

CHAPTER 5

Understanding Families – Part 2



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CHAPTER 5

Understanding Families – Part 2



Getting in Gear

Continue to gather information about the community resource you selected in the Looking Ahead section of Chapter 3. Remember, you will use the information you collect in your work on Chapter 8, and you will submit a copy of your completed Reporting In form at the debriefing session for that chapter. If you are having difficulty obtaining information, call CASA/GAL program staff.



Goal

In this chapter, I will increase my understanding of and my ability to assess the families and family situations of the children with whom I will work as a CASA/GAL volunteer. In particular, I will consider the issues of substance abuse, domestic violence, and poverty and how these issues impact families.



Objectives

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

- ✓ Recognize how substance abuse and domestic violence impact families and children.
- ✓ Appreciate how my personal values and biases about substance abuse and domestic violence can affect my objectivity regarding risks for the child.
- ✓ Better understand the reality of poverty for children and families in the United States.
- ✓ Separate myths about poverty from reality and understand why poverty is a risk factor for children.
- ✓ Understand that poverty is a circumstance in which various cultures act in different ways and that my own economic class background contributes to my worldview.
- ✓ Describe why the “minimum sufficient level of care” standard is in the best interest of the child.



Parking Lot

Comment [v1]: Reporting In

In this chapter you will find one or more assignments identified by the “Reporting In” heading (as seen above). You will need to complete, copy, and submit these assignments as prearranged to CASA/GAL program staff for review at the debriefing session for this chapter.

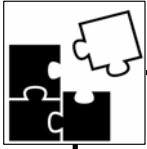


Parking Lot

At the end of this chapter you will find a page designated as the “Parking Lot.” Find and bookmark this page now, and use it throughout the chapter to note any questions, ideas, or concerns that you wish to discuss with CASA/GAL program staff.

UNIT 1: The Impact of Substance Abuse/Chemical Dependency on Children & Families

Substance Abuse/Chemical Dependency Issues



Activity 5A: Substance Abuse

Part 1: Think of friends, family, neighbors, and/or colleagues—people you know now or knew in the past—who are substance abusers. As you think of these people, make two lists based on the following questions:

<p>What are their strengths? Why do you like them?</p>	<p>How does their substance abuse impact their lives? How do you feel about this?</p>
---	--

Part 2: Think about your lists, and note in the space provided below what possible role conflicts these feelings might cause as you do your CASA/GAL volunteer work. Consider these possible conflicts as you read the following general information about substance abuse.

Adapted from an exercise developed by Judy Udell.

Substance abuse was cited in the previous chapter as one of the factors that contribute to abuse and neglect. Psychoactive substances, including alcohol, whether legal or illegal, impact and alter moods, emotions, thought processes, and behavior. These substances are classified as stimulants, depressants, narcotics, cannabis, or hallucinogens based on the effects they have on the people who take them.

Definitions

Substance abuse occurs when a person displays behavior harmful to self or others as a result of using the substance. This can happen with only one instance of use, but it generally builds over time, eventually leading to addiction. Chemical dependency, also called addiction, involves loss of control over the use of the substance, continued use despite adverse consequences, development of increasing tolerance to the substance, and withdrawal symptoms when the drug use is reduced or stopped. The description of the illness that is most widely accepted is summarized by the American Society of Addiction Medicine (ASAM). Substance-related disorders encompass the following six dimensions:

- ✓ The potential for acute intoxication and withdrawal;
- ✓ The possibility of biomedical conditions and complications;
- ✓ Emotional/behavioral conditions;
- ✓ The possibility for, but resistance to, treatment;
- ✓ The potential for relapse and/or continued use; and
- ✓ The possibility of recovery.

Causes

There are different theories about how abuse/addiction starts and what causes substance abuse/dependency. According to ASAM, substance-related disorders are biopsychosocial, meaning they are caused by a combination of biological, psychological, and social factors.

It is important to remember that people suffering from abuse/addiction are not choosing to be in the situation they are in. Try to see those who are addicted as separate from their disease. In other words, they should be seen as “sick and trying to get well,” not as “bad people who need to improve themselves.” This will help you to remember to be compassionate and nonjudgmental in your approach.

(Note: Both the criteria for defining substance dependence and substance abuse and a chart describing commonly used substances and other information about substance abuse can be found in the Resource Materials section of this chapter.)

Treatment

The field of addiction treatment, of necessity, recognizes the totality of the individual’s life situation. Treatment should be tailored to the needs of the individual and guided by an individualized treatment plan based on a comprehensive biopsychosocial assessment of the affected person, as well as his/her family. Treatment spans a continuum of services depending on the severity of the addiction, starting with a basic referral to Twelve Step programs and then moving to outpatient counseling, intensive outpatient/day-treatment programs, and inpatient/residential programs.

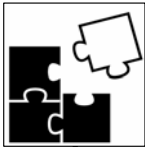
Treatment programs use a number of modalities, which include assessment; individual, group, and family counseling; educational sessions; aftercare/continuing-care services; and referral to Twelve Step or Rational Recovery support groups. Recovery is a process—and relapse is part of the disease of addiction.

The process of recovery includes holding the addict/alcoholic accountable for what they do while they are using. While it is important to act in an empathetic manner toward the person with the illness, the addict/alcoholic must be held accountable for his/her actions. For example, a mother who is successfully participating in treatment may have to deal with her children being temporarily taken from her because of how poorly she cared for them when using. In most cases, successful recovery efforts can be rewarded.

Impact on Children

Some estimates indicate that as many as fifty to eighty percent of substantiated child abuse and neglect cases involve some degree of substance abuse by the child's parents. It is helpful to remember that the child of a parent with abuse/addiction problems still loves his/her parent, even though the parent may have abused or neglected the child.

Adapted from materials by Stephen Bogan, M.A., Department of Social and Health Services, Olympia, WA.



Activity 5B: Substance Abuse & Parenting

Part 1: Read the following material on the effects of substance abuse on parenting. Is there anything you would add to the list? If so, write your additions on the lines below.

Part 2: Imagine you are nine years old and live with a parent who has some of these traits. Think about how this makes you feel.

(Note: This exercise may be difficult if you are a survivor of parental substance abuse. Take care of yourself and do not do this part if it is too difficult. Share any difficulty with CASA/GAL program staff to assist them in assigning you cases that will not bring out these same feelings.)

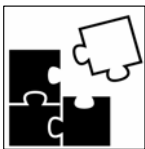
Comment [v2]: In part 2 what are you doing in this exercise? Why are you having them wonder? "Share any difficulty with staff" good piece but not assigning cases that will not bring out same feelings is WOW. Many, Many of the cases that come through involve substance abuse.

The Effects of Substance Abuse on Parenting

It is important to remember that when a parent is involved with drugs or alcohol to a degree that interferes with his/her ability to parent effectively, a child may suffer in a number of ways:

- A parent's overriding involvement with alcohol and other drugs may leave the parent emotionally and physically unavailable to the child.
- A parent's mental functioning, judgment, inhibitions, and/or protective capacity may be seriously impaired by alcohol or drug use, placing the child at increased risk of all forms of abuse and neglect.

- A substance-abusing parent may “disappear” for hours or days, leaving the child alone or with someone unable to meet the child’s basic needs.
- A parent may also spend the family’s income on alcohol and/or other drugs, depriving the child of adequate food, clothing, housing, and health care.
- The resulting lack of resources often leads to unstable housing, which results in frequent school changes, loss of friends and belongings, and an inability to maintain important support systems (churches, sports teams, neighbors).
- A child’s health and safety may be seriously jeopardized by criminal activity associated with the use, manufacture, and distribution of illicit drugs in the home.
- A child may be placed at increased risk for sexual abuse with the parent’s substance-abusing friends coming in and out of the home.
- Eventually, a parent’s substance abuse may lead to criminal behavior and periods of incarceration, depriving the child of parental care.
- Consistent exposure to parental abuse of alcohol and other drugs, along with a lack of stability and appropriate role models, may contribute to the child’s own substance abuse.



Activity 5C: What the Child Experiences

Read the following section about children’s experiences of a parent’s substance abuse. Afterward, consider how you might respond to the three following situations as a CASA/GAL volunteer.

- A fifteen-year-old child says, “My mom and her boyfriend smoke grass on weekends.”
- You learn that the ten-year-old child you represent taught his foster sister how to smoke crack.
- A four-year-old child whose mother is in jail after a third offense for driving under the influence asks you, “Why is Mommy in jail? Is she bad?”

Use the Reporting In form that appears after the reading material to write down your ideas on how you would respond to one of the above situations. When you have completed the Reporting In form, make a copy of your work to submit to CASA/GAL program staff at the debriefing session for this chapter.

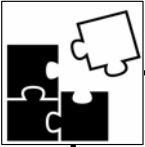
What the Child Experiences

From a child's perspective, a parent's substance abuse is usually characterized by the following:

- ✓ **Broken Promises**
To go somewhere with the family, do something with the children, not drink that day, not get high on some occasion. The children grow up thinking they are not loved or important enough for their parents to keep their promises.
- ✓ **Inconsistency & Unpredictability**
With rules and limits that seem to change with the occasion, and parents who can be loving one moment and abusive the next.
- ✓ **Shame & Humiliation**
As alcohol or drugs take over and suddenly turn an otherwise lovely parent into a loathsome embarrassment.
- ✓ **Tension & Fear**
Because the children never know what will happen next. Children of substance-abusing parents typically feel unsafe at home, the environment in which they should feel most protected.
- ✓ **Paralyzing Guilt & an Unwarranted Sense of Responsibility**
For the problem. Many children think they cause their parents' behavior. Part of the disease is to blame someone else for it, and the children grow up thinking that if they were better students, more obedient, neater, more reliable, or nicer to their siblings, the problem would disappear.
- ✓ **Anger & Hurt**
About being neglected, mistreated, and deemed less important than the alcohol or drugs. The children grow up with a profound sense of abandonment.
- ✓ **Loneliness & Isolation**
Because the family tries desperately to deny or hide the problem and often will not even discuss it among themselves. The children, with no one to talk to about the most important thing in their lives, think they are the only ones with this problem.
- ✓ **Lying as a Way of Life**
To constantly cover for the failure of the parent, or account for his/her deviant behavior.
- ✓ **Feeling Responsible**
To organize and run the home and care for younger siblings.
- ✓ **Feeling Obligated**
To hide the problem from authorities in order to protect the parent.

Adapted from *When Your Parent Drinks Too Much: A Book for Teenagers*, Eric Ryerson, New York: Facts on File, Inc., 1985.

Children in substance-abusing families need significant treatment to address these issues and begin to heal their wounds. The CASA/GAL volunteer can advocate for counseling from a provider who has expertise in working with substance abuse issues.



Activity 5D: Finding a Balance

Read the section that follows on key points for a CASA/GAL volunteer to consider in cases where substance abuse is a factor. Using the Parker-Solano training case, choose one of the two positions listed below and then develop and document support for your position from the information you have learned about substance abuse. Write your supporting documentation on the lines below.

1. Take the position of Suzanne, who needs twelve additional months of treatment and sobriety so she can have a reasonable chance at long-term recovery.
2. Take the position of a CASA/GAL volunteer, and advocate that the children cannot wait twelve months to see if their mother can provide a permanent home for them.

POSITION #: _____

Key Points a CASA/GAL Volunteer Should Consider

In deciding whether a child can return home to a family where substance abuse occurs, a number of factors should be weighed. These include:

- The parent's ability to function in a caregiving role;
- The child's health, development, and age;
- Parental history of alcohol or other drug abuse and substance abuse treatment;
- Safety of the home;
- Family supports;
- Available treatment resources; and
- Treatment prognosis and/or length of sobriety.

A dilemma that often arises is the conflict between the legal mandate for permanence (ASFA), as well as the child's need for permanence, and the long-term treatment (including inpatient treatment) that may be needed by substance-abusing parents. If a parent is in treatment, consideration should be given to placing the child with the parent rather than in foster care. Although it is often the only available option, the child may feel punished when he/she is placed in foster care or away from the parent. The focus should be to support success in treatment, not punish the parent by withholding the child.

What Can a CASA/GAL Volunteer Do?

Educate yourself about the power of addiction and about resources such as Alcoholics Anonymous, Narcotics Anonymous, Rational Recovery, Al-Anon, and Alateen. Support those family members who are willing to deal with the substance abuse problem, even if the person with the substance dependence is not.

Services for which you might advocate include:

- Substance abuse treatment services (especially programs where the child can be with the parent, if appropriate);
- Home-based services to build family skills;
- Relocation out of an environment where drug or alcohol use is pervasive;
- Financial assistance and child care while parents are in treatment;
- Support services such as SSI (Supplemental Security Income), TANF (Temporary Assistance for Needy Families), food stamps, and child support;
- When a child is in foster care, frequent visitation in a homelike atmosphere; and/or
- Assistance for the parent seeking to flee a domestic violence perpetrator, such as obtaining a protective order, alternative housing, and other necessary steps. Substance-abusing domestic violence victims are more likely to remain sober away from the abuser.

UNIT 2: The Impact of Domestic Violence on Children & Families

Domestic Violence Issues

The Problem

An estimated two to six million women are victims of domestic violence in the United States each year. The violence ranges from threats of violence to slaps to hitting to severe beating, rape, and even murder. Ninety-five percent of assaults on spouses or ex-spouses are committed by men against women. Victims and perpetrators are from all age, racial, socioeconomic, sexual orientation, educational, occupational, geographic, and religious groups.

Statistics from *Understanding Violence Against Women*, Nancy Crowell and Ann Burgess, Washington, DC: National Research Council/National Academy Press, 1996.

As a CASA/GAL volunteer, it is important to be aware of the possibility that domestic violence exists in the families of the children with whom you are working. 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 “presents” better than the victim;
- ✓ The victim may “present” as angry and frustrated;
- ✓ There is generally no “record” of the violence; or
- ✓ 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 spouse 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 not doing so 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, as well as economic coercion, that adults or adolescents use to control their current or former intimate partners (i.e., spouse, girlfriend/boyfriend, lover, etc.). Domestic violence does occur with women abusing men or in same-sex relationships, but abuse by men victimizing women is the most common.

Causes

Domestic violence stems from one person's need to dominate and control another. Domestic violence is not caused by illness, genetics or gender, alcohol or other drugs, anger, stress, the victim's behavior, or relationship problems. However, such factors may play a role in the complex 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 also have recourse to securing a restraining/protective order and, in rare instances, the possibility of bringing a civil lawsuit.

Whether a case proceeds in either or both of these venues is dependent on a number of factors, many of which are beyond the victim's control. There is a wide variance in availability and willingness of court personnel to act in domestic violence cases. 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 due to safety reasons often discourages law enforcement personnel from giving these cases their immediate attention. Thus the victim gets revictimized.

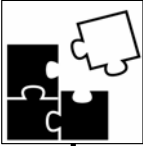
The other setting in which the legal system and domestic violence may intersect is a court hearing regarding allegations of child abuse and/or neglect. The CASA/GAL volunteer should be aware that a determination of domestic violence within the child's home will significantly influence placement decisions and what is expected of the non-abusing parent to retain/regain custody. The standard risk assessment conducted by child welfare agencies to evaluate whether a child needs to be removed from his/her home generally includes domestic violence as a factor that negatively relates to the child's safety at home. A child found to be living in a violent home is more likely to be removed. A child abuse or neglect case also may be substantiated against the battered parent for "failure to protect" the child because the victim did not leave the batterer, even though the victim lacks 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 relationship.* In addition to fear, the lack of shelter, protection, and support creates barriers to leaving. Other barriers include lack of employment and legal assistance; being immobilized by psychological and physical trauma; cultural/religious/family values; continuing to hope and believe the perpetrator's promises to change; and being told by 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.



Activity 5E: Domestic Violence—A Case Study

Now that you've read the preceding material regarding domestic violence, name factors present in the Parker-Solano case that might have kept Suzanne Solano in relationships characterized by domestic violence—returning again and again to a violent relationship or finding herself in new relationships with different men who abuse her. Answer the following questions:

What might be the impact on Suzanne of a CASA/GAL volunteer's recommendation that Suzanne's children not be around her abusive partner?

If Suzanne chooses to leave her abusive partner, what further support might her family need?

Impact on Children

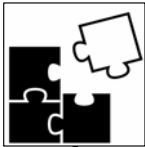
Lenore Walker, author of *Battered Women*, describes the world of children who grow up in violent homes:

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 fifteen 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 seventy-five percent 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.



Activity 5F: Effects of Domestic Violence on Children

Part 1: Read the following stories told by mothers whose children witnessed domestic violence. Then read the section "What Can a CASA/GAL Volunteer Do?" As you read, think about what recommendations you would make as a CASA/GAL volunteer that would be helpful to the children of Annette, Jocelyn, and Cheryl.



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.



In the Words of Their Mothers...

Jocelyn

One morning after my husband left for work, my sons were in their room and as I cleaned the kitchen, I realized that they were role-playing one of our fights. My youngest called his brother a “rotten *#@*” and I wanted to die. Over the years the imitation continued. The older one wanted to beat up his dad for me and tried on a few occasions. But the younger one walked around the house calling me a fat pig. Eventually he started to hit me. That was too much. It opened my eyes. I wouldn’t tolerate this behavior from an eight-year-old, so why was I tolerating it from my husband? I realized that my kids were growing up with a totally distorted image of what a family is, what a normal mom is, what a normal dad is, what love is. They’d already learned to disrespect women—to disrespect me.

Cheryl

One day my husband laid into me because I was delayed at the church and I wasn’t home with dinner on the table when he came in from work. He cursed me out and carried on, and afterwards my son said to me, “I’d be mad too if I came home and my wife wasn’t there.” He was only nine years old. I hated the way he thought about women and the way he talked to me, and I realized that if we stayed there he was going to wind up thinking and acting just like his father.

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?

Child advocates have reason to 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 1995 report compiled by the U.S. Advisory Board on Child Abuse and Neglect, “[D]omestic violence is the single, major precursor to child abuse and neglect fatalities in the U.S.”

The CASA/GAL volunteer’s task is even more complex than usual when partner abuse is a factor in family relationships. The history and severity of family violence will figure into 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 her at the hands of the system.

However, the CASA/GAL volunteer must take a broader view. 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

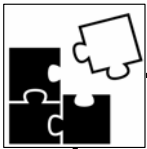
sufficient level. The CASA/GAL volunteer should assess the situation with a clear understanding of domestic violence dynamics but, in the end, must make a recommendation based solely on the best interest of the child.

As a CASA/GAL volunteer, you should seek resources for children from violent homes. They need positive role models and supportive environments that will help them develop social skills and address feelings about the violence in a constructive manner. They need opportunities to learn that there are nonviolent ways to address conflict. Specialized counseling programs, therapy, domestic violence victim support groups, youth mediation training, and relationships with supportive mentors can help children adopt alternative, nonviolent ways to resolve conflicts.

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.

The foremost issue is the safety of the child. 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.

(Note: You can find further information in "Domestic Violence: Safety Tips for You and Your Family," which appears in the Resource Materials section of this chapter.)



Activity 5F: Effects of Domestic Violence on Children

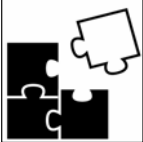
Part 2: For each story you read in "In the Words of Their Mothers," write down one recommendation you would make as the CASA/GAL volunteer on the case.

Annette	Jocelyn	Cheryl
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

UNIT 3: Poverty—The Facts for Children

Socioeconomic status, or class, is a major difference that greatly defines how people live in the world. There are many myths and stereotypes associated with being poor. To separate myths from reality, it is important to look at what we do know about children and poverty in the United States. For instance, a three-person family was considered “poor” in 1998 if they earned less than \$13,003, but the average income for poor families with children was less than \$9,000 or \$747 a month, \$172 a week, or less than \$25 a day to meet all basic needs: food, clothing, shelter, health care, etc.

From The State of America’s Children: Yearbook 2000, Children’s Defense Fund, Boston: Beacon Press, 2000.



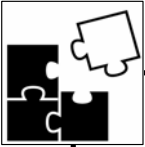
Activity 5G: Poverty—The Numbers

Part 1: Consider the above statistics about poverty, and then compile a rough monthly budget for basic items for your household using the chart below. In the second column add in some of the other budget expenses for your household.

BASIC EXPENSES		ADDITIONAL EXPENSES	
Mortgage/Rent		Clothing	
Food		Entertainment	
Car Payment		Vacation	
Insurance		Summer Camps	
Utilities		Sports for Children	
Gas for Car		Other	

Part 2: Answer the following question:

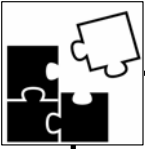
If you had \$13,000 a year to live on, what changes, if any, would you and your family have to make?



Activity 5G: Poverty—The Numbers

Part 3: Research some statistics/information on poverty specific to your local area. Write your findings in the space provided.

UNIT 4: Poverty—Myths & Risks



Activity 5H: Thinking It Over

Read the following sections entitled “Key Facts About American Children” and “Why Are Poor Children More Likely to Be in the System?”

There are many possible answers for each of the questions below. Write your answers to three of the four following questions:

What effect might living in poverty have on access to education, health care, and daycare?

What effect might current poverty have on the likelihood of future poverty?

Is poverty viewed differently in different communities, geographic regions, neighborhoods, and/or religions? Why or why not?

Are the experiences of poor families of color distinct from those of poor white families? What about Native American families? Why are race and income level interconnected issues?

In the next unit, you will examine these issues in more depth.

Key Facts About American Children

1 in 2...

- Preschoolers has a mother in the labor force.
- Will live in a single-parent family at some point in childhood.
- Never completes a single year of college.

1 in 3...

- Is born to unmarried parents.
- Will be poor at some point in their childhood.
- Is behind a year or more in school.

1 in 4...

- Lives with only one parent.
- Was born poor.

1 in 5...

- Is poor now.
- Lives in a family receiving food stamps.
- Is born to a mother who did not graduate from high school.
- Has a foreign-born mother.

1 in 6...

- Is born to a mother who did not receive prenatal care in the first three months of pregnancy.
- Has no health insurance.

1 in 7...

- Has an employed person in the family but is still poor.

1 in 8...

- Never graduates from high school.
- Is born to a teenage mother.

1 in 12...

- Lives at less than half the poverty level.
- Has a disability.

1 in 13...

- Was born with low birthweight.

1 in 24...

- Lives with neither parent.

1 in 26...

- Is born to a mother who received late or no prenatal care.

From *The State of America's Children: Yearbook 2000*, Children's Defense Fund, Boston: Beacon Press, 2000.

Why Are Poor Children More Likely to Be in the System?

The majority of children the CASA/GAL volunteer works with will be living at or below the poverty level. Developing a better understanding of the realities of poverty will assist you in being a better advocate. *Keep in mind, knowing people's socioeconomic status—like knowing their race, ethnicity, or other group membership—does not necessarily mean you can predict their attitudes or behavior.* However, knowing their socioeconomic status does help to better understand their life experience, specifically some of the hardships they face.

While abuse and neglect occur in families at all socioeconomic levels, poor children are more likely to come to the attention of the child protection system. This happens for a variety of reasons. One reason is that middle- and upper-income families have access to many more resources within their families than poor people do. Even though family crisis, including abuse, happens at all income levels, it is the poor who often *have to* turn to the system for support. For people living in poverty, initial contact with “the system” is usually for reasons other than

abuse. The contact may be about accessing medical care, food stamps, housing, etc. Once this contact is initiated, these families are communicating with many more “mandated reporters,” increasing the likelihood that serious issues of child maltreatment and neglect will be investigated.

Poverty, which can be defined as a lack of resources, causes great stress in families. Because of this stress, poverty itself is a major risk factor of abuse, which increases the likelihood of both immediate and lasting negative effects on children. However, poverty is not a causal agent of abuse. Most poor families do not abuse their children.

Children living in families in poverty are more likely:

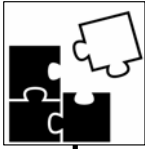
- ✓ To have difficulty in school;
- ✓ To become teen parents; and
- ✓ As adults, to earn less and be unemployed more.

Poverty in the first years of life can have critical consequences. Research in brain development shows the importance of the first years of life for a person’s overall emotional and intellectual well-being. Poor children face a greater risk of impaired brain development due to their increased exposure to a number of other risk factors. These risk factors include:

- ✓ Inadequate nutrition;
- ✓ Parental substance abuse;
- ✓ Maternal depression;
- ✓ Exposure to environmental toxins (because of where they are forced to live); and
- ✓ Poor quality daycare.

Children who live in poverty are far more likely to have both reports of abuse and substantiated incidents of abuse in their lives. While poverty is not the causal agent of the abuse, it is a risk factor that cannot be ignored or overlooked in its importance.

UNIT 5: Generational vs. Situational Poverty



Activity 5I: Walk a Mile in Someone Else's Shoes

Read the following information that distinguishes generational poverty from situational poverty. Examine the chart on value differences in different socioeconomic classes, which describes some of the cultural themes/“hidden rules” in generational poverty.

Consider how class values might affect your response to each of these situations:

- You are driving to a job interview when you notice someone on the side of the road with a flat tire—obviously needing assistance. If you stop to help, you will not be on time for your interview.
- Unexpectedly you receive \$5,000. What will you do with it?
- You are seventeen years old and have to choose between completing high school or taking a job in a new factory in your town.

Answer the following question:

How might understanding class values help you in your work as a CASA/GAL volunteer?

Many of the families that come to the attention of the child protection system live in generational rather than situational poverty. The term “generational poverty” means that a person has been in poverty for at least two generations, while “situational poverty” is defined as a lack of resources due to a particular event such as divorce, death, or chronic illness. As with all materials that describe groups of people, this material is generalized and does not necessarily apply to any one individual. There is often the stereotype that families in generational poverty are not working hard enough. As we already stated, most people who are living at or below the poverty level are working families. They work for minimum wage or less without access to health care and many other benefits considered standard to the middle class.

Many people living in generational poverty have functioning families. They have demonstrated the ability to parent appropriately and to meet their own and their children’s basic needs. They fully utilize the nonfinancial resources at their disposal.

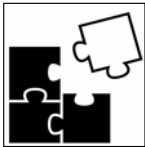
Other families with generational poverty have fewer resources and are more despondent and hopeless. A lack of autonomy and an inability to make choices have become the “norm” in their lives. They may feel left out of a society that places so much emphasis on material possessions. They may feel angry, frustrated, or cheated by the circumstances of their lives.

Moving out of poverty is not possible without some type of support. If none is available, people become frustrated and hopeless. This hopelessness is sometimes expressed by an attitude that says, “Society owes me something.” If you become frustrated by how the family of the child you represent thinks, consider their perspective for a moment—walk a mile in their shoes. *Most people are doing the very best they can, with the resources they have, in the difficult situations they encounter.*

Socioeconomic Class: Value Differences

This chart shows some of the differences in attitudes and beliefs (the hidden rules) between individuals living in poverty and those with middle-class incomes. Remember that such characterizations are generalizations and are only helpful in understanding a culture from the “big picture” perspective. Individuals and families have their unique differences. Some cultural themes in generational poverty impact the work of the CASA/GAL volunteer.

Value Differences...		IN POVERTY...	IN THE MIDDLE CLASS...
		Destiny	<i>I am not in a position to control my life.</i>
Time/Money	<i>Live in the present.</i>	<i>Plan for the future.</i>	
Language	<i>Getting the point across is most important (without “putting on airs”).</i>	<i>Getting the point across with proper grammar is most important.</i>	
Driving Force	<i>Survival, relationships.</i>	<i>Work, achievement.</i>	



Activity 5J: Leaving Poverty—The Parker-Solano Case

Read the following material about roadblocks to leaving poverty, and then answer these questions about Suzanne Solano, the mother in the Parker-Solano training case:

Is Suzanne Solano’s poverty situational or generational?

Does she have any of the four research-based reasons to leave poverty? If yes, which one(s)?

What resources does Suzanne Solano’s family need?

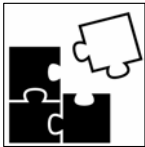
Leaving Poverty: Roadblocks to Change

Research shows that individuals leave poverty for one of four reasons:

1. They have a clear goal or vision of something they want to be or have;
2. Their personal situation is so painful that they are willing to take big risks;
3. They have a role model who builds their confidence, teaches them that they have choices, and shows them a more complete range of life’s possibilities; or
4. They have a specific recognized talent or ability that provides an opportunity for them.

Being in poverty is rarely about a lack of intelligence or ability. Many individuals stay in poverty because they don’t know there is a choice or have no access to the resources that they need.

Adapted from *A Framework for Understanding Poverty*, Ruby K. Payne, Ph.D., Baytown, TX: RFT Publishing Co., 1998.



Activity 5K: Ideas for Change

Read the following information about welfare reform. As you read, consider how the five-year TANF time limit is likely to affect children coming into care.

Welfare Reform

During the past two decades there has been a substantial increase in the number and percentage of poor young children in the United States. The poverty rate for young children has grown among all racial and ethnic groups in urban, suburban, and rural areas. In 1997, twenty-two percent of young children in America lived in poverty. The United States' poverty rate for young children is substantially higher than that of other major Western industrialized nations. Since 1980, the percentage of children living in families with moderate income has fallen while the percentage of children at both extremes (those in wealth and those in extreme poverty) has risen.

The enactment of welfare reform (technically called the Personal Responsibility and Work Opportunity Reconciliation Act of 1996) ended Aid to Families with Dependent Children (AFDC) and federal entitlement to assistance for eligible needy families with children, and created the Temporary Assistance for Needy Families (TANF) block grant to the states.

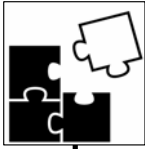
The goals of TANF are to:

- ✓ Provide support to poor families so that children may be cared for in their own homes or in the homes of relatives;
- ✓ Reduce the need for governmental benefits by promoting job readiness, work, and marriage and family guidance; and
- ✓ Prevent and reduce pregnancies outside of marriage and encourage the formation and maintenance of two-parent families.

Under TANF, states are given greater flexibility over the design and implementation of their welfare programs, but are required to impose work requirements and enforce a five-year limit on the receipt of federal assistance. Since 1996, welfare programs in the United States have changed profoundly with a dramatic reduction in the number of individuals participating in and receiving assistance from the TANF program. However, while large percentages of individuals on the welfare caseload are entering employment, many issues connected to job retention and adequacy of income are emerging. It is too soon to tell—and beyond the scope of this training—what the full implications are for families living in or near poverty.

From the National Center for Children in Poverty website, <http://cpmcnet.columbia.edu/dept/nccp>.

UNIT 6: The Importance of Family to a Child



Activity 5L: The Importance of Family to a Child

Read the following section on why the “minimum sufficient level of care” standard is important. Underline anything that concerns you. Near the end of training, you will refer back to these pages and share any remaining concerns with CASA/GAL program staff.

Why the “Minimum Sufficient Level of Care” Standard Is Important

Children grow up best in families. To develop into functional, emotionally stable adults, they need that unique sense of belonging that comes from being part of a family. Children need that safety net that only the unconditional acceptance of family can provide. They need that knowledge of and connection to their cultural/ethnic heritage that is learned within the family.

Based on information from *Beyond Rhetoric: A New American Agenda for Children and Families*, National Commission on Children, Washington, D.C.: Government Printing Office, 1991.

When a child’s biological family is unable to meet these needs, what then? What is in the child’s best interest? These are not easy questions to answer. The CASA/GAL volunteer starts with the assumption that a child’s own family is usually the best setting for raising and nurturing that child. This is true even if the family’s lifestyle, beliefs, resources, and actions are radically different from the volunteer’s. *As long as the child’s family meets or can be helped to meet the minimum sufficient level of care required for the safety of that child*, the child belongs with his/her family.

As discussed in Chapter 1, a minimum sufficient level of care (MSL) means that all basic needs are met and the child is not harmed physically, sexually, or emotionally. On the other hand, the optimum level of care means that the child has considerably more than the minimum: things like a library card, tutoring, tennis lessons, a community of faith, Little League, Scouts, college, a loving extended family. The state intervenes when basic needs are not met—not when a family is unable or unwilling to provide an optimal level of care.

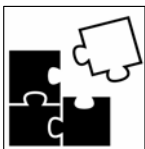
In considering what the minimum sufficient level of care is for any one child, it is important to remember the key parameters of this standard, which were introduced in Chapter 1:

1. It relates to a particular child.
2. It is a set of minimum conditions, not an ideal situation.
3. It is a relative standard, depending on the child’s needs, social standards, and community standards. It will not be the same for every family or every child in a particular family.
4. It remains the same when considering removal as when considering reunification.

The idea that a minimum sufficient level of care should be the standard for families is often difficult for CASA/GAL volunteers to embrace. It feels counterintuitive, almost like it defies common sense. Volunteers are tempted to ask, “Wouldn’t any child be better off in a family without the limitations that are present in this situation?” The truth is that most would not. The overwhelming sense of loss that children suffer when removed from their home—loss of love, of security, of the familiar, of their heritage, of control in their lives; feelings of worthlessness; and the almost unendurable pain of separation—is far worse for most children. Despite the bad things that have happened in their lives, most children in the system love their families and want desperately to be reunited with them. In some ways, that is not strange at all. Take a moment to think back to your own childhood. Whatever it was like, how would you have felt if a stranger came one day to take you away to live with a “better” family?

If parenting hovers at the minimum sufficient level of care, the child protective services system and the court likely will not get involved. If parental care drops below the minimum sufficient level of care (meaning the child’s basic needs are not being met and/or the child is being abused), the child protective services system steps in. Once the system has intervened, the responsibilities of the parent (e.g., seek substance abuse treatment, learn parenting skills) and those of the child protective services agency (e.g., provide visitation, financial aid, etc.) are spelled out in agreements that are enforced by court orders.

Ideally, these agreements will help the parent move at least to a minimum sufficient level of care, and hopefully beyond. The steps in these agreements with parents need to be in small, manageable segments. Appropriate resources need to be available to support changes that the parent makes. If the steps are too big or complex, the parent may give up, causing the family situation to deteriorate and the child to lose the chance to ever return home. It is also helpful if these agreements are written in a way that allows success to be measured. For example, a parent can “attend parenting classes” for six months without ever making a change in behavior. If the agreement specifies that the parent is “able to describe and apply five ways to discipline their child without spanking,” both the parent and any observer will be able to tell whether the task gets accomplished. CASA/GAL volunteers should routinely ask the question of both parents and case managers, “How will you know when this requirement is met?”



Activity 5M: Understanding Families Wrap-Up

You have considered many issues that negatively impact families: mental health issues, substance abuse, domestic violence, and poverty. To be most effective, a CASA/GAL volunteer takes a strengths-based approach to his/her work with families. Write a slogan or reminder to yourself that will help you remember to use your resource lens when looking at the families with whom you will work. (*Example: “When life gets tough, family has the stuff that makes it not so rough.”*)



LOOKING AHEAD

Please complete the following assignment.

While there is no specific assignment for the next chapter, many of the activities in the chapter rely on the material found in the Parker-Solano training case (found in the Resource Materials section of Chapter 1). You may wish to review this material again prior to starting the next chapter.



RESOURCE MATERIALS

Included in this section:

Criteria for Substance Dependence & Substance Abuse 5–37

Information on Drugs & Their Effects 5–39

Understanding Domestic Violence:
The Equality Wheel and the Power & Control Wheel 5–41

Domestic Violence:
Safety Tips for You & Your Family 5–43

Criteria for Substance Dependence & Substance Abuse

Substance Dependence (*a.k.a., Chemical Dependency or Addiction*)

A maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring at any time in the same twelve-month period:

1. Tolerance, as defined by either of the following:
 - a need for markedly increased amounts of the substance to achieve intoxication or desired effect, or
 - markedly diminished effect with continued use of the same amount of the substance.
2. Withdrawal, as manifested by either of the following:
 - the characteristic withdrawal syndrome for the substance, or
 - the same (or closely related) substance is taken to relieve or avoid withdrawal symptoms.
3. The substance is often taken in larger amounts or over a longer period than was intended.
4. There is a persistent desire or unsuccessful efforts to cut down or control substance use.
5. A great deal of time is spent in activities necessary to obtain the substance (e.g., visiting multiple doctors or driving long distances), use the substance (e.g., chain-smoking), or recover from its effects.
6. Important social, occupational, or recreational activities are given up or reduced because of the substance use.
7. The substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance (e.g., current cocaine use despite recognition of cocaine-induced depression, or continued drinking despite recognition that an ulcer was made worse by alcohol consumption).

Substance Abuse

A maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring at any time in the same twelve-month period **and** the symptoms have never met the criteria for Substance Dependence for this class/type of substance:

1. Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home (e.g., repeated absences or poor work performance related to substance use; substance-related absences, suspensions, or expulsions from school; neglect of children).
2. Recurrent substance use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by substance use).

3. Recurrent substance-related legal problems (e.g., arrests for substance-related disorderly conduct).
4. Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (e.g., arguments with spouse about consequences of intoxication, physical fights).

From *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*, Fourth Edition, American Psychiatric Association, Washington, D.C.: American Psychiatric Press, Inc., 2000.

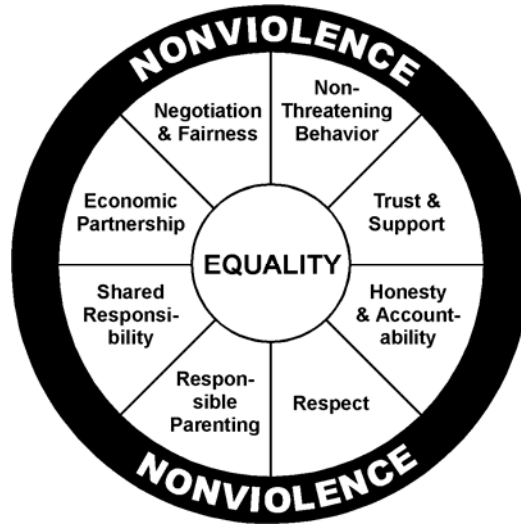
Information on Drugs & Their Effects

	DRUGS	POPULAR NAMES	METHODS OF USE	POSSIBLE EFFECTS	EFFECTS OF OVERDOSE
Depressants	Alcohol	Booze, Liquor, Spirits	Oral	<ul style="list-style-type: none"> slurred speech disorientation 	<ul style="list-style-type: none"> shallow respiration
	Methaqualone	Quaalude, Sopor, Ludes, 714s	Oral, Injected	<ul style="list-style-type: none"> loss of memory 	<ul style="list-style-type: none"> cold and clammy skin
	Benzodiazepines	Diazepam, Dalmane, Librium, Valium, Tranks	Oral, Injected	<ul style="list-style-type: none"> loss of inhibitions impaired judgement 	<ul style="list-style-type: none"> weak and rapid pulse
	Barbiturates	Seconal, Nembutat, Stumblers, Downers, Gooftballs	Oral, Injected		<ul style="list-style-type: none"> coma possible death
Cannabis	Marijuana	Weed, Pot, Grass, Acapulco Gold, Sinsemilla, THC	Oral, Smoked	<ul style="list-style-type: none"> difficulty concentrating euphoria short-term memory loss 	<ul style="list-style-type: none"> fatigue paranoia
	Hashish	Hash, Hash Oil	Oral, Smoked	<ul style="list-style-type: none"> loss of depth perception increased appetite disoriented behavior lack of motivation lowered productivity 	<ul style="list-style-type: none"> possible psychosis
Stimulants	Cocaine	Coke, Flake, Snow, Crack	Snorted, Injected, Smoked (freebased)	<ul style="list-style-type: none"> increased alertness excitation euphoria 	<ul style="list-style-type: none"> agitation increased body temperature
	Amphetamines	Dexedrine, Desoxyn, Biphphetamine, Crystal, Meth, Speed, Crank, Uppers	Oral, Injected, Snorted	<ul style="list-style-type: none"> increased pulse rate increased blood pressure loss of appetite 	<ul style="list-style-type: none"> hallucinations convulsions possible death
	Nicotine	Cigarettes, Snuff, Smokes, Chew	Oral, Smoked	<ul style="list-style-type: none"> insomnia dilated pupils 	
Hallucinogens	LSD	Mickey Mouse, Acid, Microdot, Blotter Acid, Paper Acid	Oral	<ul style="list-style-type: none"> illusions hallucinations poor perception of time and distance 	<ul style="list-style-type: none"> longer and more intense "trip" episodes
	Mescaline & Peyote	Mesc, Buttons, Cactus	Oral, Injected		<ul style="list-style-type: none"> "awake" coma bizarre behavior
	Amphetamine variants	2, 5-OMA, PMA, STP, MDA, Ecstasy, Adam & Eve	Oral, Injected		<ul style="list-style-type: none"> violence psychosis possible death
	PCP	Angel Dust, Hog	Oral, Injected, Sniffed, Smoked (usually w/Marijuana)		
	Other	Psilacybin, DMT, DET	Oral, Injected, Smoked, Sniffed		
Narcotics	Opium	Paragoric, Dover's Powder, Parepectolin	Oral, Smoked	<ul style="list-style-type: none"> euphoria drowsiness 	<ul style="list-style-type: none"> slow and shallow breathing
	Morphine	Big M, Drugstore Dope	Oral, Injected, Smoked	<ul style="list-style-type: none"> respiratory depression constricted pupils 	<ul style="list-style-type: none"> clammy skin convulsions
	Codeine	Robitussin A-C, Empirin Compound w/Codeine	Oral, Injected	<ul style="list-style-type: none"> nausea 	<ul style="list-style-type: none"> coma possible death
	Heroin	Smack, Stuff, Horse, Dope, Boy	Injected, Sniffed, Smoked		
	Methadone	Dolophine, Methadose, Dome, Medicine	Oral, Injected		

Understanding Domestic Violence

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.



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.



Domestic Violence: Safety Tips for You & Your Family

If You Are in Danger, Call 911 (or your local police emergency number)

To find out about help in your area call the National Domestic Violence Hotline:

1-800-799-SAFE or 1-800-787-3224 (TTY)

Whether or not you feel able to leave an abuser, there are things you can do to make yourself and family safer.

In an Emergency

If you are at home and you are being threatened or attacked:

- Stay away from the kitchen (the abuser can find weapons, like knives, there).
- Stay away from bathrooms, closets or small spaces where the abuser can trap you.
- Get to a room with a door or window to escape.
- Get to a room with a phone to call for help; lock the abuser outside if you can.
- Call 911 (or your local emergency number) right away for help; get the dispatcher's name.
- Think about a neighbor or friend you can run to for help.
- If a police officer comes, tell him/her what happened; get his/her name & badge number.
- Get medical help if you are hurt.
- Take pictures of bruises or injuries.
- Call a domestic violence program or shelter (some are listed here); ask them to help you make a safety plan.

How to Protect Yourself at Home

- Learn where to get help; memorize emergency phone numbers.
- Keep a phone in a room you can lock from the inside; if you can, get a cellular phone that you keep with you at all times.
- If the abuser has moved out, change the locks on your door; get locks on the windows.
- Plan an escape route out of your home; teach it to your children.
- Think about where you would go if you need to escape.
- Ask your neighbors to call the police if they see the abuser at your house; make a signal for them to call the police, for example, if the phone rings twice, a shade is pulled down or a light is on.
- Pack a bag with important things you'd need if you had to leave quickly; put it in a safe place, or give it to a friend or relative you trust. Include cash, car keys & important information such as court papers, passport or birth certificates, medical records & medicines, immigration papers.

- Get an unlisted phone number.
- Block caller ID.
- Use an answering machine; screen the calls.
- Take a good self-defense course.

How to Make Your Children Safer

- Teach them not to get in the middle of a fight, even if they want to help.
- Teach them how to get to safety, to call 911, to give your address & phone number to the police.
- Teach them who to call for help.
- Tell them to stay out of the kitchen.
- Give the principal at school or the daycare center a copy of your court order; tell them not to release your children to anyone without talking to you first; use a password so they can be sure it is you on the phone; give them a photo of the abuser.
- Make sure the children know who to tell at school if they see the abuser.
- Make sure that the school knows not to give your address or phone number to *anyone*.

How to Protect Yourself Outside the Home

- Change your regular travel habits.
- Try to get rides with different people.
- Shop and bank in a different place.
- Cancel any bank accounts or credit cards you shared; open new accounts at a different bank.
- Keep your court order and emergency numbers with you at all times.
- Keep a cell phone & program it to 911 (or other emergency number).

How to Make Yourself Safer at Work

- Keep a copy of your court order at work.
- Give a picture of the abuser to security and friends at work.
- Tell your supervisors—see if they can make it harder for the abuser to find you.
- Don't go to lunch alone.
- Ask a security guard to walk you to your car or to the bus.
- If the abuser calls you at work, save voice mail and save e-mail.
- Your employer may be able to help you find community resources.

Using the Law to Help You

Protection or Restraining Orders

- Ask your local domestic violence program who can help you get a civil protection order and who can help you with criminal prosecution.

In Most Places, the Judge Can...

- Order the abuser to stay away from you or your children.
- Order the abuser to leave your home.
- Give you temporary custody of your children & order the abuser to pay you temporary child support.
- Order the police to come to your home while the abuser picks up personal belongings.
- Give you possession of the car, furniture, and other belongings.
- Order the abuser to go to a batterers' intervention program.
- Order the abuser not to call you at work.
- Order the abuser to give guns to the police.

If You Are Worried About Any of the Following, Make Sure You...

- Show the judge any pictures of your injuries.
- Tell the judge that you do not feel safe if the abuser comes to your home to pick up the children to visit with them.
- Ask the judge to order the abuser to pick up and return the children at the police station or some other safe place.
- Ask that any visits the abuser is permitted are at very specific times so the police will know by reading the court order if the abuser is there at the wrong time.
- Tell the judge if the abuser has harmed or threatened the children; ask that visits be supervised; think about who could do that for you.
- Get a certified copy of the court order.
- Keep the court order with you at all times.

Criminal Proceedings

- Show the prosecutor your court orders.
- Show the prosecutor medical records about your injuries or pictures if you have them.
- Tell the prosecutor the name of anyone who is helping you (a victim advocate or a lawyer).
- Tell the prosecutor about any witnesses to injuries or abuse.
- Ask the prosecutor to notify you ahead of time if the abuser is getting out of jail.

Be Safe at the Courthouse

- Sit as far away from the abuser as you can; you don't have to look at or talk to the abuser; you don't have to talk to the abuser's family or friends if they are there.
- Bring a friend or relative with you to wait until your case is heard.
- Tell a bailiff or sheriff that you are afraid of the abuser and ask him/her to look out for you.
- Make sure you have your court order before you leave.
- Ask the judge or the sheriff to keep the abuser there for a while when court is over; leave quickly.

- If you think the abuser is following you when you leave, call the police immediately.
- If you have to travel to another state for work or to get away from the abuser, take your protection order with you; it is valid everywhere.

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