



**CASA**

Court Appointed Special Advocates  
**FOR CHILDREN**

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**THE NATIONAL COURT APPOINTED  
SPECIAL ADVOCATE ASSOCIATION**

CASA/GAL Pre-Service Volunteer Training Curriculum

# Pre-Work Handouts

**CHAPTER TWO**

**HEARST** *foundations*



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## CHAPTER 2

# Pre-Work Handouts

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## **Pre-Work Instructions**

Prior to attending the second session of the volunteer training, please read through the Pre-Work handouts found in this document. Reading this information prior to the session will give you a foundation in children's growth and development, children's needs, the importance of attachment in childhood, recognizing child abuse and neglect, your state's definition of abuse and mandatory reporting laws, risk factors for child abuse and neglect and your program's court report.



# How Children Grow and Develop

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

## How Children Grow and Develop, Cont'd.

10. It is important that experiences that are offered to children fit their maturity level. If children are pushed ahead too soon, and if too much is expected of them before they are ready, failure may discourage them. On the other hand, children's growth may be impeded if parents or caregivers do not recognize when they are ready for more complex or challenging activities. Providing experiences that tap into skills in which children already feel confident, as well as offering some new activities that will challenge them, gives them a balance of activities that facilitates healthy growth.

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

### **When observing a child's development, keep in mind these key points:**

- There is a wide range of typical behavior. At any particular age, 25% of children will not exhibit the behavior or skill, 50% will show it and 25% will already have mastered it.
- Some behaviors may be typical (predictable) responses to trauma, including the trauma of separation, as well as abuse and neglect.
- Prenatal and postnatal influences may alter development.
- Other factors, including culture, current trends and values also influence what is defined as typical.
- As a CASA/GAL volunteer, you need to become aware of your values, attitudes and perceptions about what is typical in order to be more objective and culturally sensitive when assessing a child's needs.

# Children's Needs

Children served by CASA/GAL programs come to the court's attention because their parents or caregivers are not meeting their most basic needs—for food, clothing, shelter or security. Usually, parents are their children's advocates—a CASA/GAL volunteer is needed only when the parents or caregivers cannot fulfill that advocacy role. To make sure these children are protected from maltreatment, the child protection system removes many of them from their homes and their primary relationships. While removal from the home may be necessary to ensure the children's safety, it does have consequences. Later in this chapter, we will look more closely at the effects of disturbing children's attachments to their primary caregivers.

## Hierarchy of Needs

Abraham Maslow believed there are five categories of needs that all people have, and that these needs have to be met in sequence from the first level on up. If the needs at one level are not met, the needs at the next level cannot be met. The first two levels (food, clothing and shelter; protection and security) were described as basic for survival. The remaining three levels were primary relationships, esteem and community and wholeness.

In recent years, Maslow's theory has been questioned and other theories have evolved. Dr. Edward Deci established that there are three universal psychological needs: autonomy, relatedness and competence. Autonomy refers to people's need to perceive that they have choices. Relatedness refers to people's need to feel connected to others. Competence is the need to meet every day challenges with success and growth. Unlike Maslow's theory, these three needs are not sequential, but are all necessary.

Other researchers have redesigned Maslow's pyramid. If you would like to read additional information on this research, please follow this link: [psychcentral.com/news/2010/08/23/updated-maslows-pyramid-of-needs/17144.html](https://psychcentral.com/news/2010/08/23/updated-maslows-pyramid-of-needs/17144.html)

As a CASA/GAL volunteer it is important to fully understand the needs of the child you are assigned, to best advocate for the child's best interests. Understanding these theories can provide a framework for you to refer to when working with the child and family.



## Children's Needs, Cont'd.

### Important Points About Children's Needs

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

### Cultural Considerations

Maslow developed his hierarchy of needs based on a study of participants in the United States, an individualistic society where primary importance is put on the self, immediate family and individual achievement as an indicator of success. Many cultures are considered collectivist societies, where belonging to a group and harmony within the group is of primary importance. No matter what kind of culture a child comes from, your primary concern as a CASA/GAL volunteer is that the child's basic needs—for food, shelter and clothing—are being met.

*P. Gambrel and R. Cianci. "Maslow's Hierarchy of Needs: Does It Apply in a Collectivist Culture?"  
Journal of Applied Management and Entrepreneurship, April 2003.*

# Importance of Attachment in Child Development

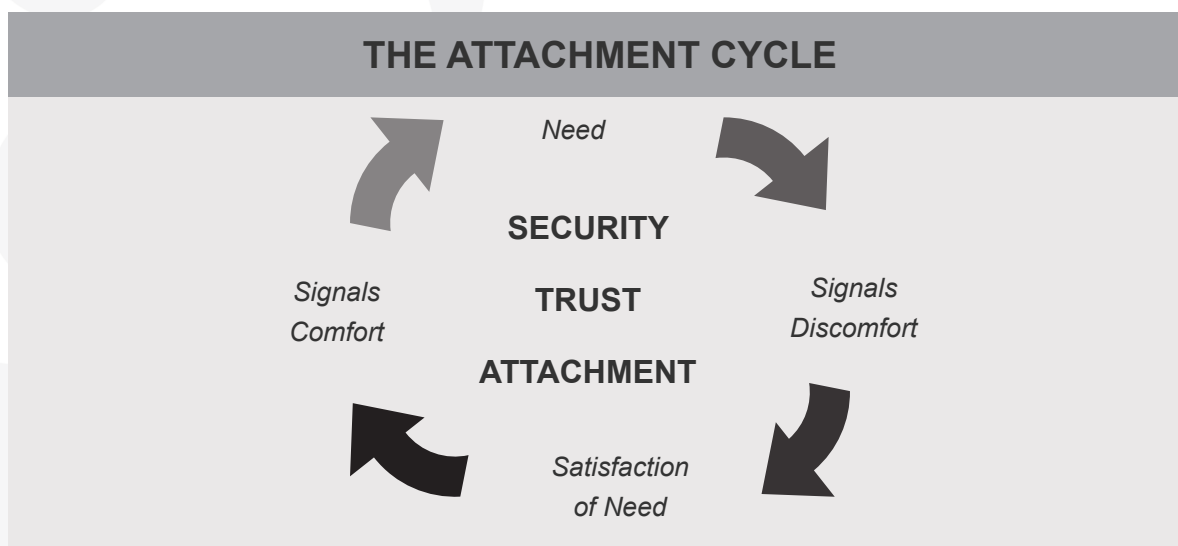
## What Is Attachment?

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

Attachment develops intensely throughout the first three years of life. After age 3, children can still learn how to attach; however, this learning is more difficult. The child's negative experiences with bonding will strongly influence the child's response to caregivers and other individuals throughout the child's lifetime.

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

1. The child's genetic predisposition: Some children have a naturally "sunny" or easy personality that draws adults to them. In rare circumstances, children may have a condition that would make it difficult for them to form attachments, such as autism spectrum disorders or other disorders.
2. The conditions under which the child is cared for: Children whose needs are regularly met have an easier time trusting their world.
3. The child's parents or caregivers: Some adults have a nurturing or outgoing disposition and can establish relationships easily with adults and children. Substance abuse or mental health problems can interfere with the adult's ability to attach to a child. Interruption or loss of a caretaking relationship can affect a child's attachment.



## **Importance of Attachment in Child Development, Cont'd.**

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

## **Cultural Considerations**

Healthy attachments are based on the nature of the relationship between the child and the caregiver. They are not based on genetic ties to or the gender or culture of the caregiver. Attachment behaviors may look different in different cultures. Keep this in mind as you work with children and families as a CASA/GAL volunteer.

## **Disrupted Attachment**

The attachment cycle may be disrupted or inconsistent for many of the children in the child protection system. Some children may cry for hours at a time without getting their needs met; others may get hit when they cry. As a result, a child may stop crying when hungry and may not trust adults. This child might turn away from the caregiver, refuse to make eye contact, push away or fight to avoid being close with another individual. When this type of child is distressed, he/she may not seek out a caregiver for soothing or comfort, or may seek satisfaction from any potential caregiver, including a total stranger.

### **Prevalent Signs and Symptoms of Disrupted Attachment**

- Lack of trust for caregivers or others in a position of authority
- Resistance to being nurtured or cared for
- Difficulty giving or receiving genuine affection
- Difficulty or inability to interpret facial or social cues
- Poor social skills
- Reduced ability to recognize emotions of others
- Poor or reduced emotional self-regulation
- Low self-esteem or feelings of inadequacy

## **Importance of Attachment in Child Development, Cont'd.**

- Demanding, clingy or over-controlling behaviors
- Chronic lying, stealing or other behaviors to provoke anger in others
- Impulsive behavior
- Difficulty understanding cause and effect
- Decreased capacity for emotional self-reflection
- Limited compassion, empathy and remorse

## **Developmental Variations in Children with Disrupted Attachment**

### **Early Childhood**

- Delayed development of motor skills
- Severe colic and/or feeding difficulties; failure to thrive
- Resistance to being held, touched, cuddled or comforted
- Lack of response to smiles or other attempts to interact
- Lack of comfort seeking when scared, hurt or sick
- Excessive independence; failure to re-establish connection after separation

### **Elementary School Years**

- Frequent complaints about aches and pains
- Age-inappropriate demands for attention
- Disinvestment in school and/or homework
- Inability to reflect on feelings or motives regarding behaviors
- Inability to understand the impact of behavior on others, lack of response to consequences
- Inability to concentrate or sit still
- Difficulty with reciprocity (give and take) in relationships

## **Importance of Attachment in Child Development, Cont'd.**

- May appear amoral (lacking moral development)
- Lying and stealing

### **Adolescence**

- Aggressive, anti-social, impulsive, risk-taking or delinquent behavior
- Substance abuse
- Higher levels of disengagement
- Related depression and/or anxiety

*From Students FIRST Project, Quick Facts on Disrupted Attachment:*

[www.studentsfirstproject.org](http://www.studentsfirstproject.org)

# 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"><li>• Unexplained bruises, welts and scars</li><li>• Injuries in various stages of healing</li><li>• Bite marks</li><li>• Unexplained burns</li><li>• Fractures</li><li>• Injuries not fitting explanation</li><li>• Internal damage or head injury</li></ul>

# 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"> <li>• Age-inappropriate sexual knowledge</li> <li>• Sexual acting out</li> <li>• Child disclosure of abuse</li> <li>• Excessive masturbation</li> <li>• Physical injury to genital area</li> <li>• Pregnancy or STD at a young age</li> <li>• Torn, stained or bloody underclothing</li> <li>• Depression, distress or trauma</li> <li>• Extreme fear</li> </ul>
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"> <li>• Habit disorders (thumb sucking, biting, rocking, soiling or wetting clothes or bedding)</li> <li>• Conduct disorders (withdrawal or antisocial behavior)</li> <li>• Behavior extremes</li> <li>• Overly adaptive behavior</li> <li>• Lags in emotional or intellectual development</li> <li>• Low self-esteem</li> <li>• Depression, suicide attempts</li> </ul>

# Recognizing Abuse and Neglect

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



# 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/caregiver 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/CAREGIVER-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.



