

Section Three

ISSUES IMPACTING FAMILIES

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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



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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.



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- 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.



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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?



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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.

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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



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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.

<i>Phase 1: Tension Building</i>	
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

<i>Phase 2: Crisis</i>	
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

<i>Phase 3: Calm</i>	
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



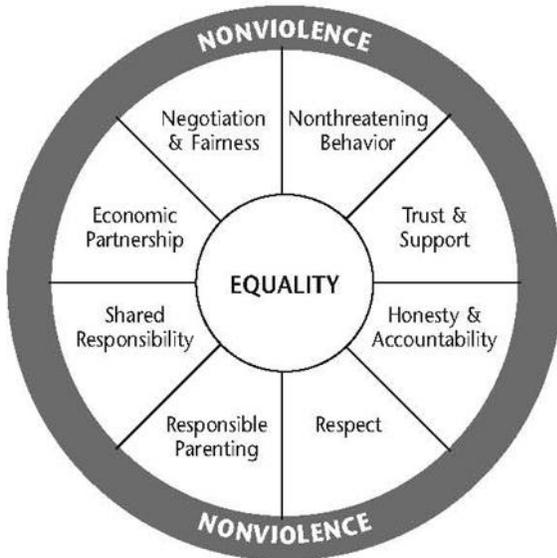
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THE POWER AND CONTROL WHEEL

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 (FVPPF)

www.endabuse.org

FVPPF 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.



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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

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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.

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- **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.



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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).



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

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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

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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.



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- 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 (MHA AZ)

www.mhaarizona.org

This is a non-profit association providing leadership to address the full range of mental health and wellness issues in Arizona. MHA AZ 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.

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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



