	Know what *lumpia*[15] is

Numbered concepts have additional information on the next page.

Cultural Pursuit Activity Key

[1] **Nisei** [pronounced nee-say]: Second-generation Japanese American; Issei [ee-say] is first-generation, and Sansei [sahn-say] is third-generation.

[2] **"Comparable worth"**: Equal pay for equal work.

[3] **Rosa Parks** (1913–2005): An African American civil rights leader who, in 1955 in Montgomery, Alabama, resisted a local ordinance by refusing to give up her seat to a white man and move to the back of the bus. Her actions were a catalyst for bus strikes and much of the civil rights movement.

[4] **Upside-down pink triangle**: A symbol used in Nazi Germany to identify gay male concentration camp inmates; lesbians were identified with a black triangle.

[5] **Kwanzaa**: An African American and pan-African holiday established in 1966 by Dr. Maulana Karenga. Occurring from December 26 to January 1, Kwanzaa, which means "first fruits of the harvest," is a time to celebrate family, community, and culture.

[6] **Why the Irish immigrated in the 1840s**: For political and economic reasons. This was the period of the potato famine.

[7] **"Mensch":** A Yiddish word for a decent, honorable person.

[8] **Step show**: Traditional African American dance that originated within slave communities (often, Celtic dance—Scottish and Irish communities also step dance).

[9] **West Coast equivalent to Ellis Island**: Angel Island off the California coast, which served as an entry point primarily for Asian immigrants.

[10] **Abuela** [ah-BWAY-la]: Spanish word for grandmother.

[11] There are more than 550 **federally recognized tribes** in the United States, including over 200 village groups in Alaska. "Federally recognized" means these tribes and groups have a special, legal relationship with the US government. This relationship is referred to as a government-to-government relationship.

[12] **Harvey Milk**: A San Francisco city supervisor who was the first openly gay elected official in the country. He was assassinated because he was gay.

[13] **Lawyer who argued for the petitioner in Brown v. Board of Education**: Thurgood Marshall, in the case to end school segregation based on race.

[14] **Eagle feathers**: A symbol of significance for many Native Americans, they are often given as gifts or worn by individuals during significant life events, such as graduation and marriage.

[15] **Lumpia** [LOOM-pee-yah]: A Filipino food made of thin dough rolled around vegetables or meat and deep-fried.

Cultural Diversity Vocabulary

Developing a working vocabulary related to issues of diversity can help you communicate more effectively with other people and examine where you have more to learn. How well-versed is your diversity vocabulary? Read the list below to find out.

Ableism	Discrimination or prejudice based on a limitation, difference, or impairment in physical, mental, or sensory capacity or ability.
Ageism	Discrimination or prejudice based on age, particularly aimed at the elderly.
Bias	A personal judgment, especially one that is unreasoned or unfair.
Biracial	Of two races; usually describing a person having parents of different races.
Classism	Discrimination or prejudice based on socioeconomic status.
Cultural Dominance	The pervasiveness of one set of traditions, norms, customs, literature, art, and institutions, to the exclusion of all others.
Cultural Competence	The ability to work effectively with people from a variety of cultures, ethnicities, races, religions, classes, sexual orientations, and genders.
Cultural Group	A group of people who consciously or unconsciously share identifiable values, norms, symbols, and some ways of living that are repeated and transmitted from one generation to another.
Cultural Sensitivity	An awareness of the nuances of one's own and other cultures.
Culturally Appropriate	Demonstrating both sensitivity to cultural differences and similarities and effectiveness in communicating a message within and across cultures.
Culture	The shared values, traditions, norms, customs, arts, history, folklore, and institutions of a group of people who are unified by race, ethnicity, language, nationality, sexual orientation, and/or religion.
Disability	A limitation, difference, or impairment in a person's physical, mental, or sensory capacity or ability. Many communities prefer the term "differently abled" over "disabled."
Discrimination	An act of prejudice or a manner of treating individuals differently due to their appearance, status, or membership in a particular group.
Disproportionally Dominant Group/Culture	Overrepresentation or under representation of various groups in different social, political, or economic institutions; the "mainstream" culture in a society, consisting of the people who hold the power and influence.
Ethnicity	The classification of a group of people who share common characteristics, such as language, race, tribe, or national origin.

Ethnocentrism	The attitude that one's own cultural group is superior.
Gender	A social or cultural category generally assigned based on a person's biological sex.
Gender Identity	A person's sense of being; masculine, feminine, or some combination thereof.
Heterosexism	An ideological system that denies, denigrates, and stigmatizes any non-heterosexual form of behavior, identity, or relationship.
Homophobia	Fear of, aversion to, or discrimination against homosexuality, homosexuals, or same-sex relationships.
Institutional Racism	Biased policies and practices within an organization or system that disadvantage people of a certain race or ethnicity.
Language	The form or pattern of communication—spoken, written, or signed—used by residents or descendants of a particular nation or geographic area or by anybody of people. Language can be formal or informal and includes dialect, idiomatic speech, and slang.
Minority	The smaller in number of at least two groups. Can imply a lesser status or influence and can be seen as an antonym for the words "majority" and "dominant."
Multicultural	Designed for or pertaining to two or more distinct cultures.
Multiracial	Describing a person, community, organization, etc., composed of many races.
National Origin	The country or region where a person was born.
Person of Color	Usually used to define a person who is not a descendant of people from European countries. Individuals can choose whether or not to self-identify as a person of color.
Prejudice	Over-generalized, oversimplified, or exaggerated beliefs associated with a category or group of people, which are not changed even in the face of contrary evidence.
Race	A socially defined population characterized by distinguishable physical characteristics, usually skin color.
Racism	The belief that some racial groups are inherently superior or inferior to others; discrimination, prejudice, or a system of advantage and/or oppression based on race.
Sexism	Discrimination or prejudice based on gender or gender identity.
Sexual Orientation	Describes the gender(s) of people to whom a person feels romantically and/or sexually attracted: *Heterosexual:* Attracted to the other gender; *Homosexual:* Attracted to the same gender (i.e., gay or lesbian); *Bisexual:* Attracted to either gender.

Socioeconomic Status	Individuals' economic class (e.g., poor, working-class, middle-class, wealthy) or position in society based on their financial situation or background.
Stereotype	A highly simplified conception or belief about a person, place, or thing, based on limited information.
Transgender	Describes a person whose gender identity differs from his/her assigned gender and/or biological sex.
Transsexual	A person whose gender identity differs from his/her assigned gender and/or biological sex. Many transsexuals alter their biological sex through hormones and/or surgery.
Values Xenophobia	What a person believes to be important and accepts as an integral part of who he/she is; a fear of all that is foreign, or a fear of people believed to be "foreigners."

Cultural Heritage

Most people are knowledgeable and open about some aspects of their culture. About other aspects, they may have either less information or a heightened sense of privacy. In some matters they might fear judgment or discrimination. People from the dominant culture may not recognize their own values, behaviors, or traditions as cultural at all—they may think of them simply as "normal."

As a foundation for expanding your understanding of other cultures, it is important to be thoroughly acquainted with your own. Cultural competence begins with understanding and appreciating your own identity. You are a "culturally rich" individual with your own blend of culture, ethnicity, race, gender, class, sexual orientation, age, religion or spirituality, geographic location, and physical and mental abilities.

WHAT'S IN A NAME?

Names are an important element of identity. Perhaps your first or last name has family or cultural significance, or maybe you have changed your name to better reflect who you are. Think about the following questions:

- Who gave you your name? Why?
- What is the ethnic origin or meaning of your name?
- Does your name have cultural significance?
- Is the ethnic origin of your name different from the ethnic origin with which you identify or the ethnic group of which you are a member?
- Do you have more than one ethnic origin?
- Do you have a nickname?
- Have you taken a name different from the one you were given at birth?

Activity: Exploring Your Culture and Perceptions

PART I

Choose three of the categories from the list below.

- **Race**
- **Family Form** *(single parent, married with no children, etc.)*
- **Ethnicity** *(cultural description or country of origin)*
- **Gender**
- **Geographic Identity** *(rural or urban; in the US, eastern, western, midwestern, etc.)*
- **Age**
- **Sexual Orientation**
- **Religion or Spirituality**
- **Language**
- **Disabilities**
- **Socioeconomic Status** *(low-income, working-class, middle class, wealthy)*

Think about your culture and life experiences, and describe yourself, your family of origin, or your current family situation using these three categories.

- How did you choose the three categories?

- Would you have been uncomfortable sharing your answers in a large group?

- What contributes to your feelings of safety when you are asked to disclose personal information?

PART II

Now imagine that you are the parent of a child just placed in foster care and you are describing yourself to someone who has power over your life—for instance, the caseworker, the judge, or an attorney.

- When you describe yourself to this person, what might you leave out or try to make fit what you think might be more acceptable to them?

- If you often had to do this, what do you think would happen to these parts of yourself?

PART III

As a CASA volunteer, you will have influence in the lives of the children and families in your cases.

- How might your position as a CASA affect your ability to establish rapport, communicate effectively, and gather accurate information?

- How do your personal values impact your ability to be unbiased?

Disproportionality in Child Advocacy

Disproportionality is the experience of overrepresentation or underrepresentation of various groups in different social, political, or economic institutions. For example, women in the United States are overrepresented as single heads of household, and African Americans and Latinos are overrepresented in the U.S. prison population.

- There is no difference between races in the likelihood that a parent will abuse or neglect a child, but there is a great difference between races in the likelihood that a child will be removed from home and placed in foster care. Compared to Anglo children, African American children are four times more likely to be placed in care, American Indian and Native Alaskan children are three times more likely, and Hispanic children are twice as likely.

  Casey Family Programs, www.casey.org.

- Children of color make up almost two-thirds of the 540,000 children in the foster care system, although they constitute just over one-third of the child population in the US.

  W.K. Kellogg Foundation, Families for Kids Project, www.wkkf.org.

- The number of white children entering foster care in a given year is greater than the number of African American children. Yet, African American children make up a disproportionate, and increasing, share of those who remain.

  Adoption and Foster Care Analysis and Reporting System (AFCARS) data

- The percentage of Hispanic children in foster care almost tripled from 7% in 1982 to 19% in 2006.

  Child Welfare Information Gateway, 2009

- Children of color experience a higher number of placements than Anglo children, and they are less likely to be reunified with their birth families.

  Casey Family Programs

Reflection Questions

- *What do you think causes disproportionality in the child welfare system?*

For more information

Check out the Child Welfare's League of America's National Data Analysis System
http://ndas.cwla.org

Culturally Competent Child Advocacy

In the context of the CASA volunteer role, cultural competence is the ability to work effectively with people from a variety of backgrounds. It entails being aware and respectful of the cultural norms, values, traditions, and parenting styles of those with whom you work. Striving to be culturally competent means cultivating an open mind and new skills and meeting people where they are, rather than making them conform to your standards.

Each child and each family is made up of a combination of cultural, familial, and personal traits. In working with families, you need to learn about an individual's or family's culture. When in doubt, ask the people you are working with. It might feel awkward at first, but learning how to ask questions respectfully is a vital skill to develop as you grow in cultural competence. Once people understand that you sincerely want to learn and be respectful, they are usually very generous with their help.

Developing cultural competence is a lifelong process through which you'll make some mistakes, get to know some wonderful people in deeper ways, and become a more effective CASA volunteer.

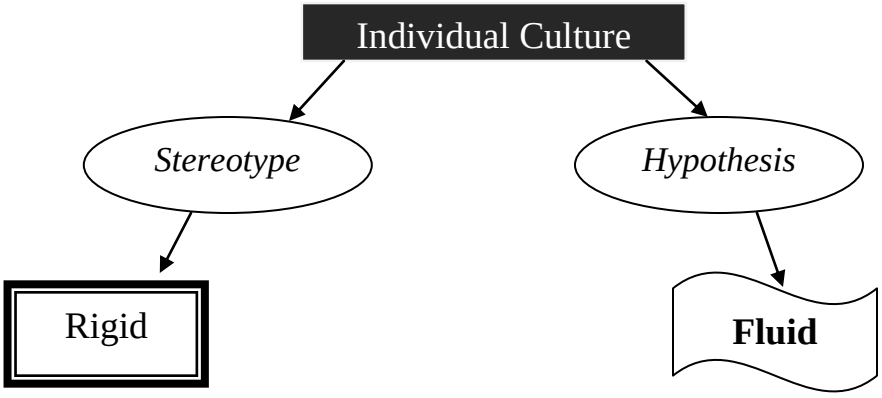
STEREOTYPING vs. CULTURAL COMPETENCE

Stereotypes are rigid and inflexible. Stereotypes hold even when a person is presented with evidence contrary to the stereotype. Stereotypes are harmful because they limit people's potential, perpetuate myths, and are gross generalizations about a particular group. For instance, a person might believe that people who wear large, baggy clothes shoplift. Teenagers wear large, baggy jackets; therefore, teenagers shoplift. Such stereotypes can adversely affect your interactions with children and others in your community. Even stereotypes that include "positive" elements (e.g., "they" are quite industrious) can be harmful because the stereotypes are rigid, limiting, and generalized.

Unlike stereotyping, cultural competence can be compared to making an educated hypothesis. An educated hypothesis contains what you understand about cultural norms and the social, political, and historical experiences of the children and families with whom you work. You might hypothesize, for example, that a Jewish family is not available for a meeting on Yom Kippur, or that they would not want to eat pork. However, you recognize and allow for individual differences in the expression and experience of a culture; for instance, some Jewish people eat pork and still are closely tied to their Jewish faith or heritage.

Another example might be that some African American families celebrate Kwanzaa, while others do not.

As an advocate, it is important to examine your biases and recognize they are based on your own life and do not usually reflect what is true for the stereotyped groups. Everyone has certain biases. Everyone stereotypes from time to time. Developing cultural competence is an ongoing process of recognizing and overcoming these biases by thinking flexibly and finding sources of information about those who are different from you.



Stops the process of inquiry and understanding

Encourages investigation, learning, and understanding

Reflection Questions

- *How might stereotyping or bias result in disproportionality?*

- *How can culturally competent child advocacy help eliminate disproportionality in the system?*

10 Benefits of Practicing Culturally Competent Child Advocacy

1. Ensures that case issues are viewed from the cultural perspective of the child and/or family:

    - Takes into account cultural norms, practices, traditions, intra-familial relationships, roles, kinship ties, and other culturally appropriate values.
    - Advocates for demonstrated sensitivity to this cultural perspective on the part of caseworkers, service providers, caregivers, or others involved with the child and family.

2. Ensures that the child's long-term needs are viewed from a culturally appropriate perspective:

    - Takes into account the child's need to develop and maintain a positive self-image and cultural heritage.
    - Takes into account the child's need to positively identify and interact with others from his/her cultural background.

3. Prevents cultural practices from being mistaken for child maltreatment or family dysfunction.

4. Assists with identifying when parents are truly not complying with a court order and when the problem is culturally inappropriate or non-inclusive service delivery.

5. Contributes to more accurate assessment of the child's welfare, family system, available support systems, placement needs, services needed, and delivery.

6. Decreases cross-cultural communication clashes and opportunities for misunderstandings.

7. Allows the family to utilize culturally appropriate solutions in problem solving.

8. Encourages participation of family members in seeking assistance or support.

9. Recognizes, appreciates, and incorporates cultural differences in ways that promote cooperation.

10. Allows all participants to be heard objectively.

** Adapted from a document created by CASA for Children, Inc., Portland, Oregon*

Activity: Assessing Your Cultural Competence

Place an "X" on each line in the place that best represents you.

I know my own cultural background.

Very Aware **Somewhat Aware** **Need Awareness**

I am aware of many of the cultural influences that have shaped my worldview.

Very Aware **Somewhat Aware** **Need Awareness**

I can describe the influences of culture and cultural identity on children's development**.**

Very Aware **Somewhat Aware** **Need Awareness**

I understand how prejudice and discrimination impact children's development from an early age.

Very Aware **Somewhat Aware** **Need Awareness**

I understand how prejudice and discrimination can impact a family.

Very Aware **Somewhat Aware** **Need Awareness**

I am clear about my own attitudes regarding culture and race and the impact these will have on children in my care.

Very Aware **Somewhat Aware** **Need Awareness**

I know how to provide culturally competent advocacy to the children I serve and culturally competent support to their families.

Very Aware **Somewhat Aware** **Need Awareness**

Section Five Review Questions

- How would you define cultural competence?

- Which three terms from the Cultural Diversity Vocabulary list do you think are valuable for a CASA volunteer to understand?

- What are a few stereotypes that you think you will encounter in your role as a CASA?

Questions for My Coordinator

Cultural Competency Resources

Center for Effective Collaboration & Practice
http://cecp.air.org/cultural/default.htm
It is the mission of the Center for Effective Collaboration and Practice to foster the development and the adjustment of children with or at risk of developing serious emotional disturbance. The center's website contains a section on cultural competence.

Class Matters
www.classmatters.org
This website is a great resource for understanding class values and how class influences how people view the world.

Culture Matters: The Peace Corps Cross-Cultural Workbook
www.peacecorps.gov/wws/publications/culture/index.cfm
This cross-cultural workbook is fully accessible from the Internet and was designed for Peace Corps volunteers, but provides an excellent resource for cross-cultural awareness in America as well as for learning how to interact with people of other cultures in a respectful and successful manner. The workbook contains such chapters as "Understanding Culture," "American Culture and American Diversity," and "Styles of Communication." Each chapter contains many resources.

Flipping the Script: White Privilege & Community Building
www.capd.org/pubfiles/pub-2005-01-01.pdf
The authors of this monograph intend it to "help those involved in improving communities to work in more equitable and thoughtful partnerships with community residents and other stakeholders, with special attention to issues of privilege, oppression, racism and power as they play out in this work."

The Black Database
www.theblackdatabase.com
This website provides links to other sites relevant to African Americans on topics ranging from news, arts, and society to health, education, and technology.

A Practice Guide for Working with African American Families in the Child Welfare System
http://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-4702-ENG
Although it is aimed at caseworkers, this article is instructive for CASA/GAL volunteers as they seek to employ a culturally competent, strengths-based approach to working with African American families.

NativeWeb
www.nativeweb.org/resources
This site contains over 3,000 links to various aspects of Native American culture and history.

Asian-Nation
www.asian-nation.org
This site contains multiple resources concerning Asian history, culture, immigration, and contemporary issues in America.

Deaf Linx
www.deaflinx.com
This site provides an extensive list of links to sites about deaf culture, deaf history, deaf businesses, and other general resources for those with hearing loss or those who would like to learn about deaf culture.

National CASA Annotated Bibliography: Resources for Working with LGBTQ Youth & Families in the Foster Care System
www.casanet.org/download/diversity/0612_lgbtq_0032.pdf
This annotated bibliography contains resources to serve the advocacy needs of those working with lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth and families in foster care. It provides useful information for a range of concerns from health and housing to education and legal representation.

Center for Immigration Studies
www.cis.org
An excellent resource for many current immigrant issues, this site contains informative articles explaining important topics that arise in US immigration and a forum for asking questions about immigration.

Association of Multi-Ethnic Americans (AMEA)
www.ameasite.org
AMEA is an international association of organizations dedicated to advocacy, education, and collaboration on behalf of the multiethnic, multiracial, and trans-racial adoption community.

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Section Six
BEING A CASA VOLUNTEER IN ARIZONA

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History of the Arizona CASA Program

In October 1985, a program was established for Maricopa County, with efforts spearheaded by Judge C. Kimball Rose, who presided over the juvenile court at that time. The Junior League of Phoenix and National Council of Jewish Women—Valley Section, were instrumental in advocating for implementation of the program and providing ongoing assistance. Considerable help and support were provided by the Arizona Department of Economic Security, and federal funding was secured from the U.S. Department of Health and Human Services.

The program was piloted in Maricopa County. Rules and procedures were developed, minimum performance standards were defined, and evaluations were performed by the Arizona Supreme Court. The Pima County CASA Program, which was independently formed in 1979, joined this effort in January 1987. In March 1987, the Arizona Supreme Court formally established the Arizona Court Appointed Special Advocate Program under the court's jurisdiction.

Funding for the program through fiscal year 1991 came from a combination of the state's General Fund, federal grants, and private monies. Legislation was passed in 1991 that institutionalized the Arizona CASA Program into a statutorily-mandated program with a specified funding source. Today, the Arizona CASA Program receives 30% of all unclaimed lottery prize revenues, which is deposited in a special Arizona CASA Program Lottery Revenue Fund. Each year's budget requires legislative approval and the Governor's signature. Program budget requests pass through the Supreme Court's internal budgetary process and the Legislature's political appropriation process. Available revenues have enabled the Arizona CASA Program to establish programs in all 15 counties. The dollars appropriated determine the number of staff positions funded, which affects the number of volunteers that can be recruited, trained, and supervised.

In 2001, the Policies and Procedures were revised and formalized by an order of the Chief Justice of the Arizona Supreme Court. Policies and Procedures help to maintain consistency in the operation of the program statewide. Before being assigned a case, CASA volunteers are required to familiarize themselves with the Policies and Procedures and submit a signed declaration of their understanding of and compliance with them.

Currently the Arizona CASA Program is operated locally in all 15 counties by Arizona's Juvenile Courts and administered statewide by the Arizona Supreme Court. Since the Arizona CASA Program's inception in October 1985, more than 4,500 CASA volunteers have served over 14,800 of Arizona's abused, neglected, and abandoned children.

The Arizona CASA Program Today

MISSION STATEMENT

Our mission is to advocate for the best interests of abused and neglected children who are involved in the juvenile courts. We promote and support community-based volunteers, certified by the Supreme Court, who provide quality advocacy to help assure each child a safe, permanent, nurturing home.

VALUES

- We will provide independent, objective, factual information to the juvenile court through quality court reports.
- We will be an active participant in the child's case management team.
- We will keep our commitment to the children.
- We will conduct ourselves and our work with competency and professionalism.
- We will be persistent in our work.
- We will continue to improve ourselves through education and experience in order to improve the lives of the children we serve.

PHILOSOPHY: ADVOCACY VS. RELATIONSHIP-BASED PROGRAM

The Arizona CASA Program's philosophy encompasses both advocacy and a relationship-based approach to serving children. The CASA volunteer interviews all parties to the case, ensures appropriate services are being offered to the child and family, and obtains factual and objective information to be used for making recommendations to the court. However, in order to obtain specific information required for the CASA to advocate, it's imperative that relationships be developed with the child and, as appropriate, other parties to the case. The Arizona CASA Program's philosophy is that, to be most effective, both advocacy and relationships are important in speaking out for abused and neglected children.

ORGANIZATIONAL STRUCTURE

State Program Office

The Arizona CASA Program State Office is part of the Dependent Children's Services Division of the Administrative Office of the Courts, Arizona Supreme Court. Six staff members, based in Phoenix, provide administrative oversight and support to all 15 counties. Staff positions include:

Program Manager

Administers the program statewide by obtaining funding, providing assistance in maintaining local programs, providing ongoing technical assistance, negotiating county budgets, reviewing program operations, reporting to the legislature as to how the allocated funds were spent, and assisting local staff on an as-needed basis.

Community Outreach Specialist

Develops and implements statewide outreach and awareness efforts and provides recruitment and retention support to county programs. This includes attendance at community events, assessing trends and capitalizing on exposure for CASA, including press releases, media contacts, and publicity and awareness events. The outreach specialist also provides and coordinates statewide recognition for individual CASA volunteers and CASA programs**.**

Training Specialist

Coordinates and facilitates the CASA Advocacy Academy (CAA) for new CASA applicants; prepares and provides ongoing volunteer in-service trainings; coordinates and maintains training resources offered in the Online Training Center on the Arizona CASA website; works with community experts to offer an array of training topics.

Web Designer

Designs and provides ongoing support, information, and training to CASA state and county staff, and CASA volunteers regarding the Arizona CASA Program website. The web designer develops training modules for CASAs via the Internet and maintains county web pages associated with the state website.

Senior Administrative Assistant

Responsible for budget information for the county programs and the state program office, including tasks associated with the daily financial operations of the program. The senior assistant assists the state program manager and serves as the liaison between the vendor and the state program office on matters relating to the maintenance of the statewide automated database system. The senior assistant is responsible for ordering all printed materials requested by the county programs.

Administrative Assistant

Provides support services for the state program office and county program staff, including preparation for and administrative support for CASA Advocacy Academy, background screening information of potential CASA volunteers including fingerprints, MVD and CPS checks, and supply orders for county programs. In addition, the assistant provides support for the community outreach and training specialists.

To reach the Arizona CASA Program State Office, call (602) 452-3407
You can also log onto the Web site at www.azcasa.org

CASA Programs By County

COUNTY	MAILING ADDRESS	PHONE/*FAX*
Apache	PO Box 1222 St. Johns, AZ 85936	(928) 337-3552 *(928) 337-2269 Fax*
Cochise	PO Box 4219 Bisbee, AZ 85603	(520) 432-7521 *(520) 432-7247 Fax*
Coconino	Coconino County Juvenile Court 1001 E. Sawmill Rd. Flagstaff, AZ 86001	(928) 226-5422 *(928) 226-5455 Fax*
Gila (Globe)	1100 Monroe St., Ste. 200 Globe, AZ 85501	(928) 425-7971 ext. 27 *(928) 425-9638 Fax*
Gila (Payson)	714 S. Beeline Hwy., Ste. 104 Payson, AZ 85541	(928) 474-7145 *(928) 474-1752 Fax*
Graham	Graham County Courthouse 800 W. Main Safford, AZ 85546	(928) 792-5103 *(928) 348-0587 Fax*
Greenlee	PO Box 1146 Clifton, AZ 85533	(928) 865-2072 ext. 129 *(928) 865-5358 Fax*
La Paz	1316 Kofa Ave. Parker, AZ 85344	(928) 669-6188 *(928) 669-9770 Fax*
Maricopa	Juvenile Court Center 3131 W. Durango St. Phoenix, AZ 85009	(602) 506-4083 *(602) 506-5512 Fax* www.maricopacasa.org
Mohave (Kingman)	PO Box 7000 Kingman, AZ 86402	(928) 753-0795 ext. #4414 *(928) 753-8908 Fax*
Mohave (Lake Havasu City)	2001 College Dr., Ste. 148 Lake Havasu City, AZ 86403	(928) 453-0705 ext. #3730 *(928) 680-0193 Fax*
Navajo	PO Box 668 Holbrook, AZ 86025	(928) 524-4135 *(928) 524-4325 Fax*
Pima	Juvenile Court Center 2225 E. Ajo Way Tucson, AZ 85713-6295	(520) 740-2060 *(520) 243-2211 Fax*

COUNTY	MAILING ADDRESS	PHONE/*FAX*
Pinal (Florence)	PO Box 906 Florence, AZ 85132	(520) 866-7076 *(520) 866-7081 Fax*
Santa Cruz	PO Box 1929 Nogales, AZ 85628	(520) 375-7740 ext. 6755 *(520) 375-7741 Fax*
Yavapai (Cottonwood)	10 S. 6th St. Cottonwood, AZ 86326	(928) 639-8170 *(928) 639-8116 Fax*
Yavapai (Prescott)	Yavapai County Courthouse 120 S. Cortez, Rm. 402 Prescott, AZ 86303-4747	(928) 771-3165 *(928) 771-3387 Fax*
Yuma	2440 W. 28th St. Yuma, AZ 85364	(928) 314-1830 *(928) 314-1995 Fax*

Important CASA Standards in Arizona

CONFIDENTIALITY

CASA volunteers become officers of the court when appointed to a case. As such, they are subject to the same standards of confidentiality as other court personnel, DES case managers, and other professionals working in the foster care system.

- Any information pertaining to individual families or children that is received in the course of the CASA volunteer's duties, either verbally or from written records, is strictly confidential.

- CASA volunteers may not discuss their case with anyone except case managers, court personnel, CASA program staff, or others involved in an official capacity and who are authorized to receive such information.

- CASA volunteers may not write, speak, or confer about the case with any person, other than what is prescribed by law and program guidelines.

- All files and written records developed as part of the duties of a CASA volunteer are the property of the Arizona CASA Program and are not personal property. During the time a CASA is active on a case, pertinent records may be kept in the CASA volunteer's possession in a secure manner. These materials must be returned to the county program office when the CASA is relieved of duty by court order or if the CASA leaves the program. Withholding case materials from the court is a misdemeanor offense.

MANDATORY vs. DISCRETIONARY REPORTER

In the state of Arizona, CASA volunteers are not included in the list of people who are defined as "mandatory reporters" and obligated by law to report concerns about the abuse or neglect of a child. This makes us, then, "discretionary reporters," in that the law states that "a person other than one required to report…***may*** report the information…" This in no way is to say that CASA volunteers or program staff should not report abuse. It is merely a clarification that we do not fall under the definition of a person who is "required" to report in the "Mandatory Reporter" statute (13-3620). It is up to each person individually to decide whether or not to report concerns of this nature to the appropriate authorities.

PERSONAL LIABILITY

Arizona Revised Statutes § 8-522(H), states that a special advocate is immune from civil and criminal liability for the advocate's acts or omissions in connection with the authorized responsibilities the special advocate performs in good faith.

The State of Arizona Risk Management Section provides liability insurance for CASA volunteers during the performance of their duties. This coverage lasts for the duration of the CASA's official appointment by order of the court.

A.R.S. § 41-621(A) reads:

> "The Department of Administration shall obtain insurance against loss, to the extent it is determined necessary and in the best interests of the state as provided in subsection (F) of this section on the following…
>
> "The state and its departments, agencies, boards and commissions of all officers, agents and employees thereof and such others that may be necessary to accomplish the functions or business of the state and its departments, agencies, boards and commissions against liability for acts or omissions of any nature while acting in authorized governmental or proprietary capacities and in the course and scope of employment or authorization except as prescribed by this chapter."

A CASA volunteer will not be held liable for an injury or damage resulting from an act or an omission in a public official capacity where the act or omission was the result of the exercise of the discretion vested in him if the exercise of the discretion was done in good faith without wanton disregard of his statutory duties.

The Department of Administration, with the assistance of the Attorney General, will provide for defense of claims arising from the volunteer's acts or omissions.

Exclusions to this coverage include:

1. *Discrimination actions.*
2. *Losses that arise out of and are directly attributable to an act or omission determined by the court to be a felony by an agent.*
3. *Coverage for workers' compensation benefits and occupational diseases that might be contracted or injury sustained to the volunteer by the client.*

CASA SAFETY

The Arizona CASA program is highly invested in keeping CASA volunteers safe. A CASA should consult with the county coordinator if there is a question or concern about safety, or any aspect of the work or of a particular area of the community. It is sometimes wise for a CASA volunteer to meet the biological parents or family members in a neutral place until a relationship can be established that allows the CASA to feel comfortable going to the home. It is also reasonable to ask the county coordinator or another CASA volunteer to accompany the CASA on a home visit.

If a situation ever feels unsafe, CASAs should remove themselves from that situation and gather more information. Some of the people a CASA volunteer may encounter may have criminal records, drug involvement, or may live or work in an unsafe area of the community. A CASA should always trust instincts and not be hesitant to ask questions.

The CASA program recommends that a CASA volunteer not give out home phone numbers to biological parents and family members. The county program office staff can relay messages. In order to maintain a positive working relationship and effective communication with the CPS case manager and foster parents, it may be necessary to provide the CASA volunteer's home number to those individuals. Please note that these individuals are responsible for keeping all contact information confidential.

AUTOMOBILE USAGE

In the performance of duties, a CASA volunteer may use an automobile, usually their personal vehicle. Rarely will a state or county vehicle be provided to a CASA.

When a personal automobile is used on authorized state business, CASA volunteers should be aware of the differences in liability coverage provided. The CASA's personal insurance becomes the first responsible insurer, and the state coverage acts as a supplement if the liability coverage is inadequate. For example, if a volunteer caused $1 million in damages but their liability insurance policy limit is only $500,000, the State Risk Management Revolving Fund will assume the $500,000 difference, provided the accident resulted from the error of the CASA volunteer rather than that of the other driver.

The State of Arizona provides primary auto liability coverage to the CASA while using a state-owned vehicle or a leased or rented vehicle under the name of the Arizona CASA Program, if the vehicle is used for ***authorized*** purposes within the course and scope of CASA duties. Accidents caused by the CASA volunteer's negligence are not covered. There are no deductible charges for damage exceeding $100.

Exclusions to this automobile coverage are:

1. *Personal injuries resulting from an automobile accident requiring medical benefits; coverage is derived from the CASA's personal automobile insurance policy.*

2. *Volunteers of the state are not covered by worker's compensation benefits.*

3. *Injuries to passengers while being transported by the CASA volunteer may or may not be covered; there must be negligence on the part of the CASA in order for Risk Management to extend liability coverage to passengers being transported by the CASA.*

CASA Volunteer Support and Training

The Arizona CASA Program recruits, trains, and supervises concerned, sensitive individuals from the community who advocate solely for the best interests of the child. A CASA's advocacy may lead to an enhancement of the quality of services provided to the child. This involvement is to help ensure that progress is being made toward achieving a safe and permanent home as quickly as possible, with the least amount of trauma for the child. In addition, the CASA volunteer aids the system to work more effectively by pointing out system problems and making appropriate recommendations for improvement.

County coordinators are the judge's delegate to supervise a CASA's advocacy efforts and provide them with assistance in carrying out their duties and responsibilities. CASA volunteers should plan to work closely with their assigned county coordinator throughout their service.

PRE-SERVICE TRAINING

To meet National CASA Association standards, the Arizona CASA Program and your county provides you with 7.5 hours of "Getting Started" training, 15 hours of training at the two-day Advocacy Academy, and 7.5 hours of "Beyond the Basics" training, with the goal of preparing you to be a thorough, effective, and autonomous child advocate. Additionally, new CASA volunteers may have the opportunity to observe a Foster Care Review Board hearing and/or a Report and Review court hearing prior to taking the first case.

IN-SERVICE TRAINING

CASA volunteers in Arizona must participate in and document a minimum of 12 hours of in-service training every calendar year. The pre-service training described above fulfills the 12-hour requirement during a new CASA volunteer's first calendar year with the program.

In-service training can include things like reading a book, attending a workshop, or taking an online course. There are many resources to choose from:

- County programs provide networking and training opportunities on relevant topics to assist CASA volunteers in their ongoing advocacy efforts.
- The State Office provides a comprehensive CASA Online Training Center with a diverse selection of subject matter, training opportunities, and resources at www.azcasa.org.

- The Department of Economic Security and other state agencies and organizations frequently offer seminars and conferences, which CASA volunteers can attend. County coordinators share these opportunities as they become available.

Be sure to work with your county coordinator to determine if a learning opportunity will qualify for in-service training credit.

Advocacy Academy

The two-day CASA Advocacy Academy is held every month (excluding December), on a Friday and Saturday, with the location alternating between Phoenix and Tucson. You can view the Advocacy Academy dates and location by visiting www.azcasa.org and clicking on "Event Calendar."

Below is a list of topics typically covered at the Advocacy Academy.

Friday	***Saturday***
The Role of a CASA Volunteer in Arizona	Values & Viewpoints
Child Protective Services (CPS)	Trauma and Children
The Arizona Dependency Process	Attachment and Bonding
Confidentiality	The Work of a CASA Volunteer
Substance Abuse	CASA Court Reports
	Next Steps

The Advocacy Academy training **begins at 8:00 a.m. and ends by 5:00 p.m.** each day, providing new CASA volunteers with 15 hours of their 30-hour pre-service training requirement. A continental breakfast and lunch are provided on both days.

Your county program will register you for the Advocacy Academy and provide you with further information for your specific training. If extended travel and lodging are necessary for you to attend the Academy, your CASA office will work with you on any arrangements, including lodging, mileage, and meals not provided at the training. Be sure to attach a hotel receipt and a copy of your certificate of completion with your reimbursement request for prompt reimbursement following the training.

You will receive the complete agenda and all of the necessary materials needed for the training when you arrive on the first day.

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