

Court Appointed Volunteers for Abused and Neglected Children

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A court appointed special advocate (CASA) volunteer is a trained citizen who is appointed by a judge to represent the best interests of an abused and neglected child in court. An independent voice, the volunteer gathers information and reports to the court. The CASA volunteer works in close cooperation with other professionals, physicians, lawyers, social workers, and teachers to find the most suitable permanent placement for a victimized child, whether it be a foster home, parental home, or adoptive home. Another function for CASA volunteers is to be supportive to the child during a time of uncertainty in his or her life and to help the youngster adjust to new and changing situations; the CASA volunteer may be the only consistent adult presence during this difficult period of transition.

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The volunteer coordinator asks, "Would you be willing to work with a sexually abused girl?" As a retired family physician with a lifelong interest in neglected and abused children, I am familiar with the ravages caused by sexual assault of a child, and therefore am willing to accept Brenda* as my court appointed special advocate (CASA) case. Brenda is an attractive, thin youngster with wild mood swings, dissociative symptoms, uncontrolled temper, and poor self-image, who is convinced that she is "ugly, bad, stupid." She has suffered severe sexual abuse over many years by her mother's partners and has moved frequently and attended numerous schools. She has had to adjust to a number of therapists, social workers, and foster families.

The job of a CASA volunteer is 2-fold: the first challenge is to help Brenda steer through the confusing legal, social, and emotional issues that face her as the Depart-

ment of Human Services tries to find a temporary foster home and eventually a stable environment for her. The second part of the task is to advise the court of what seems to be best for Brenda as she faces her difficult future. Once Brenda's plight is reported to the authorities, a court hearing takes place and custody is transferred from her mother to the Department of Human Services. At that point, a CASA volunteer to advocate for Brenda may be requested by any one of several people—Brenda's physician, lawyer, foster mother, or her designated social worker. In this instance, it is the juvenile judge who asks for the input of a CASA volunteer.

When asked why he is requesting a volunteer, the judge states, "having an independent voice advocating for the child's best interest is invaluable." He knows that the CASA volunteer will have more time than the representative from the Department of Human Services or the attorneys to make the frequent home visits necessary to check on the child's safety and well-being. The judge depends on the court report of the trained volunteer to supplement the information he or she receives from other professionals, which will then help the court reach a considerate decision about the child's future. The district court orders the appointment of the volunteer and includes in that order that the volunteer have access to all relevant information about the young victim. The court order is presented by the volunteer at all interviews to protect not only the child's privacy, but also the individual releasing the information.

As the advocate for Brenda, the volunteer gathers information for the court, in cooperation with the other professionals involved, to present to the judge at court hearings. This means that teachers, family members, physicians, counselors, foster parents, and any other persons involved in Brenda's life are interviewed. The CASA worker makes home visits as well as reviews records that are of significance to the case, such as court-ordered psychological evaluations of the parents.

The second task of the volunteer is to get acquainted with and listen to Brenda. The volunteer advocate expends time and energy to help Brenda survive a painful period in her life, which, in her case, involves major changes in home environment and school. Brenda and her supportive CASA friend may go for walks, attend ball games, and, her favorite, have an occasional lunch at a Subway restaurant. The CASA worker also observes court-ordered

*The name used is fictitious, to protect the anonymity of the individual.

2-hour visits, once a week, between Brenda and her mother. All of the information gathered during these visits is the factual data used to form recommendations to the judge. Reports to the court, in either written or oral form, state the volunteer's opinion as to what is currently the best disposition for Brenda. The options include continued foster care, adoption, returning to her mother, or another choice.

Making a recommendation to the judge is often beset by unanswerable questions and insoluble problems. Even after the volunteer has gathered all of the available information and gotten to know the child, coming to a conclusion about what is best for that young person still requires deep thought and intuition. This process places heavy responsibility on the CASA worker and engenders respect for the awesome task the juvenile judge faces daily. Once a child is safely and permanently placed, the CASA volunteer gradually terminates his or her involvement in the young person's life and accepts another needy child.

What of Brenda? She was hospitalized in short-term psychiatric hospital at various times, then entered a long-term residential facility. My letters, telephone calls, and occasional visits will continue until she is discharged, at which time I will again be more involved in her life until a permanent home is found for her.

WHAT IS A CASA VOLUNTEER?

CASA volunteers come from all walks of life and educational backgrounds. About 50% of the volunteers are employed, but in spite of this, find time (2–4 hours/week) to advocate for the children assigned to them. Volunteers usually work with 1 or, at most, 2 cases at a time; each case may involve several siblings or only 1 child. All volunteers are carefully screened and required to have 30 to 40 hours of intense training, with pertinent lectures on such subjects as sexual abuse, how to write a court report, and how to conduct an interview, as well as what it means to maintain privacy of privileged information. Once they start working, volunteers are required to attend 12 hours each year of national or local continuing education meetings. They maintain regular contact with CASA staff and write reports about their child for their CASA supervisors and the court.

The CASA organization was started by Superior Court Judge David Soukup of Seattle, Wash., in 1976.¹ Judge Soukup felt that in most cases involving children's fate, he did not have all the information that he wanted and needed to be confident that his judgment was the best possible for the youngster. He tested the idea of having community volunteers serve as court appointed special advocates for the abused children in his court. This experiment was eminently successful. Today, 950 CASA programs function in every state, the Virgin Islands, and Washington, D.C. By April 2001, CASA volunteers had worked with 1

million children.¹ Even today, however, there are more children who need help than there are volunteers. According to the National CASA office in Seattle, child welfare agencies investigate about 3 million cases reported as child abuse each year. One third of these reported cases are substantiated, and, of these, only about 40% find a CASA volunteer.

In some communities, CASA also runs facilities for supervised visitation between parents, grandparents, siblings, and the child victim. The children and parents typically visit for 2 hours in an environment that is homelike and supplies books, games for various age groups, and a kitchen for snacks. A trained supervisor keeps the adult from abusing the child physically or emotionally during the visits. The visits facilitate regular, safe child-parent contact, which is especially important for the younger victims. The volunteer supervisors keep a careful record during the 2-hour visit. Child-parent interaction and conversation are documented and eventually incorporated into the court record. As one lawyer stated, "These reports carry enormous weight as evidence of behavior patterns that would be very subjective and hard to prove otherwise."

Parents in the process of a difficult divorce also use the CASA house. They can transfer the child from one parent to the other in the home, which avoids hostile contact and arguments between the mother and father in the presence of the child. Older children can join a group for "children in divorce" to help them endure this difficult time. This group is run by one of the CASA staff in the CASA house.

Physicians and their young patients also benefit from the work of a CASA volunteer. Family physicians are not always aware of the abuse that brought a child to the attention of a CASA volunteer, who attends all court hearings and may be able to advise a doctor about the progress of the legal proceedings, such as restraining orders for one or both parents. Also, relaying behavior problems the child is experiencing to the physician can be invaluable in determining whether medication needs to be adjusted.

Therapists assigned to sexually abused children often need more information than is available from the child and can benefit from the CASA worker's input. The process for the abused child to reestablish healthy coping skills is long and difficult. During treatment, therapists change and social workers are transferred, but many times the CASA volunteer can be a stabilizing influence.

Not much research has been done to evaluate the effectiveness of the volunteer CASA program. There are obstacles to obtaining the needed data, a lack of funds, and the problem of defining "good outcome" and connecting that outcome to CASA volunteer involvement, as well as overcoming the hurdle of privacy considerations in long-term follow-up. The ongoing National CASA Evaluation Project, supported by the Children's Bureau of the United States Department of Human Services,

should yield some answers about the role CASA volunteers should play in the future. Results of this research will not be available until 2003. There is some evidence, gathered from an investigation done by Pat Litzelfelner,² that having a CASA worker assigned to a child enhances access to services for that child. Litzelfelner also found that the child with a volunteer advocate has fewer temporary placements before a permanent home is found than the child without an advocate.

My Personal Experience

As a primary care physician and CASA volunteer, I have certain useful skills. For example, one of the children I worked with presented with the symptom complex of depression. By my pointing this out, the boy was able to get a psychiatric evaluation and medication. Another child self-mutilated. In that situation, I was able to advise the foster parents about which injury needed a bandage and which needed stitches. Also, interviewing skills are more familiar to me, as a retired family physician, than to the engineer who was in my training class. Further, when working with parents, it frequently becomes obvious why their child is neglected or abused. Detecting posttraumatic stress syndrome, drug and alcohol abuse, borderline personality disorder, and other problems in the mother or father of the child I am working with helps me to better understand the family dynamics.

It is impressive, if not inspiring, how much time and effort is expended on each individual child by court appointed lawyers (guardians ad litem), social workers, foster parents, teachers, and many others involved with the child. In spite of this, a good outcome for the child may be elusive, but sometimes CASA and the other agencies do make a difference and find a safe haven for the neglected and abused youngster. One judge told me that when this happens, he feels rewarded for the hard work that these sad, discouraging cases require. Physician involvement is extremely important, not only in identifying neglected and abused children, but also in the treatment

phase. Primary care doctors, by providing sensitive and careful evaluation of the abused victim, monitoring any long-term medication and illness, detecting developmental delays, and interacting with other team members who are trying to help the child, contribute to the desired good outcome. Sharing medical information with the social worker and CASA volunteer is very helpful in quickly establishing a reliable home for the youngster.

Years ago I became aware of 2 young sisters who kept appearing in the emergency room hungry, cold, and covered with dirt and impetigo. At that time, child protective laws and services were primitive, and the fate of these children was predictable. Both parents were severe alcoholics and unable to provide in any manner for their daughters. Both children were admitted at one point for lead poisoning; one, after repeated convulsions, was transferred to permanent inpatient care, and the other was lost to follow-up. Their mother died of alcohol abuse, and their father abandoned the children. If only CASA had existed at that time, the sisters might have grown up to be mature, contented adults. A CASA volunteer might have had the time to find relatives, or even strangers, willing to take in the children. Such an advocate might have found a primary care physician for them or a group home where they could have lived. They and many other children needed and need the advocacy services of CASA volunteers.

Child neglect, abuse, slave labor, and prostitution have always been and will always be with us. I doubt that we can ever eliminate these scourges of our civilization. However, working with one child at a time may save some lives, and, to that end, CASA volunteers contribute their time and energy.

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