

**THE CASA KANE COUNTY
CASA/GAL TRAINING PROGRAM**



**READING PACKET
NO. 2**

Recognizing Child Abuse and Neglect

It is not the CASA/GAL volunteer's role to determine whether or not certain actions constitute child abuse or neglect; the court will decide this. It is, however, necessary for CASA/GAL volunteers to be able to recognize signs of abuse and neglect in order to advocate for a safe home for a child. Some of these indicators, although often associated with abuse, are not specific to abuse and neglect and can occur with other kinds of trauma or stress. In any case, they indicate that a child is in need of help and support. The following information will assist you in identifying potential signs of abuse or neglect.

What Constitutes Abuse and Neglect?

Child abuse can be seen as part of a continuum of behaviors. At the low end of the continuum are behaviors you might consider poor parenting or disrespectful behavior; at the high end are behaviors that lead directly or indirectly to the death of a child. See the table on the following pages in order to examine some specific examples of various types of child maltreatment.

Recognizing Abuse and Neglect

	Description	Indicators
Physical Abuse	Intentionally harming a child, use of excessive force, reckless endangerment.	<ul style="list-style-type: none">• 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

Recognizing Abuse and Neglect

	Description	Indicators
Sexual Abuse	Engaging a child in any activity for an adult's own sexual gratification.	<ul style="list-style-type: none"> • 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, friendship, love and protection, the natural birthrights of all children.	<ul style="list-style-type: none"> • Habit disorders (thumb sucking, biting, rocking, soiling or wetting clothes or bedding) • Conduct disorders (withdrawal or antisocial behavior) • Behavior extremes • Overly adaptive behavior • Lags in emotional or intellectual development • Low self-esteem • Depression, suicide attempts

Recognizing Abuse and Neglect

	Description	Indicators
Neglect	Failure of a person responsible for a 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.	<p><i>Physical Signs:</i></p> <ul style="list-style-type: none">• Malnourishment• Missed immunizations• Lack of dental care• Lack of supervision• Consistent dirtiness• Constant tiredness/ listlessness <p><i>Material Signs:</i></p> <ul style="list-style-type: none">• Insufficient/ improper clothing• Filthy living conditions• Inadequate shelter• Insufficient food/ poor nutrition



Risk Factors for Child Abuse and Neglect

There is rarely a single cause of child abuse or neglect. Risk factors for child abuse and neglect include child-related factors (factors that may increase a child's vulnerability to maltreatment), parent/caretaker related factors, social-situational factors, family factors and triggering situations. These factors frequently coexist.

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.

Risk Factors for Child Abuse and Neglect, Cont'd.

MENTAL 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.
- Intellectual disability 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.

Risk Factors for Child Abuse and Neglect, Cont'd.

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.

Risk Factors for Child Abuse and Neglect, Cont'd.

- 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.

What Is “Minimum Sufficient Level of Care” (MSL)?



Removing a child from his or 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 provide the minimum sufficient level of care. This standard describes what must be in place for the child to remain in the 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. The minimum sufficient level of care 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, considered as commonly accepted child-rearing practices in our society?

Here are some examples: 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 homeschool 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.

What Is “Minimum Sufficient Level of Care” (MSL), Cont’d.

Community Standards

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

Here are some examples: 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 9-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 minimum sufficient level of care standard must reflect the community standards of the child’s tribe.

WHY THE MSL STANDARD IS USED

- It maintains the child’s right to safety and permanence while not ignoring the parents’ right to raise 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.

What Is “Minimum Sufficient Level of Care” (MSL), Cont’d.

KEY PARAMETERS OF THE MSL STANDARD

- The standard takes into consideration the particular circumstances and needs of each 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.

Cultural Considerations

An understanding of a child’s cultural practices is important when considering the MSL standard. For children who are Alaska Native or American Indian, sources for information about cultural practices may include the parents, the tribal child welfare worker, relatives of the child or other tribal members. For other ideas for making sure MSL is applied consistently, you may consider:

- Discussing the MSL standard with your case coordinator or supervisor
- Learning about the various cultural groups in your community (more on this in Chapter 6)
- Systematically comparing the standard for removal and the standard for reunifying a child in the home of origin

Child Abuse and Neglect

The “Best Interest” Principle: Activity 2E



In addition to MSL standards, the “best interest” principle guides your work as a CASA/GAL volunteer. Listen as the facilitator introduces this principle and your role in advocating for a child’s best interest.

The “Best Interest” Principle—What It Means



- 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/GAL 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.

The Best Interest Principle: What the National CASA Association Says

The CASA/GAL 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 volunteer makes fact-based recommendations to the court about appropriate resources to meet those

The “Best Interest” Principle—What It Means, Cont’d.

needs and informs the court of the child’s wishes, whether or not those wishes are, in the opinion of the CASA/GAL volunteer, in the child’s best interest.

What a CASA/GAL Volunteer Can Do

Throughout a case, ask yourself the following questions to help determine what’s in a child’s best interest:

- Is the child safe?
- Is the child’s unique culture being respected?
- What are the special needs of this child?
- Is the child’s sense of time being honored?
- Is the child receiving the emotional nurturance necessary for healthy brain development?
- Can this child speak for himself/herself?
- Should the child be present in court?

Communication and CASA/GAL Volunteer Work

You will come into contact with many people as you gather information and monitor a child's case. Relationships characterized by respect and credibility will assist you in doing your job. Respect is earned as others on the case see your commitment to the child and to your role as a CASA/GAL volunteer. Credibility is established when you do what you say you will do in a timely manner, when you make recommendations built on well-researched and independently verified information, and when you maintain your proper role as the child's advocate.

Effective communication is critical to your ability to advocate for children. Good communication requires:

- Self-awareness
- Sensitivity
- Skills

Understanding the basic elements of communication can increase your skills in gathering the information you need to successfully advocate for a child.

The Basics of Communication

Effective communication is critical to your ability to advocate for children. Communication is defined as an interchange or an exchange of thoughts and ideas. Often the message a person intends to send is not the message that is received. What is said can be interpreted differently depending on the receiver's understanding of the words and the nonverbal cues that accompany the words.

Communication has three components:

1. The **verbal** component refers to the actual words spoken.
2. The **nonverbal** component refers to gestures, tone of voice and other unspoken means of conveying a message. The nonverbal code can easily be misread.
3. The **feelings** component refers to the feelings experienced as a result of the communication.

Communication and CASA/GAL Volunteer Work, Cont'd.

While the verbal and nonverbal can be observed, feelings are not easy to observe. Whenever there is a discrepancy between the verbal, the nonverbal and the feelings components of a message, the receiver of the message will tend to believe the nonverbal.

As a CASA/GAL volunteer, you will communicate with children, their families and professionals involved in the case, among others. It is important that you deliver messages that are consistent in all three components of communication. You must also train to listen for meaning, which requires three sets of ears—one set for receiving the spoken message, one for receiving the silent message(s) conveyed, and one for receiving the feelings of the sender.

Adapted from “Learning to Listen to Trainees,” Ron Zemke, and “Learn to Read Nonverbal Trainee Messages,” Charles R. McConnell.

Cultural Considerations

There are differences in nonverbal communication from culture to culture. Hand and arm gestures, touch, proximity and eye contact (or lack of) are a few of the aspects of nonverbal communication that may vary depending upon cultural background. For example, in some cultures:

- Pointing with one finger is considered to be rude.
- Patting a child’s head is inappropriate.
- Eye contact is thought to be disrespectful.

Open-Ended vs. Closed-Ended Questions

Open-ended questions invite others to engage in a dialogue with you. In your work as a CASA/GAL volunteer, using open-ended questions allows children and adults to give more thoughtful answers since these questions cannot be answered with a simple yes, no or one-word answer. Sometimes open-ended questions are phrased as a statement that requires a response (for example, “Tell me about...” or “Describe for me...”).

Examples of open-ended questions:

For child: *“Please describe what your morning is like from the time you wake up until you go to school.”*

For adult: *“How did your family come to be involved with the court system?”*

Closed-ended questions are useful when you are trying to obtain factual information. They can be answered with a simple yes or no, or with a single word or short phrase.

Examples of closed-ended questions:

For child: *“Is your aunt still living nearby?”*

For adult: *“How many times has Johnny been to the emergency room this month?”*

Clarifying questions are used to gather additional details or clear up any confusion.

Examples of clarifying questions:

“I didn’t understand the phrase you just used. Could you explain it?”

“You mentioned someone named James. What is his relationship to the child?”

Do not ask **leading questions!** A **leading question** is one that suggests a desired answer.

Example of a leading question:

“Your favorite weekends are spent with your dad, right?”

Leading questions are never appropriate in any CASA/GAL volunteer interview.

Open-Ended vs. Closed-Ended Questions, Cont'd.

More Examples

Closed-Ended Question:

- (For a child): Do you want to live with your mother or your father?

Open-Ended: Question:

- Who would you like to live with?
- Who do you think you'd be happiest living with?

Closed-Ended Question:

- (For a parent): You seem unhappy lately. Are you?

Open-Ended Question:

- How have you been feeling lately?
- How are you doing emotionally?

Closed-Ended Question:

- (For a child): Does your mom leave you alone at night a lot?

Open-Ended Question:

- Tell me what it's like at home at night.
- Who is around when you're at home at night?

Closed-Ended Question:

- (For a parent): Do you understand the difference between a CASA/GAL volunteer and a caseworker?

Open-Ended Question:

- Tell me your understanding of my role as a CASA/GAL volunteer.
- How do you think my role is different from that of the caseworker?

The CASA/GAL Interview

In your role as a CASA/GAL volunteer, you will have the chance to interview many people related to a case: the child, the parent(s), other relatives, the child's teacher, medical professionals, the caseworker and so on. Because you may have a limited amount of time to seek information and interview everyone you deem necessary before your first hearing or report is due, it is important that you make the best possible use of interview time by determining what information is needed and crafting questions to ask ahead of time.

The interview is a powerful tool in your CASA/GAL volunteer toolbox and should be controlled by you, the fact gatherer. CASA/GAL volunteer interviews are neither friendly chats nor inquisitions. The structure of the interview should be non-threatening. Start with comfortable material and lead to more sensitive areas. You may face the tendency to turn the interview into a personal conversation, but keep in mind that it is possible to make someone feel at home and to show an interest in him or her while still presenting yourself as the one in charge, the professional. It is rarely appropriate to discuss your personal life or your past experiences. Never discuss your own attitudes or biases. Your goal is to gather enough information, in a respectful manner, to produce a factually sound, insightful report and recommendations for the court.

Basic Tips for a Productive CASA/GAL Interview

1. Display empathy and concentration. Portray an accepting, believing, non-judgmental demeanor.
2. Observe gestures, expressions and other forms of nonverbal communication.
3. Make notes about the environment. Does the room contain family photos, toys and so on?
4. Prepare questions beforehand, but be flexible, asking clarifying questions as needed.
5. Do not ask leading questions. A leading question assumes a point of view on your part.
6. Listen to understand. Do not interrupt.
7. Do not expect to gather all the information needed in one session.
8. Encourage subjects to keep talking with phrases such as, "Okay," "Go on," or "Please continue," or allowing five seconds of silence. Do not be afraid of silences.

The CASA/GAL Interview, Cont'd.

9. Check to make sure you understand what the speaker is trying to convey, using phrases such as “What I’m hearing is . . .” or “It sounds like you are saying . . . Is that right?”
10. Do not preach or teach. Avoid arrogance.

Interviewing Children

As a CASA/GAL volunteer, you do not directly ask a child about incidents of abuse. A professional forensic interviewer, trained social worker or police officer will handle those inquiries as a part of an investigation. A badly conducted interview of a child-victim can alienate and upset the child. The Center for Problem-Oriented Policing (POP) website states that common errors interviewing children include reinforcing certain answers, relaying what others believe about the allegation and asking complicated questions. They advise the following:

1. Make the interview setting child-friendly.
2. Recognize the developmental capabilities of children of different ages.
3. Exercise patience.
4. Avoid “why” questions and focus instead on clear, open-ended questions.
5. Make efforts to offset any guilt the victim may experience for “causing trouble.”

Your role as a CASA/GAL volunteer is to get a sense of a child’s past and current circumstances and how the child is doing presently. Some children can talk about their situations and their wishes, but other children do not have sufficient verbal and developmental skills sufficient to express themselves. For that reason, fact-based observations about a child are important to your role in gathering information about a case.

During the initial part of the interview, focus on helping the child feel comfortable and relaxed. Introduce yourself and explain your role and why the interview is taking place. This is a good time to play an age-appropriate game. It is important to remember that what you observe may raise questions about the child and the child’s life. Be careful not to misinterpret a child’s play or take their words literally. As a CASA/GAL volunteer, you do not want to reach conclusions based on any one piece of information. Information that emerges in play needs to be corroborated by other sources.

The CASA/GAL Interview, Cont'd.

In the article “Interviewing Children,” Rosemary Vasquez suggests that since you cannot “interview” infants, CASA/GAL volunteers should consider the following:

- What does direct observation of the child tell you?
- What do you observe about the child relating to parent(s), caregiver, siblings and strangers?
- What is the infant’s affect?
- Does the baby make eye contact or avoid eye contact?
- How does the parent relate to the child and vice versa?

This type of “interview” with an infant and parent should provide you with a sense of whether the parent provides the child with appropriate stimuli, enhances the security of the child and meets the child’s physical and emotional needs.

Tips for Interviewing Children

1. Ask a child a question or two to which you know the answer. Such questions can help you determine the competence level of a younger child and/or an older child’s willingness to tell the truth.
2. Establish parameters to obtain more accurate information. For example, you might ask a child, “Was it bigger than a football?” “Did it happen before the school bus came?” or “Was there snow on the ground?”
3. Break questions down into parts to help a child remember more detail. Just asking a child, “What happened?” may not elicit a useful answer.
4. If you think a child has been coached, you may want to end the interview with this question: “Is there anything else you are supposed to tell me?”
5. Let the child tell his/her story.

Adapted from Lucas County, Ohio CASA/GAL.