

4

CHAPTER 4

Understanding Families —Part 1

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CHAPTER 4

Understanding Families—Part 1



HOMework RECAP

RESOURCE MATERIALS EXPLORATION

Look at the Chapter 4 Web Resources or the Chapter 4 Resource Materials. Pick at least one website or article to explore, and bring back what you learn to share with the group, the facilitator, and your local CASA/GAL program. When you come to this training session, write up a brief description of the resource on an index card provided by the facilitator.

MENTAL ILLNESS & DOMESTIC VIOLENCE

Read the information on mental illness and domestic violence that appears in Units 5 and 6 of this chapter. Note any questions you have in the margins.

COMMUNITY RESOURCES

Begin to gather information about the community resource you selected during the previous training session. You will present your report on community resources during the session addressing Chapter 9.



GOAL

In this chapter, I will learn a strengths-based approach to understanding families and children. I will learn about indicators and risk factors for child abuse and neglect, and I will consider how stress, mental illness, and domestic violence impact families.



OBJECTIVES

By the end of this chapter, I will be able to . . .

- ✓ Identify the strengths and resources of families
- ✓ Use cultural norms and community standards as a framework for understanding families
- ✓ Recognize how times of stress and crisis affect families and children
- ✓ Identify risk factors associated with child abuse and neglect
- ✓ Explain how mental illness and domestic violence impact families and children
- ✓ Examine how my personal values and biases about mental illness and domestic violence can affect my objectivity regarding the best interest of the child

Family Strengths

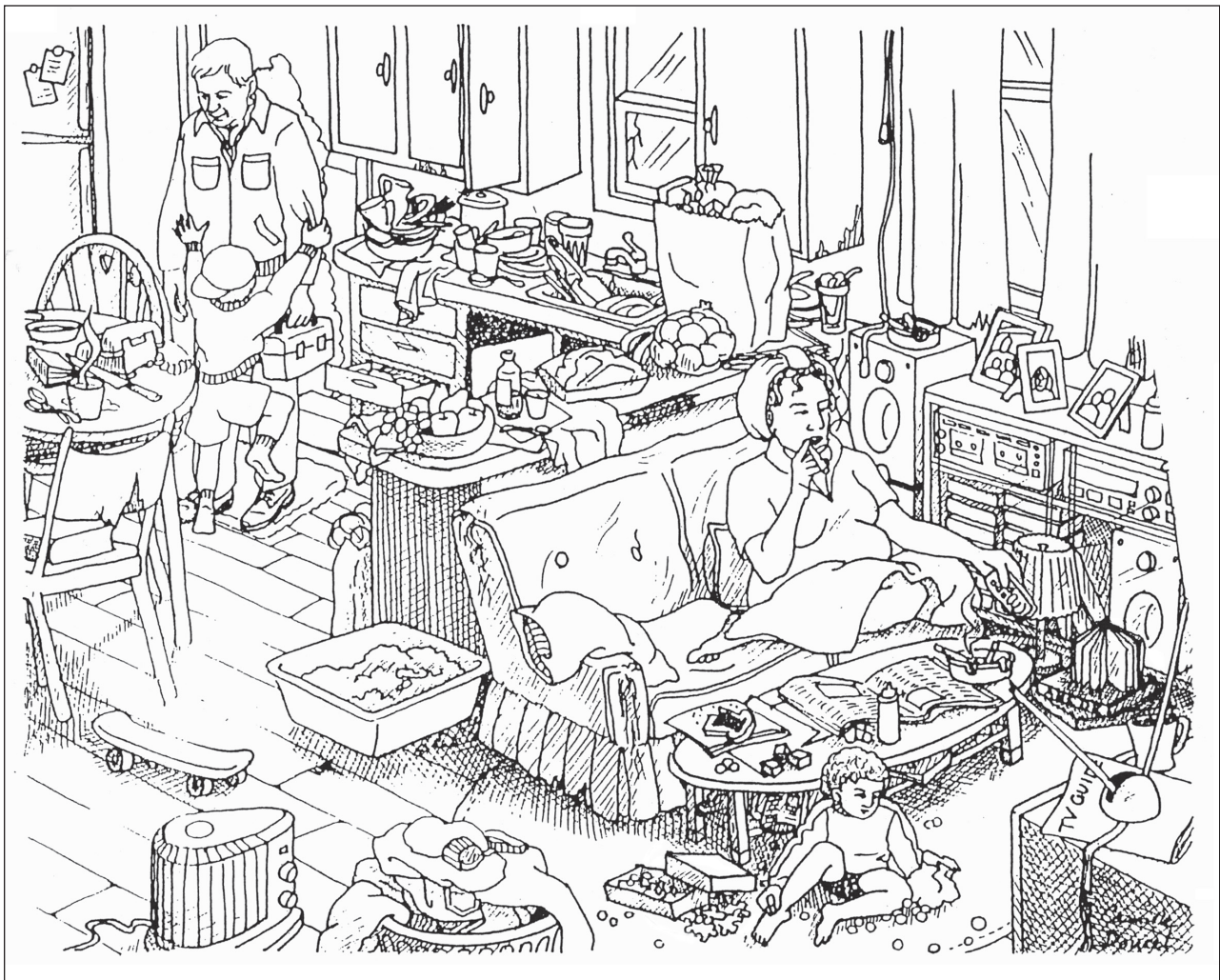
Activity 4A: Your Families

Write down both a strength and a weakness of your family (either your family of origin or your current family).

In the large group, the facilitator will ask for a few volunteers to share either a strength or a weakness.

Activity 4B: Identifying Family Strengths

Look at the illustration that follows. Note 12 to 15 positive aspects of the household pictured. In the large group, share your observations.



Used with permission from the artist, Camille Doucet.

Activity 4C: Resources vs. Deficits

Do you know the question about whether the glass is half full or half empty? In your CASA/GAL volunteer work with families, you can ask yourself a similar question, focusing on the positive or the negative. If you look at a family through a “resource” lens, you focus on identifying the strengths; if you look through a “deficit” lens, you focus on the problems. *All families have strengths and weaknesses.*

Listen as the facilitator compares the resource lens and the deficit lens.

In the large group, answer the following question:

- What might be some benefits of using a strengths-based approach in your work as a CASA/GAL volunteer?

Resources vs. Deficits

If I look through a **RESOURCE LENS**, I am likely to . . .

Look for positive aspects

Empower families

Create options

Listen

Focus on strengths

Put the responsibility on the family

Acknowledge progress

See the family as expert

See the family invested in change

Help identify resources

Avoid labeling

Inspire with hope

If I look through a **DEFICIT LENS**, I am likely to . . .

Look for negative aspects

Take control or rescue

Give ultimatums or advice

Tell

Focus on problems

See the family as incapable

Wait for the finished product

See service providers as experts

Impose change or limits

Expect inaction or failure

Label

Deflate the family’s hope

Adapted from materials developed by CASA for Children, Inc., Portland, Oregon.

Seeing the Strengths & Resources in Families

Your ability to identify strengths in families depends partially on which lens—the resource lens or the deficit lens—you use in your work with families. The lens you choose will also influence your work with others involved in the case. Using a strengths-based approach means acknowledging the resources that exist within a family (including extended family) and tapping into them. For instance, you may identify a relative who can provide a temporary or permanent home for a child, you may help a parent reconnect with a past support system, or you may identify healthy adults who in the past were important to a child or family. Using a resource lens creates more options for resolution, and it empowers and supports children and families.

Following are a few questions you can ask when using the resource lens to assess a family:

- How has this family solved problems in the past?
- What court-ordered activities have family members completed?
- How are family members coping with their present circumstances?

Activity 4D: Seeing the Strengths in the Harris-Price Family

With a partner, read through the entries on the Strengths in Families Worksheet, which follows. As you read, consider the strengths of the family in the Harris-Price training case.

In the large group, discuss the following questions:

- Which of the strengths listed are present in the Harris-Price family?
- If you don't know whether or not a particular strength exists in this family, how might you gather information to find out?
- How would looking only at strengths or only at deficits affect your recommendations for this family?

Strengths in Families Worksheet

PARENT-CHILD RELATIONSHIP

UNIT
1

These items focus on the parent's relationship with the child. To accurately assess the parent-child bond, it is important to know the attachment behaviors of the parent's culture. How does this culture display empathy? What are appropriate verbal and nonverbal cues? For example, language is highly valued in some groups, and not in others. Eye contact between parent and child is expected by some but considered disrespectful by others.

Yes No Unknown

UNIT
2

1. The parent shows empathy for the child.
2. The parent responds appropriately to the child's verbal and nonverbal signals.
3. The parent is able to put the child's needs ahead of his/her own.

UNIT
3

4. When they are together, the child shows comfort in the parent.
5. The parent has raised the child for a significant period of time.
6. In the past, the parent has met the child's basic physical and emotional needs.
7. The parent accepts some responsibility for the problems that brought the child into care or to the attention of the authorities.

UNIT
4

8. The parent uses positive, nonviolent discipline.

PARENTAL SUPPORT SYSTEM

UNIT
5

These items reflect the quality of the parent's relationships with his/her current support system. The ways in which support systems function vary depending on culture. Because of the value European American culture places on self-sufficiency and independence, parents are expected to make their own decisions, live independently, and use the family for emotional support. Other cultures, most notably Native American cultures, expect the total group, biologically related or not, to function collectively to resolve problems. Resolution of problems may lie in the hands of the elders in other ethnic groups.

UNIT
6

Yes No Unknown

9. The parent has positive, significant relationships with other healthy adults (e.g., spouse, parents, friends, relatives).
10. The parent has a meaningful support system that can help him/her (e.g., church, job, counselor).
11. Extended family is nearby and capable of providing support.

PAST SUPPORT SYSTEM

The next five items look at extended family and friendships that have been helpful in the past and can be tapped again. If the family system has demonstrated healthy coping abilities in the past consistent with their cultural norms, this may be a resource for the family in the present as well.

Yes No Unknown

12. Extended family history shows family members able to help appropriately when one member is not functioning well.
13. Relatives came forward to offer help when the child needed placement.
14. Relatives have followed through on commitments in the past.
15. There are significant other adults, not blood relatives, who have helped in the past.
16. Significant other adults (who are not blood relatives) have followed through on commitments in the past.

Strengths in Families Worksheet

4

CHAPTER

FAMILY HISTORY

These items look at the parent's history and cultural heritage. To answer the first item in this section, it is important to know to what extent the family has identified with and participated in its ethnic community.

Yes No Unknown

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 17. The family's ethnic, cultural, or religious heritage includes an emphasis on mutual caretaking and shared parenting in times of crisis. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18. The parent's childhood history shows consistency of parental caretaker. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 19. The parent's history shows evidence of his/her childhood needs being met adequately. |

UNIT
1

UNIT
2

PARENT'S SELF-CARE

The items in this category highlight the parent's ability to function in an adult mode, according to the expectations of his/her culture. Values regarding health, hygiene, housing, education, and employment differ from culture to culture, so knowledge about the parent's culture is vital to identifying strengths.

Yes No Unknown

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 20. The parent's general health is good. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21. The parent uses medical care for self appropriately. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 22. The parent's hygiene and grooming are consistently adequate. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 23. The parent has a history of stability in housing. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 24. The parent has a solid employment history. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 25. The parent has graduated from high school or possesses a GED. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 26. The parent has skills that contribute to employability. |

UNIT
3

UNIT
4

UNIT
5

UNIT
6

CHILD'S DEVELOPMENT

Finally, these last five items focus on the functioning of the child. Again, appropriate behavior and social skills vary between cultures, so cultural knowledge is necessary.

Yes No Unknown

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 27. The child shows age-appropriate cognitive abilities. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 28. The child demonstrates an age-appropriate attention span. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 29. The child shows evidence of conscience development. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 30. The child has appropriate social skills. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 31. Major behavioral problems are absent. |

Adapted from *Concurrent Planning: From Permanency Planning to Permanency Action*,
Linda Katz, Norma Spoonemore, and Chris Robinson,
Seattle: Lutheran Social Services of Washington and Idaho, 1994.

Understanding Families Through Culture

Activity 4E: The Cultural Sensitivity Lens

Listen to the facilitator explain the importance of viewing families through the cultural sensitivity lens in your work as a CASA/GAL volunteer.

In the large group, share other examples of cultural differences in family structures, family roles, parenting styles, or other family norms that you may encounter in your work with families.

The Cultural Sensitivity Lens

Another essential tool to use when looking at families is the cultural sensitivity lens. Strengths don't look the same in every family. Family structures, rules, roles, customs, boundaries, communication styles, problem-solving approaches, parenting techniques, and values may be based on cultural norms and/or accepted community standards.

For instance, many Western cultures believe that children should have a bed to themselves, if not an entire room. In contrast, many other cultures believe that such a practice is detrimental to child development and potentially dangerous.

Additionally, in the United States the ideal of the nuclear family still dominates. However, in many communities extended family takes on a greater role in child rearing, and family may include members of a faith community or others who are not blood relatives.

People in different cultures and socioeconomic classes may use different skills and resources to deal with stress and problems. Material goods are one kind of resource, but some individuals and cultures prize other resources above material wealth. For example:

- **Mental ability** allows a person to access and use information.
- **Emotional resources** provide support and strength in difficult times.
- **Spiritual resources** give purpose and meaning to people's lives.
- **Good health and physical mobility** allow for self-sufficiency.
- **Cultural heritage** provides context, values, and mores for living in the world.
- **Informal support systems** provide a safety net (e.g., money in tight times, care for a sick child, job advice).
- **Healthy relationships** nurture and support.
- **Role models** provide appropriate examples of and practical advice on achieving success.



LEARN MORE!

For additional material on cultural variation in parenting practices, see "Culture Clash" and "Ethnopediatrics" in the Chapter 4 Resource Materials.

Activity 4F: Billy's Story

Read the home-visit summary written by a CASA/GAL volunteer below:

During the home visitation, I observed that Billy's grandmother seemed to play an overly important role in Billy's life, and in fact it was she who did the majority of parenting while I was there. When talking with his grandmother, Billy never looked at her directly and always spoke with a bowed head. It appeared that he was afraid of her and did not want to get within arm's reach. I observed in Billy's family some signs of disrupted attachment in that Billy did not kiss or hug his grandmother even though he had not seen her for several weeks. I also observed that the living quarters did not adequately provide for Billy's need to have a space of his own. He shared a room with several other people. I would therefore recommend that Billy's stay in foster care continues and that supervised visitations continue until the family can get more settled and provide for Billy's emotional and physical needs.

Consider that Billy's family is Native American. In small groups, answer the following questions:

- What additional information does this CASA/GAL volunteer need?
- How might this information change the CASA/GAL volunteer's interpretation of Billy's family situation?
- How might it change the CASA/GAL volunteer's recommendations?

Share some of your responses in the large group.

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2UNIT
3UNIT
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6

Stress in Families

Just as all families have strengths, at some point all families encounter change, stress, and perhaps even crisis—the family moves, a parent is laid off, childcare arrangements fall through, a new stepfamily comes into being, the car breaks down, a child becomes ill, the rent goes up, and on it goes. The families you will encounter in your work as a CASA/GAL volunteer are, by definition, under stress and are likely to be in crisis—if for no other reason than that the state is now involved in determining whether their child remains in their care and custody.

Some families cope well and adapt effectively to stress and crisis; others do not and become overwhelmed. Families that are not able to cope well are often isolated from resources, face a variety of challenges, and are stressed by numerous problems that compound one another. These families may develop patterns that lead to and then perpetuate abuse and neglect.

Activity 4G: Stress Level Assessment

Part 1: Take a few minutes to complete the following “stress test” to assess your stress level. You will not be asked to share your results.

Part 2: Again using the assessment that follows, determine Kathy Price’s stress level. In the large group, answer the following questions:

- How many additional points would you give to having your child removed from your home by the child welfare system?
- How might understanding the stress level of a family affect your recommendations?

Stress Level Assessment

For each event that has occurred in your life within the past 12 months, record the corresponding score in the box in front. If an event occurred more than once, multiply the score for that event by the number of times the event occurred, and record that score. Total all the scores and compare to the range of scores to determine whether your susceptibility to illness and mental health problems in the near future is low, mild, moderate, or high.

LIFE EVENT	YOU	KATHY	VALUE
1. Death of spouse or partner			100
2. Divorce			73
3. Marital or relationship separation			65
4. Jail term			63
5. Death of close family member			63
6. Personal injury or illness			53
7. Marriage			50
8. Fired at work			47
9. Marital or relationship reconciliation			45
10. Retirement			45
11. Change in health of family member			44
12. Pregnancy			40
13. Sex difficulties			39
14. Gain new family member			39
15. Business readjustment			39
16. Change in financial status			38
17. Death of a close friend			37
18. Change to different line of work			36
19. Change in number of arguments with spouse or partner			35
20. Mortgage or loan for major purchase (home, etc.)			31
21. Foreclosure of mortgage or loan			30
22. Change in responsibilities at work			29
23. Son or daughter leaving home			29
24. Trouble with in-laws			29

LIFE EVENT	YOU	KATHY	VALUE
25. Outstanding personal achievement			28
26. Spouse or partner begins or stops work			26
27. Begin or end school			26
28. Change in living conditions			25
29. Revision of personal habits			24
30. Trouble with boss			23
31. Change in working hours or conditions			20
32. Change in residence			20
33. Change in schools			20
34. Change in recreation			19
35. Change in religious activities			19
36. Change in social activities			18
37. Mortgage or loan for lesser purchase (car, TV, etc.)			17
38. Change in sleeping habits			16
39. Change in number of family get-togethers			15
40. Change in eating habits			15
41. Vacation			13
42. Major holiday celebration			12
43. Minor violation(s) of the law			11

Your Susceptibility to Illness and Mental Health Problems:

LOW = less than 149

MILD = 150 to 200

MODERATE = 200 to 299

HIGH = more than 300

Adapted from the Social Readjustment Rating Scale, *Journal of Psychosomatic Research*, T. H. Holmes and R. H. Rahe, 1967.

Risk Factors for Child Abuse & Neglect

Activity 4H: Why Do People Abuse and/or Neglect Their Children?

In the large group, name as many reasons as you can that might cause parents to abuse or neglect their children. This is a brainstorm—there are no right or wrong answers. The facilitator will list all ideas on the flipchart.

What questions or observations do you have?

Activity 4I: Conditions That May Lead to Abuse & Neglect

Read the material that follows on conditions that may lead to abuse and neglect. In small groups, go through your assigned section and put a check mark next to the issues present in the Harris-Price training case. In the large group, share your answers and any questions that arose in the discussion with your group.

Conditions That May Lead to Abuse & Neglect

There is rarely a single cause of child abuse or neglect. Risk factors for child abuse and neglect include child-related factors, 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.
- **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**

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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.



LEARN MORE!

For one mother's account of factors that led to her abuse of her son, read "A Knock on the Door" in the Chapter 4 Resource Materials.

Activity 4J: Examining What Challenges You

On the following questionnaire, rank your top three choices for the situation that you would find the hardest to work with. What are your “hot buttons”? After you have made your choices, pair up and answer the following questions:

- Which situations did you pick and why?
- How might your values, thoughts, and feelings about these situations impact your effectiveness as a CASA/GAL volunteer?

We’ll share a sample of your responses in the large group.

Case Situations

Which three situations would you find most challenging to work with?

- A parent who spends most of her money on drugs
- A parent who believes his wife/partner deserves the beatings he gives her
- A parent who lies to you
- A parent who fondles his 4-year-old child
- A parent who used drugs during her pregnancy
- A parent who refuses to take the medication that controls his mood swings
- A parent who left his children in the car in a parking lot while he went drinking at bars until closing time
- A parent who won’t leave the man who physically abuses her in front of her children
- A parent who is so depressed she doesn’t get out of bed for weeks at a time, which means her children miss meals and school

These descriptions include situations of mental illness, substance abuse, and domestic violence—factors that may put children at risk for abuse and neglect. Consider these statistics:

- Studies have shown that child abuse occurs in 30% to 60% of [domestic] violence cases that involve families with children.

From “The Overlap Between Child Maltreatment and Woman Battering,”
J. L. Edleson, in *Violence Against Women*, 1999.

- Studies have shown that between one-third and two-thirds of child maltreatment cases involve substance abuse.

US Department of Health and Human Services, 1999.

In the rest of this chapter and the following chapter, you will examine mental illness, domestic violence, substance abuse, and poverty to see how they impact the families and children with whom you will work. The chapters explore what you can do when faced with these issues in families.

The Impact of Mental Illness on Children & Families

Activity 4K: Mental Illness

For homework you read the material that follows on issues of mental illness in families. Share any questions you have about this information. Then look back at the list from the questionnaire in the previous activity. In the large group, identify which situations may involve mental health issues. Name one possible recommendation you might make as a volunteer in each situation involving mental illness.

Issues of Mental Illness in Families

THE FACTS

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

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)*, currently in its fourth edition, 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/GAL volunteer 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 US 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/GAL 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 CAN A CASA/GAL VOLUNTEER 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

LEARN MORE!



For more information on specific mental illnesses, check out the National Institute of Mental Health website at www.nimh.nih.gov.

- **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/GAL 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 CASA/GAL volunteer supervisor will be able to answer your questions about gaining access to this confidential information.
- When you encounter 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.

The Impact of Domestic Violence on Children & Families

Activity 4L: The Lisa Recording

Part 1: Listen to the audio recording of a child's call to 911 during a domestic violence episode. In the large group, discuss how you think Lisa is affected by the situation.

Part 2: For homework you read the following section about domestic violence. Share any questions you noted about the material.

Domestic Violence Issues

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.

As a CASA/GAL volunteer, it is important for you to be aware of the possibility that domestic violence exists in the families you encounter. If you suspect domestic violence is occurring, make sure the victim has several opportunities to talk to you alone. The partner who has been battered is often terrified of revealing the truth for fear of further violence. Observe body language carefully. Look for typical characteristics:

- A conspiracy of silence prevails.
- The batterer often seems more truthful, confident, and persuasive than the victim.
- The victim may seem angry and frustrated.
- There is often no police or medical record of the violence.
- There is a recurring cycle of family tension, followed by the batterer's explosion, followed by a period of calm (often filled with apologies and promises) that then begins to build back to tension.

Domestic violence is about control and domination. When a battered partner leaves the family home (or the batterer is forced to leave), the

batterer feels a loss of control formerly exerted. This makes the batterer even more likely to be violent. This increased level of danger makes many victims reluctant to leave, even when the consequence of staying may be the placement of children in foster care.

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 revictimized.

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/GAL 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 nonabusing 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.

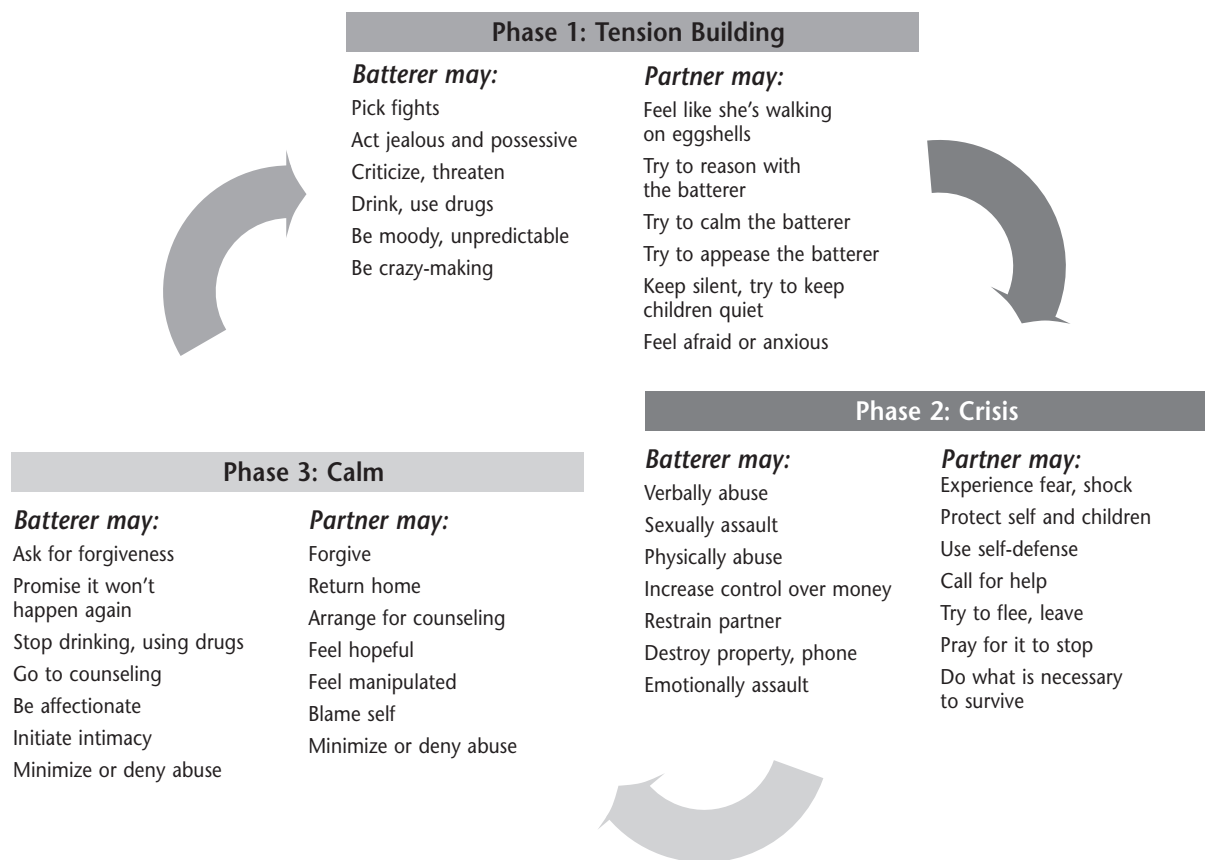
At least 75% of children whose mothers are battered witness the violence. In some cases, the batterer deliberately arranges for the child to witness it. The effect on children's development can be just as severe for those who witness abuse as for those who are abused. Witnessing violence at home is even 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.

Statistics from "Children: The Forgotten Victims of Domestic Violence," Janet Chiancone, *ABA Child Law Practice Journal*, July 1997.

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.



Adapted by Eastside Domestic Violence Program (EDVP), Bellevue, Washington, from *The Battered Woman*, Lenore Walker, New York: Harper and Row, 1980. Reprinted with permission from EDVP.

Activity 4M: Effects of Domestic Violence on Children

Read the following stories told by mothers whose children have witnessed domestic violence. Then read the section “What Can a CASA/GAL Volunteer Do?” As you read, note which suggestions would be helpful to Annette’s children, to Jocelyn’s children, and to Cheryl’s. Discuss your responses in your small groups.

In the large group, share a sample of your responses and answer the following question:

- What else might you recommend for these children and their families?

In the Words of Their Mothers

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 8-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 9 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.

From *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 Can a CASA/GAL Volunteer Do?

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 US Advisory Board on Child Abuse and Neglect, “[D]omestic violence is the single, major precursor to child abuse and neglect fatalities in the US.”

Take into account the history and severity of family violence when making any recommendation for placement of a child.

Many professionals in the field of domestic violence believe that you cannot protect the child unless you also protect the primary nurturer/ victim (usually the mother). As part of that perspective, they advocate for placement of the child with the mother regardless of other factors, saying that to do otherwise further victimizes the mother at the hands of the system.

Determine the best interest of the child. It may be that, with proper safeguards in place, the victim can make a safe home for the child while the threat from the batterer is reduced by absence, treatment, and/or legal penalties. It is also possible that the victim has shortcomings that prevent her from caring for her family at even a minimally sufficient level. You should assess the situation with a clear understanding of domestic violence dynamics, but in the end, you must make a recommendation based solely on the best interest of the child.

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 noncoercive, nonintrusive manner.

Be alert to any signs that domestic violence has recurred or even that contact between the batterer and the victim is ongoing if that might compromise the child’s safety. The foremost issue is the safety of the child.



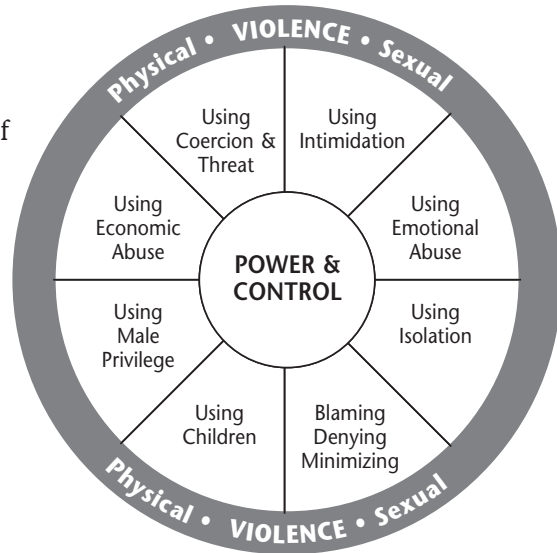
LEARN MORE!

You can find further information in the article “Domestic Violence: Safety Tips for You & Your Family,” which appears in the Chapter 4 Resource Materials.

Understanding Domestic Violence

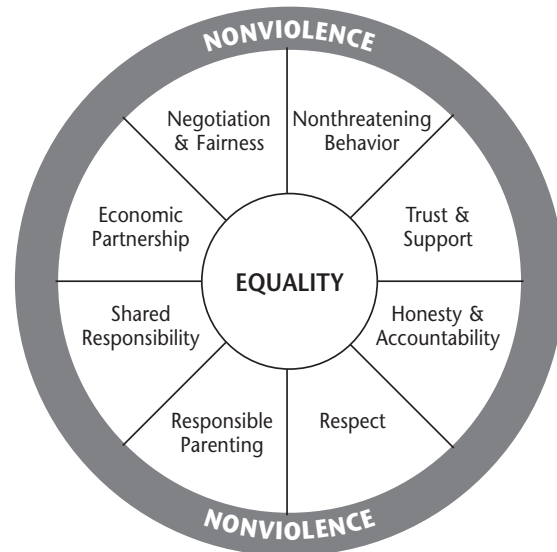
THE POWER & CONTROL WHEEL

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.



Adapted from a model developed by the Domestic Abuse Intervention Project, Duluth, Minnesota.

Connection Between Family Violence & Abuse of Pets

- It is estimated that 83% of homes with abused or neglected children also have abused or neglected pets.

B. W. Boat, "Links Among Animal Abuse, Child Abuse and Domestic Violence," *Social Work and the Law*, 2002.

The abuser may threaten to harm or kill the family pet to ensure the child's silence or compliance. . . . Some children may even allow themselves to be victimized to save their companion animal from being harmed or killed.

Many women in abusive homes are hesitant to flee with their children to a place of safety because of prior threats made by the abuser toward companion animals in the home. If a companion animal is



LEARN MORE!

A complete copy of this article about animal abuse and child abuse appears in the Chapter 4 Resource Materials.

left behind in the home, abusers may use the pet as a pawn to force their domestic partners or children to return home. When companion animals can be placed in a safe environment . . . abused family members are more likely to leave the abusive home.

Allie Phillips, "How the Dynamics Between Animal Abuse and Child Abuse Affect the Forensic Interview Process," *Reasonable Efforts*, Vol. 1, Number 4, 2004.

As a CASA/GAL volunteer, you can observe a family's relationship with their companion animals and ask children whether anyone has threatened to harm their pets. Children are often more willing to talk about a pet than about themselves.

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



Homework

POVERTY—THE NUMBERS

In 2004, \$15,219 was the federal poverty threshold for a three-person family. A three-person family earning less than \$7,610 lived in “extreme poverty” (less than half the federal poverty level). In that year, more than 5.5 million children lived in extreme poverty. These families earned less than \$634 a month, \$146 a week, or \$20 a day to meet all basic needs: food, clothing, shelter, health care, etc.

From *The State of America’s Children 2005*,
Children’s Defense Fund, www.childrensdefense.org.

Consider the above information about the federal poverty level. Assume you have \$15,000 a year to live on. Using the cost-of-living information the facilitator distributes and the Monthly Budget Worksheet, devise a monthly budget for \$1,250 that includes expenses for housing, utilities, food, clothing, transportation, entertainment, childcare, and medical expenses. Think about what strengths or abilities a person needs in order to live on \$15,000 a year.

COMMUNITY RESOURCES

Reminder: Earlier in training, you selected an agency to research. The facilitator provided a worksheet as a tool to assist you in gathering information about services provided, access to services, etc.

This activity was assigned early in training to allow time for you to gather the information. You will share the materials and information that you gather during the Chapter 9 training session, when community resources will be introduced.

Monthly Budget Worksheet

EXPENSE	MONTHLY ALLOCATION
Housing	
Utilities	
Food	
Clothing	
Transportation	
Entertainment	
Childcare	
Medical Expenses	
Other	
	\$1,250