Version

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ADVOCACY UNIVERSITY

SUPPLEMENTAL TEXTBOOK CHAPTERS

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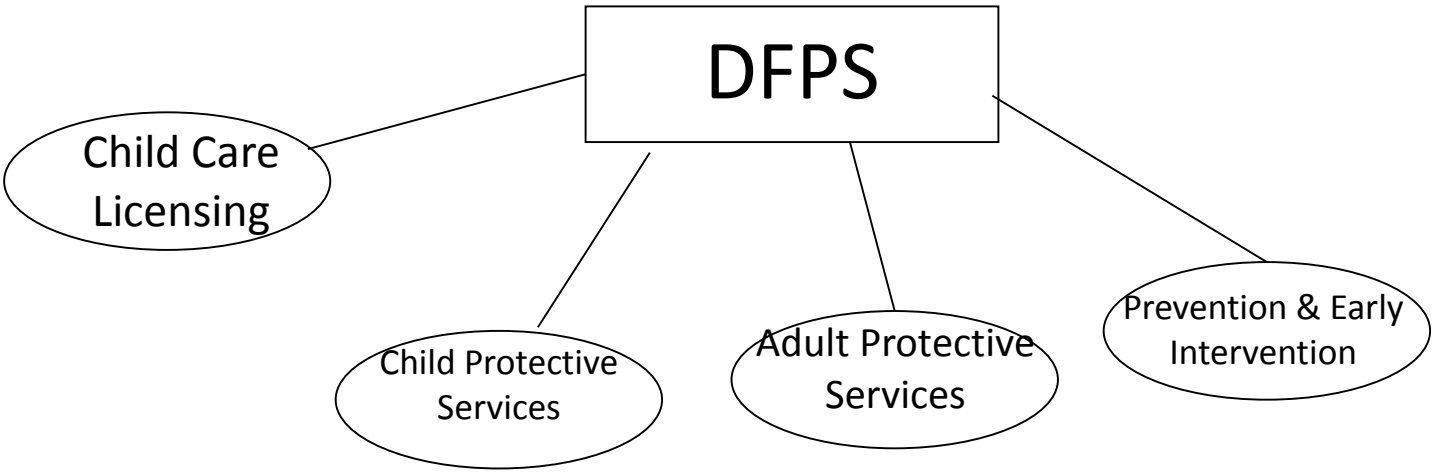
Chapter 1

Case Intake

Texas Department of Family and Protective Services (DFPS)



The Department of Family and Protective Services is an agency that strives to:

- Deliver effective, efficient and innovative client services that are nationally recognized for excellence; supports its staff, who are highly motivated, well prepared for their jobs, exhibit a strong sense of professionalism, and enjoy their work;
- Build strong, effective and mutually valued partnerships with clients, communities and state leadership; and
- Provide effective leadership that is accountable for its actions and communicates openly with clients and stakeholders.

DFPS operates the state Children Protective Services (CPS) program in each county, as well as Child Care Licensing and Adult Protective Services. Only Harris County has a local program called Harris County CPS (HCCPS) to support and enhance the DFPS program.

History

In 1966, CPS in Harris County was established in an agreement between DFPS and Harris County Commissioner's Court. This agreement provides for a CPS program for Harris County that is a partnership between local and state government. The Harris County CPS Board of Directors are appointed by the Commissioner's Court. DFPS has a State Board in Austin.

HCPS provides basic support services to the DFPS staff, including The Training Institute, medical and dental facilities, Children's Crisis Care Center (4C's) and data processing. The CPS branch of DFPS (state) are responsible for conducting civil investigations of children alleged to be abused and neglected as defined by the Family Code.

Responsibilities

The goal of CPS is to prevent further harm to children while still preserving the family unit. The agency strives to preserve families and help families learn how to care for their children's safety; protecting the child. If this is not possible, CPS may petition the court to temporarily remove the children from their homes and place them with relatives, foster homes, or shelters.

This is known as "taking the child into custody".

If CPS and their families cannot then resolve the problems that led to the abuse and/or neglect, CPS may recommend to the court that the parent-child relationship be terminated and the children be placed in permanent families or adoptive homes.

Responsibility to Report Abuse

Anyone "having cause to believe that a child's physical or mental health or welfare have been or may be adversely affected by abuse or neglect" must report the case immediately to a law enforcement agency or to CPS through the Texas Abuse Hotline at 1-800-252-5400, under Chapter 261 of the Texas Family Code.

Reasonable suspicions of abuse must be reported to the appropriate authorities. When a child discloses abuse to an adult and the adult feels skeptical about what the child has said, the disclosure should still be reported. The appropriate authorities will determine the need for an investigation. The person reporting should provide, whenever possible, the child's name, description, age, address, the school they attend, and/or other information that will assist in locating the child.

Failure to report suspected child abuse or neglect is a class B misdemeanor punishable by imprisonment for up to 180 days and/or a fine of up to $2,000. The law does not require the person reporting to be certain that a child is being abused or neglected before reporting, only to have a reason for believing it. However, a concerned adult should stop well short of trying to investigate or intervene in the suspected abuse.

Process of a Case

The Texas Abuse Hotline receives incoming phone calls from the public regarding suspected cases of child abuse 24 hours a day. After the call is received, the intake department makes a decision as to whether the case is to be investigated or closed. These cases are then sent via computer or telephone to the local investigative units. Sexual abuse cases are sent to CPS caseworkers at the Children's Assessment Center.

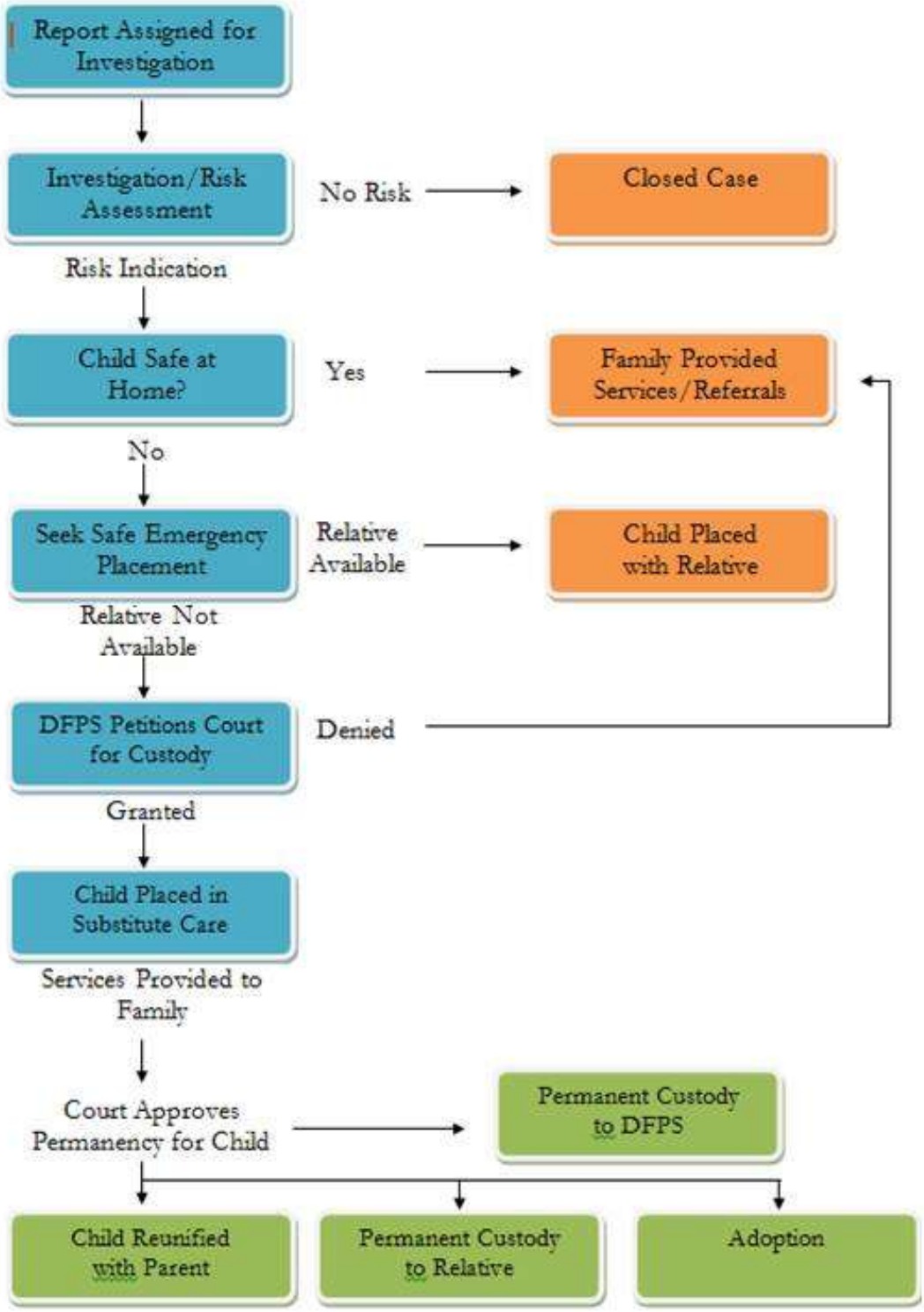
CPS assigns priorities for reports of abuse and neglect based on the assessment of the immediacy of the risk and the severity of the possible harm to the child. The investigative unit (initial assessment) receives the cases to be investigated and prioritizes them according to immediate safety issues for the child as a Priority I or a Priority II case.

Priority I reports concern children who appear to face an immediate risk of abuse or neglect that could result in death or serious harm. Immediate response to a Priority I is required and involves circumstances in which the death of the child or substantial bodily harm to the child will imminently result unless CPS immediately intervenes. CPS must respond within 24 hours to a Priority I referral.

Priority II reports are all other reports of abuse or neglect that are not assigned a Priority I and must be investigated within 72 hours.

Once the investigator completes the investigation, he/she staffs or meets to review the case with a supervisor. A decision as to whether or not to take the child/children into state custody is made at this time. All parties to the case are interviewed and the information is documented during the investigation phase. If the child is placed in a foster home, the investigative worker transfers the family's case to a sub-care worker.

Process of a Case Chart

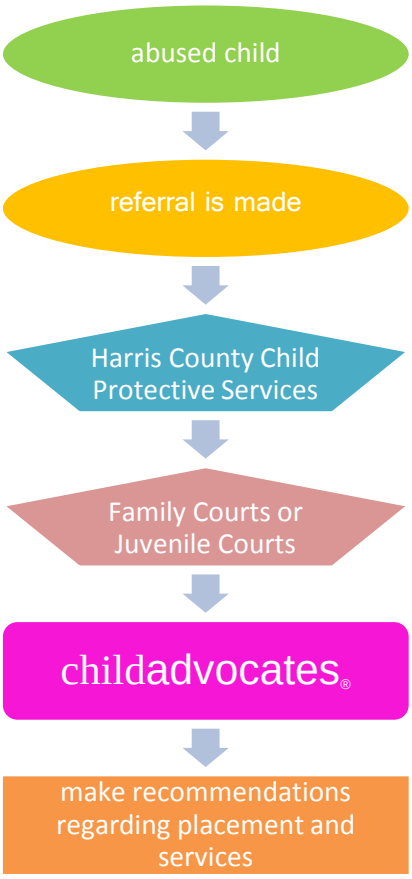


Building Relationships with the CPS System

Court Appointed Advocates make the greatest progress when they work within the system rather than against it. Keep in mind your goal is not to change the system. Just like the Judges, attorneys, therapist, and parents, DFPS is CAI's ally. A Court Appointed Advocate must have their cooperation, to some degree, in order to advocate effectively.

It is the Court Appointed Advocate's responsibility to always inform DFPS of any information discovered during the case. You may encounter a "challenging" caseworker. Try to stay effective and positive when communicating. Keep in mind that not all caseworkers have worked with advocates, so you may need to educate them on your role. Court Appointed Advocates are the newest ingredient to the case. Volunteers represent Child Advocates, Inc. and our reputation is important. Help us maintain the relationship.

WHERE DOES CHILD ADVOCATES FIT IN?



Working Successfully

The goal is to build a credible relationship with the caseworker. DFPS caseworkers carry as many as fifty cases at one time. Caseload constraints and emergency situations may prevent timely communication. You can work with your AC to explore creative ways to engage your caseworker.

Inform the caseworker of updates regarding:

- Child's progress in placement
- New leads on relative or parent status
- Education and rehabilitative needs

Confidentiality

Child Advocates may discuss the case with any party to the lawsuit. Use "Need to Know" standard when discussing any elements of the case with anyone. We can discuss concerns and progress with contract service providers on the case (therapist, etc.). Court reports should only be shared with parties to the lawsuit. **Only the court can order someone to release this information.**

When necessary, Child Advocates can request criminal records checks to complete an assessment on:

- alleged perpetrators or alleged victim's parent or legal guardian
- any person with whom the child is placed, or who is being considered for placement

Information may be shared about a person's criminal history with:

- the person whose history it is
- an adult living with a child and the information is **necessary** to ensure the safety or welfare of the child
- an adult to other persons with the consent of the person whose history it is or under court order

Certain medical conditions such as HIV status require more stringent confidentiality guidelines, which can be explained by your AC. The names and identifying information of a foster parent should not be written in a court report, testified to or provided to a parent or their attorney. It should only be shared with the attorney ad litem. **At the close of a case, all records must be returned to the Child Advocates, Inc. office.**

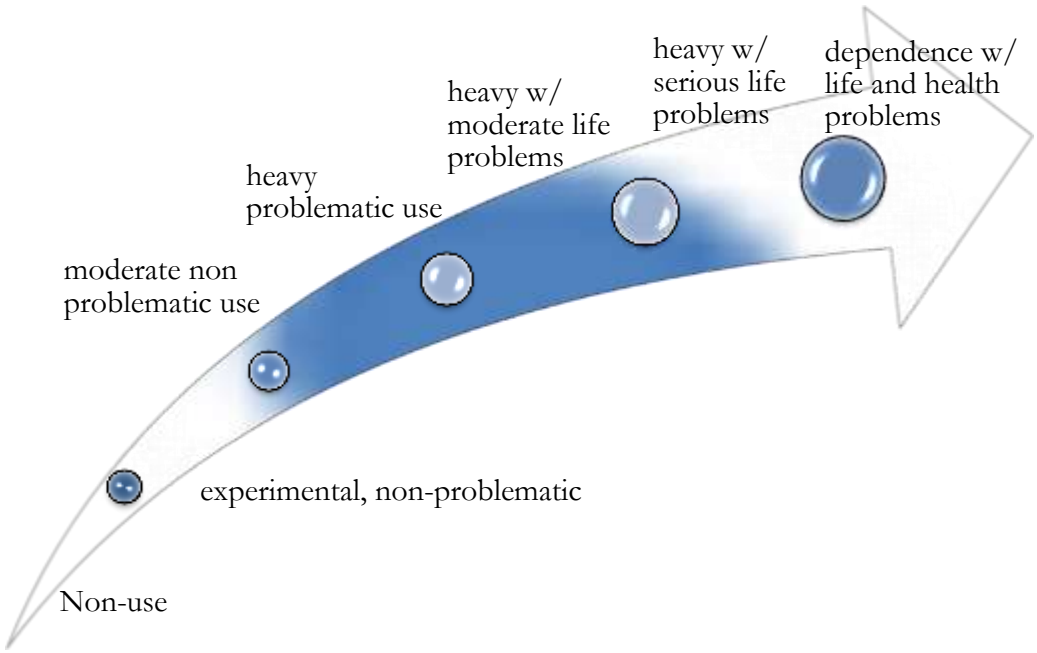
Chapter

2

Substance Abuse

Addiction is a pathological relationship with a chemical, place, person, or thing that greatly inhibits a person's ability to participate in healthy loving relationships with others and ourselves. It is progressive, and can be fatal, if left untreated.

Progression of Use and Abuse



Children of Alcoholism

It has been well documented by clinicians and researchers that alcoholism runs in families. An extensive review of literature confirmed 10 specific problem areas for children of alcoholics:

1. Substance abuse
2. Problems with peer relationships
3. Depression
4. Hyperactivity
5. Aggression
6. Low self-esteem
7. External locus of control
8. Dependency
9. Legal problems

In the U.S., alcoholism is the third leading killer, after heart disease and cancer. Recognized as a major health problem, it causes damage not just to the alcoholic but also the families, friends, and the communities. Others are hurt by its effects – in the home, on the job, and on the roadways. Alcoholism costs the community the loss of loved ones and millions of dollars every year.

Children of alcoholics usually experience a family system in extreme chaos. Life in this environment is arbitrary, unpredictable, chaotic and filled with blind messages and broken promises. A dysfunctional family system, such as the one controlled by alcoholism, puts children in a psychosocial turbulent environment. Children of alcoholics suffer psychologically, emotionally and socially as a result of their experiences in the alcoholic environment. They are forced to play roles and meet parental needs that children in other families do not.

Texas Youth Commission Prevention Summary http://www.tyc.state.tx.us/research/index.html

Typical Roles in an Alcoholic Home

Chief Enabler: Often the spouse, this person puts aside personal feelings and becomes increasingly more responsible for control of the alcoholic and the family.

Family Hero: This person tries to better the family situation by succeeding in the environment outside of the home. Often, this is done for self-worth or positive recognition for the family. The hero often feels like a failure because the alcoholic's behavior does not change.

Scapegoat: Not willing to work as hard as the hero for recognition, the scapegoat pulls away in a destructive manner bringing his/her negative attention to the family.

Lost Child: This individual takes care of his/her personal problems and avoids trouble. Often ignored by the family, he/she face problems alone which often brings loneliness and personal suffering.

Mascot: To deal with personal pain and loneliness, this member is charming and funny in times of stress. This behavior relieves the pain for some family members, but does not help the mascot deal with personal pain and loneliness.

Treatment Options

All treatment types have a high relapse rate ranging between 50-90%. The most important factor in recovery is that the person is in some form of treatment.

DETOX CENTERS

A place to go to get the substance out of their system. Usually short term – 30 day programs for severe alcoholics with a history of relapse or trouble with the law.

RESIDENTIAL TREATMENT

Long term placements or hospitalization to help the person look at all aspects of his/her life and change their way of living.

THERAPY

Focuses on the underlying issues. What is going on in his/her life to make them feel so bad? The idea is that once you deal with pain and unresolved issues from the past, then you can learn to live in the present.

SELF-HELP GROUPS

A self-help support group is formed by a group of people with similar addictions or issues trying to find a way to stay in recovery and to help others. They teach and practice the 12 Steps of Alcoholics Anonymous, which are outlined in The Big Book of Alcoholic Anonymous. These same steps are used to help many other types of addictions. They just change the focus from alcohol to drugs, gambling, sex etc.

ALCOHOLICS ANONYMOUS

Alcoholics Anonymous (AA) concentrates on helping those who are already alcoholics, so that they can stop drinking and learn how to live a normal and happy life without alcohol. AA is a fellowship of men and women who share their experience, strength, and hope with each other so that they may solve their common problem and help others to recover from alcoholism. The only requirement for membership is a desire to stop drinking. There

are no dues or fees for AA membership; they are self-supporting through their own contributions. AA is not allied with any sect, denomination, politics, organization or institution; does not wish to engage in any controversy, neither endorses nor opposes any causes. Their primary purpose is to stay sober and help other alcoholics to achieve sobriety.

Twelve Step Programs

Stepwork is the process of going through the 12 Steps with a sponsor. The process generally consists of the sponsor giving the sponsee an assignment, such as reading the Big Book and writing about aspects of the sponsee's drinking/drug history. The assignment is then discussed with the sponsor at a face-to-face meeting.

SPONSOR/SPONSEE RELATIONSHIP

A sponsor is another recovering alcoholic/addict who agrees to serve as a mentor to an individual (the sponsee). Sponsors should: be the same gender as the sponsee; have a minimum of 2–5 years of sobriety (two years is the absolute minimum; more is better); be willing to devote time and energy to the sponsee's recovery, including being available for phone calls and face-to-face meetings. If the person says he has a sponsor, ask him who that person is. Ask him if he has the sponsor's phone number; he should be able to produce it immediately. If the client can't give you information about the sponsor, specifically as to how many years sobriety the sponsor has, be wary.

It is not uncommon for newly recovering people to resist getting a sponsor. Most addicted people have trust and self-esteem issues, which makes the process of asking someone to be a sponsor very threatening. Usually, the sponsor-sponsee relationship will be the first healthy relationship the addict has had for some time, which is why having a sponsor is so important.

In the early part of recovery, most sponsors will require the sponsee to make daily phone contact. Face-to-face contacts should occur at least once a week; once again, more is better. If the client says she hasn't spoken to her sponsor for a few days, or if she indicates her sponsor contacts are very sporadic "because she just doesn't have time for me" or "she's really busy" then this is a very good indication there is not a strong, supportive relationship.

If the client says something to the effect of "he (the sponsor) doesn't think I'm ready to start yet" be highly suspicious. Recovery from addiction is an active process; there is no such thing as "not ready to start yet."

MEETINGS

There are a variety of 12-Step meetings: Alcoholics Anonymous (AA), Cocaine Anonymous (CA), Narcotics Anonymous (NA), Al Anon, Codependents Anonymous (CA), Sex & Love Addicts Anonymous (SA), Gambling Anonymous (GA), Overeaters Anonymous (OA), and others.

Open meetings are available to anyone who is willing to respect the anonymity of the meeting; closed meetings are limited to those people who believe they may or do share the identified problem. Every day in Houston there is hundreds, if not thousands, of 12-Step meetings. There are 6 AM meetings; there are lunchtime meetings; there are early and late evening meetings. There are meetings downtown, in the Galleria area, in the suburbs, at colleges, almost anywhere you can think of. In other words, there are plenty of meetings. Further, there are smoking meetings, non-smoking meetings, and gender-specific meetings. That is one of the benefits of 12-Step meetings; they are free, and they are everywhere.

At these meetings, there may be individuals who drink/drug before and after the meeting. There may also be individuals attending who are drunk/high during the meeting. However, these are a small minority. In some cases,

these are individuals mandated to attend meetings. In other cases, these are individuals struggling with their addiction. The truth is the vast majority of people attending 12-Step meetings are very serious about their recovery and are there for the right reasons. There is no "President of AA". There are also no Program Directors, Managers, or any other such positions. 12-Step groups are programs composed of recovering people; as the AA Principles state, "There are no leaders."

THE 12 STEPS

1. We admitted we were powerless over alcohol—that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God *as we understood Him.*
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God, *as we understood Him,* praying only for knowledge -of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

(The Big Book Online, 2008) http://www.aa.org/bbonline/

Chapter

3

Child Development

Developmental Milestones

Knowing where a child is along the path of growth helps create reasonable expectations for child behavior. Understanding child development can alert one when a child might be lagging behind other children for his or her age. Although this may not be a cause for alarm, it can help gauge when a child may need to evaluated by a professional.

	0-6 Months	6-12 Months	12-18 Months
Cognitive	Recognition of mother; no concept of past of future; reaches for familiar people and toys.	Objects can be held in memory; learns through routines and rewards; recognizes names; says two to three works besides "mama" and "dada"; imitates familiar words.	Experiments with physical environment; understands the word "no"; comes when called to; recognizes words as symbols for objects (cat – meows); uses 10 to 20 words, including names; combines two words such as "daddy bye-bye"; waves good-bye and plays pat-a-cake; makes the sounds of familiar animals; gives a toy when asked; uses words such as "more" to make wants known; points to his/her toes, eyes, and nose; brings objects from another room when asked.
Psychological	Attachment to mother/caretaker; totally dependent; totally trusting; learns intimacy.	Separation from mother; begins to develop a sense of self; learns to get needs met; trusts adults; stretches arms to be picked up; likes to look at self in mirror.	Early social development; egocentric; accepts limits; develops self-esteem (love from family); plays by self.
	0-6 Months	**6-12 Months**	**12-18 Months**
Moral	None	None	Fear of authority figures.
Sexual	Erections possible; both sexes can be stimulated.	Generalized genital play.	Continued generalized genital play.
Motor	Sucking; hands clenched/grip; neck muscles develop; pulls at clothing; laughs/coos.	Rolls over; stands with support; creeps/crawls; walks with help; rolls a ball in imitation of adult; pulls self to standing position and stands unaided; transfers objects from one hand to the other; drops and picks up toy; feeds self cracker; holds cup with two hands; drinks with assistance; holds our arms and legs while being dressed.	Creeps up stairs; gets to standing position alone; walks alone; walks backward; picks up toys from floor without falling; pulls and pushes toys; seats self in child size chairs; moves to music; turns pages two or three at a time; scribbles'; turns knobs; paints with whole arm movement; shifts hands; makes strokes; uses spoon with little spilling; drinks from cup with one hand unassisted; chews food; unzips large zipper; indicates

				toilet needs; removes shoes, socks, pants, sweater.
		0-6 Months	**6-12 Months**	**12-18 Months**

Child Development…

	18-36 Months	3-5 Years	6-9 Years
Cognitive	Can conduct experience inside head but limited to experience; rapid language growth; copies adult chores in play; carries on conversation with self and dolls; asks "what's that?" and where's my…?; has 450 word vocabulary; gives first name; holds up fingers to tell age; combines nouns and verbs "mommy go"; refers to self as "me" rather than by name; tries to get adult attention, exclaiming "watch me"; likes to hear same story repeated; may say "no" when means "yes"; talks to other children as well as adults; names common pictures and things.	Can conduct experiments inside head; cannot sequence; capacity to use language expands; understands some abstract concepts: colors, numbers, shapes, time; understands family relations (baby/parents); can tell a story; has a sentence length of 4 to 5 words; has a vocabulary of nearly 1000 words; names at least one color; understands "tonight", "summer", "lunchtime", "yesterday"; begins to obey requests like "put the block under the chair"; knows his/her last name, name of street where they live; uses past tense correctly; can speak of imaginary conditions "I hope"; identifies shapes.	Can think using symbols; can recognize differences; makes comparisons; can take another's perspective; defines objects by their use; knows spatial relationships like "on top", "behind", "far"; identifies penny, nickel, dime; knows common opposites like "big/little"; asks questions for information; distinguishes left from right.
Psychological	Autonomy struggles; learns system of meeting needs; social development increases; points to things he/she wants; joins in play with other children; shares toys; takes turns with assistance.	Can cooperate; self-perceptions develop; cannot separate fantasy from reality; has nightmares; models on same sexed parent; experiences and copes with feelings (sad, jealous, embarrassed); plays and interacts with other children; dramatic play is closer to reality, with attention paid to detail, time, and space; plays dress-up.	Early close peer relationships; presence of well-developed defenses; develops identity outside of family (school/friends); has likes and dislikes; chooses own friends; plays simple table games; plays competitive games; engages in cooperative play with other children involving groups decisions, role assignments, fair play.
	18-36 Months	**3-5 Years**	**6-9 Years**

	Moral	Knowledge of preferences of authority figures.	Self-esteem dependent on authority figures; follows peers' fads; negotiates to get needs met.	Has a conscience; refinements in moral development.
	Sexual	Continued generalized genital play; early sex-role development.	Generalized genital play in males; masturbation to orgasm in females is possible; early experimentation; gender identity established.	Defenses reduce experimentation, but some continues.
	Motor	Can run, throw ball, kick ball, jump; goes up stairs with one hand held by an adult; turns single pages; snips with scissors; holds crayon with thumb and fingers (not fist); uses one hand consistently in most activities; rolls, pounds, squeezes, and pulls clay; uses spoon with little spilling; gets drink from fountain or faucet independently; opens door by turning handle; takes off and puts on coat with assistances; washes and dries hands with assistance.	Swings/climbs; uses small scissors; jumps in place; walks on tiptoes; balances on one foot; rides a tricycle; begins to skip; runs well; bathes and dresses; runs around obstacles; walks on a line; pushes, pulls, steers wheeled toys; uses slide independently; throws ball overhead; catches bounced ball; drives nails and pegs; skates; jumps rope; skips on alternating feet; pours well from small pitcher; spreads soft butter with knife; buttons and unbuttons large buttons; washes hands independently; blows nose when reminded; uses toilet independently.	Is increasing small muscle motor skills; cuts food with a knife; laces shoes; dresses self completely; ties bow; brushes independently; crosses street safely.
		18-36 Months	**3-5 Years**	**6-9 Years**

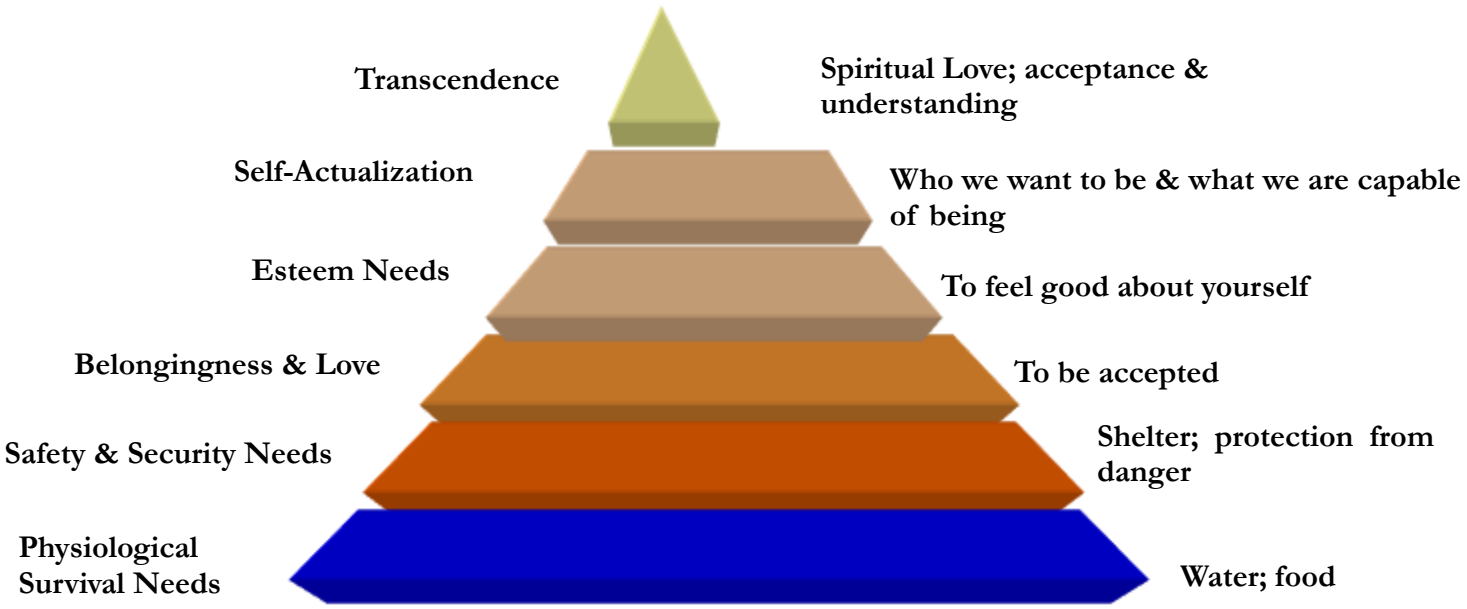
Child Development…

	10-15 Years	16-21 Years
Cognitive	Can engage in inductive and deductive logic; neurons are present; understands hypothetical situations; conflicts with parents increase.	Uses formal logic (e.g., opposes racism); debates and can change sides of debate; understands probabilities; uses more flexible abstract thinking; examination of inner experiences; conflicts with parents begin to decrease.
Psychological	Increased autonomy struggles; increased focus on identity; focus on peer relationships; rebellious; often moody; romantic feelings; struggle with sense of identity; fells awkward or strange about his/her body; worries about being normal; frequently changing relationships.	Interest in relationships; solidifies personal identity; becomes goal directed; sometimes rebellious; increased concern for others; increased concern for future; places more importance on his/her role in life.
Moral	Moral development in legalistic; recognition of principals (e.g., justice); selection of role models.	Identifies with moral principles, rules, and limit testing; experimentation with sex and drugs; examination of inner experiences.
Sexual	Puberty; sex organs mature; both sexes able to masturbate to orgasm with fantasies; girls develop physically sooner than boys; may display shyness, blushing, and modesty.	Feelings of love and passion; development of more serious relationships; sense of sexual identity established; increased capacity for tender and sensual love.
Motor	Greater body competence; manual dexterity; growth patterns vary.	Heightened physical power, strength, and coordination.
	10-15 Years	**16-21 Years**

MASLOW'S HIERARCHY OF NEEDS

Abraham Maslow, a humanistic psychologist, believed that people are not merely controlled by mechanical forces (the stimuli and reinforcement forces of behaviorism) or unconscious instinctual impulses of psychoanalysis. Maslow focused on human potential, believing that humans strive to reach the highest levels of their capabilities. People seek the frontiers of creativity, and strive to reach the highest levels of consciousness and wisdom. People at this level were labeled by other psychologists as "fully functioning" or possessing a "healthy personality". Maslow called these people, "self-actualizing" persons.

Maslow set up a hierarchical theory of needs in which all the basic needs are at the bottom, and the needs concerned with man's highest potential at the top. The hierarchic theory is often represented as a pyramid, with the larger, lower levels representing the lower needs, and the upper point representing the need for self-actualization. Each level of the pyramid is dependent on the previous level. For example, a person does not feel the second need until the demands of the first have been satisfied.



Psychological Needs: These needs are biological and consist of the needs for oxygen, food, water, and a relatively constant body temperature. These needs are strongest because, if deprived, the person would die.

Safety Needs: Except in times of emergency or periods of disorganization in the social structure (such as widespread rioting), adults do not experience their security needs. Children, however, often display signs of insecurity and their need to be safe.

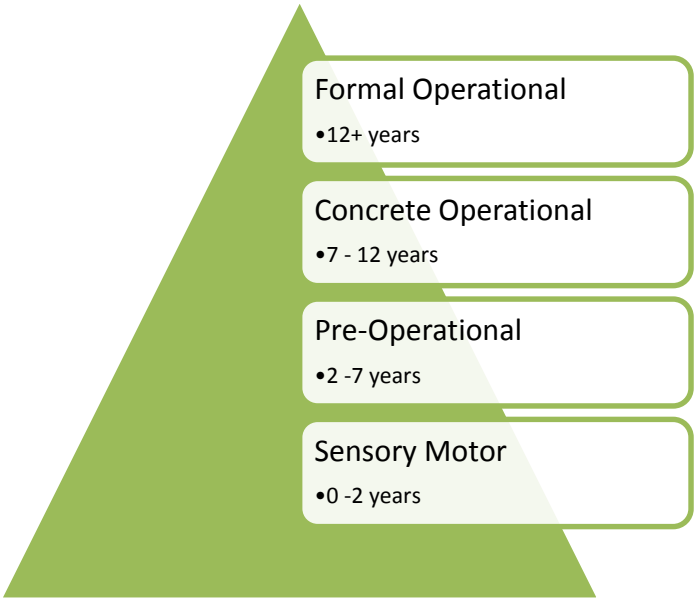
Love, Affection, and Belongingness Needs: People have needs to escape feelings of loneliness and alienation and give (and receive) love, affection, and sense of belonging.

Esteem Needs: People need a stable, firmly based, high level of self-respect, and respect from others in order to feel satisfied, self-confident, and valuable. If these needs are not met, the person feels inferior, weak, helpless, and worthless.

Self-actualization Needs: Maslow describes self-actualization as a person's need to be and do that which the person was born to do. It is his "calling". "A musician must make music, an artist must paint, and a poet must write." If these needs are not met, the person feels restlessness, on edge, tense, and lacking something. Lower needs may also produce a restless feeling, but here it is much easier to find the cause. If a person is hungry, unsafe, not loved or accepted or lacking in self-esteem, the cause is apparent. It is not always clear what a person wants when there is a need for self-actualization.

PIAGET'S STAGES OF INTELLECTUAL DEVELOPMENT

Jean Piaget was a Swiss psychologist whose research on the development of children has profoundly affected psychological theories of the development of children. Piaget's theory conceives of intellectual development as occurring in four distinct periods or stages. Intellectual development is continuous, but the intellectual operations in the different periods are distinctly different. Children progress through the four periods in the same order, but at very different rates. The stages do not end abruptly but tend to trail off. A child may be in two different stages in different areas.



Age 0-2: Sensory Motor Stage
In this period, a child learns about his or her relationship to various objects. This period includes learning a variety of fundamental movements and perceptual activities. Knowledge involves the ability to manipulate objects such as holding a bottle. In the later part of this period, the child starts to think about events which are not immediately present. In Piaget's terms, the child is developing meaning for symbols.

Age 2-7: Pre-Operational Stage
Piaget divides this stage into the pre-operational phase and the intuitive phase. In the pre-operational phase, children use language and try to make sense of the world but have a less sophisticated mode of thought than adults. They need to test thoughts with reality on a daily basis and do not appear to be able to learn from generalizations made by adults. In the intuitive phase, the child slowly moves away from drawing conclusions based solely on concrete experiences with objects. However, the conclusions drawn are based on rather vague impressions and perceptual judgments. It becomes possible to carry on a conversation with a child. Children develop the ability to classify objects on the basis of different criteria, learn to count, and use the concept of numbers.

Age 7-12 Concrete Operational Stage
In this stage, a person can do mental operations but only with real (concrete) objects, events, or situations. Logical reasons are understood. For example, a concrete operational person can understand the need to go to bed early when it is necessary to rise early the next morning. A pre-operational child, on the other hand, does not understand this logic and substitutes the psychological reason, "I want to stay up".

Age 7 – 12: Concrete Operational Stage
Piaget thought that the concrete operational stage ended at age eleven or twelve. There is now considerable evidence that these ages are the earliest that this stage ends and that many adults remain in this stage throughout their lives. Most current estimates are that from **30 to 60 percent** of adults are in the concrete operational stage.

Age 12+: Formal Operational Stage
A formal operational thinker can do abstract thinking and starts to enjoy abstract thought. He or she can formulate hypotheses without actually manipulating concrete objects, and when more adept, can test the hypothesis mentally. The formal operational thinker can generalize from one kind of real object to another and to an abstract notion. The formal operational thinker is able to think ahead to plan the solution path. Finally, the formal operational person is capable of metacognition, that is, thinking about thinking.

ERIK ERIKSON'S THEORY OF DEVELOPMENT

Trust vs. Mistrust (Birth to 2 years of age) - In this stage, children first learn that their parents will be there for them. The children learn to express their needs and to be comforted when someone responds. Children also learn to sometimes wait to get their needs met. When their parents go away, children learn about mistrust that helps them learn to depend on themselves.

Autonomy vs. Shame (2 to 3 years of age) - In this stage, children learn to have more control over their bodies. They also learn not to feel good when they do not have control. They also learn better control over their fine motor skills such as feeding themselves, and large motor skills such as running and climbing. Children will experience guilt when control over their body is not successful. Parents usually do not shame the child; they will reinforce the child's progress.

Initiative vs. Guilt (3 to 5 years of age) - In this stage, children learn their role in the family and how they are different from their parents in both sex development and their place in the family. Parents begin setting limits around the child's involvement in their intimate activities and some limits on ways to touch, hold, and kiss.

Industry vs. Inferiority (6 to Puberty) - Children in this stage begin to explore their own world. They try out all types of activities to determine which they will enjoy and which they do not. They will learn that sometimes they will not always be the first or best in all activities.

Identity vs. Diffusion (Adolescence) - During this stage, the adolescent tries to figure out "Who am I" in relation to others, such as peers, family, and adults. They go through a searching process to determine a self they can identify as truly separate from others.

Intimacy vs. Isolation (Young Adulthood) - In this stage, young adults learn how to take their newly-formed identity into a relationship with others. They are also able to share the self.

The Child Trauma Academy: www.childtrauma.org
American Professional Society on the Abuse of Children: www.aspac.org
National Clearinghouse for Child Abuse and Neglect: www.calib.com/nccanch
Prevent Child Abuse, America: www.preventchildabuse.org
Child Welfare League of America: www.cwla.org
National Dissemination Center for Children with Disabilities: www.nichcy.org
Early Head Start: www.ehsnrc.org
Head Start: www.nhsa.org

LAWRENCE KOHLBERG'S CLASSIFICATION OF MORAL JUDGMENT

Levels	Basis of Moral Judgment	Stages of Development
I	Moral value resides in external, quasi-physical happenings, in bad acts, or in quasi-physical needs rather than in persons and standards.	Stage 1: Obedience and punishment orientation. Egocentric deference to superior power or prestige, or a trouble-avoiding set. Objective responsibility. Stage 2: Naively egoistic orientation. Right action is that instrumentally satisfying the self's needs and occasionally others'. Awareness of relativism of value to each other's needs and perspective. Naive egalitarianism and orientation to exchange and reciprocity.
II	Moral value resides in performing good or right roles, in maintaining the conventional order and the expectations of others	Stage 3: Good-boy orientation. Orientation to approval and to pleasing and helping others. Conformity to stereotypical images or majority or natural role behavior, and judgment by intentions. Stage 4: Authority and social-order maintaining orientations. Orientation is to "doing duty" and to showing respect for authority and maintaining the given social order for its own sake. Regard for earned expectations of others.
III	Moral value resides in conformity by the self to shared or shareable standards, rights, or duties	Stage 5: Contractual legalistic orientation. Recognition of an arbitrary element or starting point in rules or expectation for the sake of agreement. Duty defined in terms of contract, general avoidance of violation of the will or rights of others, and majority will and welfare. Stage 6: Conscience or principle orientation. Orientation not only to actually ordained social rules, but to principles of choice involving appeal to logical universality and consistency. Orientation to conscience as a directing agent and to mutual respect and trust.

ATTACHMENT AND OBJECT RELATIONS THEORIES

The primary motivator in humans is a relationship or attachment to another human being. For children, this presents itself in the need to attach to their major caregiver (parent). The relationship may be defined in terms of the self (child) and object (parent) and the child internalize or create beliefs about these parts of the attachment relationship. These beliefs may be expressed in terms of the "rules of the relationships" as experienced in the primary relationship of self and object or child and major caregiver. The affect or emotional bond between the child and major caregiver is also a part of the rules or expectations. This set of rules is then projected onto the world as a whole. We modify these rules as we experience others and their treatment of us.

In abuse situations, the self is represented as powerless and bad. The object (others) is dangerous, and the affective bond is fear of abandonment and is experienced as depression when the object is absent and terror when the object is present. Therefore, what happens is that the child will cling more strongly to the abusive caregiver to avoid the abandonment depression.

To preserve the attachment, the child will idealize the caregiver, devalue others' more caring behavior, and identify with the aggressor in hopes that the aggressor will be abusive to others instead of the child.

These "internal working models" begin to develop during the first year of life and integrate into emerging personality. Early life disruptions of attachment, as well as unresponsive or erratic behavior on the part of the caregiver arouse intense anger, anxiety, sorrow, and grief in the child, and thwart the development of his or her capacity to establish and maintain relationships of mutuality and trust.

Center for Disease Control (CDC): www.cdc.gov
Zero to Three Foundation: www.serotothree.org
Fisher-Price: www.Fisher-Price.org
American Academy of Pediatrics: www.aap.org
Intervention –Texas: www.dars.state.tx.us/ecis

Chapter

4

Child Abuse and Neglect

History of Abuse Laws

In 1874, Mary Ellen was an orphan who was severally abused by her caregivers. Until 1874, there were no laws established to protect children from abuse or maltreatment. Mary Ellen's case is generally regarded as the point where individual concern over the plight of abused and neglected children grew into a movement that initiated public policy.

The New York Commission of Charities and Corrections gave Mary Ellen to Mr. And Mrs. Connolly. The Connolly's were to care for her and to report annually on her progress. Mary Ellen was beaten, locked in one room, and rarely allowed outside. One distraught neighbor could not take the screams any longer and told a mission worker about Mary Ellen. The mission worker could find no one to intervene on the child's behalf. The police had no grounds because no law was being broken. No other agency would get involved because they did not have legal custody of the child.

The founder and president of the SPCA believed that Mary Ellen should be entitled to at least the same protection against cruelty that was already given, by law, to animals. The SPCA president persuaded a Judge to consider her case and Mary Ellen was carried into the courtroom wrapped in a horse blanket.

The Judge ordered that Mary Ellen be removed from the people who had mistreated her. Due to the numerous amounts of cases of child-beating and cruelty that emerged, a group of citizens formed an association called the Society for the Prevention of Cruelty to Children (SPCC). The SPCC was formally incorporated the year after Mary Ellen's case.

Mary Ellen's case represented the first time the social welfare and judicial systems considered the child protection issue. For the state to step in and assume a role as what was considered a parent's prerogative was a fundamental change in how Americans viewed the rights and responsibilities of parents and the human rights of children.

It was not until 1899 that the first Juvenile Court was created. At that time, abused children were placed in homes for wayward youth or in reform schools. Not until 1944 did the courts begin to restrict parental control in order to protect the well-being of a child.

In the 1950's, a parallel movement among physicians began to assist in defining child abuse and making the public more aware of the problem. Physicians began to note and document:

- the reoccurrence of injuries to children which could not be adequately explained
- growing speculation that the parents might have intentionally inflicted the injuries

CHILD ABUSE LAWS

In 1962, Dr. Kemp coined the term "Battered Child Syndrome". Between 1963 and 1965, 47 states passed laws that required the reporting of child abuse and neglect. Up to the present, the way society defines child maltreatment and the laws created to protect children have dramatically changed. This awakening in the medical community led to a child abuse reporting law that was backed by the United States Children's Bureau. Child abuse and neglect are defined by Federal and State laws.

The Child Abuse Prevention and Treatment Act (CAPTA) is the Federal legislation that provides minimum standards that States must incorporate in their statutory definitions of child abuse and neglect. The CAPTA definition of "child abuse and neglect" refers to: "Any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse, or exploitation, or an act or failure to act which presents an imminent risk of serious harm (Child Welfare Information Gateway, 2007).

Types of Abuse and Neglect

Neglect is a pattern of child care or environmental care which causes harm or poses a threat of harm to the child. Neglect is often defined as omission; to fail, to include, leaving out. Neglect is a chronic behavior pattern of the parents towards the child.

1. **Physical Neglect** - Conspicuous inattention to avoidable hazards in the home; inadequate nutrition, clothing, or hygiene; and other forms of reckless disregard for the child's safety and welfare, such as driving with the child while intoxicated, leaving a young child unattended in a motor vehicle, and so forth.
2. **Medical Neglect** - The failure to provide or allow needed care in accord with the recommendations of a health care professional for an injury, illness, medical condition or impairment. This can also include delays in receiving medical treatment.
3. **Abandonment** - Desertion of a child without arranging for reasonable care and supervision.
4. **Refusal to Accept Parental Responsibility** - Other blatant refusals of custody such as expulsion of a child from home without adequate arrangements being made for the child, or refusal to accept custody or a returned runaway.
5. **Neglectful Supervision** – Failure to provide adequate supervision for a child.
6. **Sexual Abuse** – a form of child abuse in which an adult or older adolescent uses a child for sexual stimulation.
7. **Physical Abuse** – Physical abuse is physical aggression directed at a child by an adult. It can involve punching, striking, kicking, shoving, slapping, burning, bruising, pulling ears or hair, stabbing, choking or shaking a child.
8. **Emotional Abuse** – Psychological abuse, also referred to as emotional abuse or mental abuse, is a form of abuse characterized by a person subjecting or exposing another to behavior that is psychologically harmful. Such abuse is often associated with situations of power imbalance, such as abusive relationships, bullying, child abuse and in the workplace.

PHYSICAL NEGLECT

Non-Organic failure to thrive can occur when children experience neglect to the point that they are responding physically and are ceasing to grow. Symptoms can include excessive irritability, apathy, low food intake, vomiting, and diarrhea. Parental behaviors that contribute to non-organic failure to thrive include:

- Not feeding the child enough
- Diluting the baby formula incorrectly
- Feeding incorrectly (jiggling bottle, rocking)
- Feeling hostility or competition towards the child
- Allowing parental stress to interfere with bonding and nurturing

EMOTIONAL ABUSE

Emotional abuse is defined as marked inattention to the child's needs for affection, emotional support, or attention. This could include encouraging or permitting drug or alcohol use by the child. Encouraging or permitting of other maladaptive behavior under circumstances in which the parent was aware of the problem, but did not intervene. A parent's refusal to allow needed and available treatment for a child's emotional or behavioral impairment or problem in accord with the recommendation of a professional (therapist/psychologist/psychiatrist).

Examples of Emotional Abuse

- Marked inattention to the child's needs for affection, emotional support, or attention.
- Encouraging or permitting drug or alcohol use by the child.
- Encouraging or permitting of other maladaptive behavior (e.g., severe assaultive behavior, chronic delinquency) under circumstances in which the parent was aware of the problem, but did not intervene.
- Refusal to allow needed and available treatment for a child's emotional or behavioral impairment or problem in accord with the recommendation of a professional (therapist/psychologist/psychiatrist)

PHYSICAL ABUSE

Physical abuse of children includes any non-accidental physical injury caused by the child's caretaker. By definition, the injury is not an accident. Neither is it necessarily the intent of the child's caretaker to injure the child. A reasonable explanation could also be abuse. Physical abuse may result from over-discipline or from punishment inappropriate for the child's age or condition.

Indicators:

- Unexplained bruises and welts
- Unusual bruising
- Unexplained burns
- Scalding burns
- Unexplained fractures
- Unexplained fractures
- Unexplained lacerations or abrasions
- Skeletal injuries
- Abdominal trauma
- Head injuries
- Restraint injuries
- Head Injuries

Indicators of Abuse

COMMON BEHAVIORAL INDICATORS OF ABUSE

- Wary of adult contact
- Apprehensive when other children cry
- Behavioral extremes of aggressiveness or over-compliant
- Role reversal with the child parenting the parent
- Frightened of caretaker
- May wear long sleeved shirts in hot weather
- Will cringe or jump at a sudden movement
- Verbally reports abuse
- Too eager to please

DEVELOPMENTAL LAGS

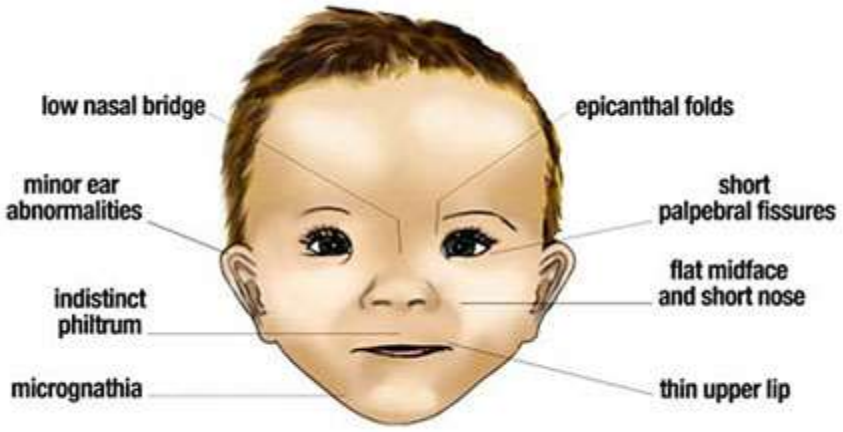
- Not toilet trained
- Slow motor skills
- Slow in socializing
- Lag in language development

Other Conditions

Crack addicted babies have considerably lower birth weight than an average newborn. They suffer from small head circumference, intracranial defects, urogenital malformations, congenital heart disease, and limb reductions. Behavioral and motor symptoms for crack addicted babies can include: irritability, jitteriness, irregular sleep patterns, increased muscle tone and increased reflexes.

Fetal Alcohol Syndrome (FAS) children that have been exposed to alcohol in utero might exhibit the following:

- Growth Deficiency
- Central Nervous System (CNS) dysfunction including: (Microcephaly/Seizures/MRI shows brain damage)
- Unique cluster of facial anomalies (thin upper lip/flat philtrum (the ridge between the nose and upper lip) /short eye slits)
- In utero alcohol exposure



Fetal Alcohol Related Conditions (FARC) children are alcohol exposed in utero, but only have some of the characteristics of the FAS child.

- FAS children may not think abstractly; they talk better than they think
- FAS children may not have the ability to understand cause and effect
- FAS children may be only able to deal with the present
- FAS children need structure
- The FAS infant often has feeding problems and often cannot suck due to flat philtrum and poor muscle development around the mouth
- FAS is a lifelong disability due to brain damage

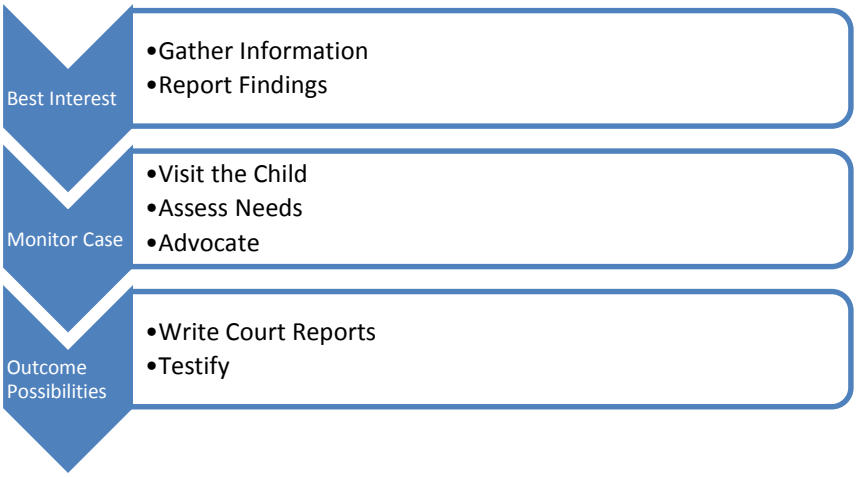
Chapter 5

Court Program

Over 5,000 children are living in CPS custody in Harris County. Harris County represents the largest population of children in foster care in the state of Texas. The goal of each advocate is to provide the court the information needed to know what is in the child's best interest. Working as a team we gather the facts and recommend to the court what is in the child's best interest. The Advocacy Coordinator's (AC) role is to provide guidance so that a safe and appropriate decision is made on the case.

Guardians ad Litem

With the Guardian Ad Litem status (GAL), a Court Appointed Advocate (CAA) is *entitled* to more information and participation in the process, which affects the child being served. In Harris County, all CAA's have the GAL status. These two terms are used interchangeably with "CASA", "GAL", "volunteer", and "advocate". The powers and duties of a GAL are set forth in the Texas Family Code (see legal for definitions. The immunity from liability is the same and there are no additional volunteer responsibilities).



BEST INTEREST

In order for the Court to determine who will have possession of the Child, the Court will only consider the *Best Interest of the Child*. An extended number of factors have been considered by the Courts in ascertaining the best interest of the child. The lead case on this issue is *Holly vs. Adams*, 544 S.W.2d 367 (Tex. 1976).

The Texas Supreme Court has provided a non-exclusive list of factors that may be considered in determining whether the termination of a parent's rights is in a child's best interest. Holley v. Adams, 544 S.W.2d 367, 371-72 (Tex. 1976).

These factors include:

(1) The desires of the child
(2) The emotional and physical needs of the child now and in the future
(3) The emotional and physical danger to the child now and in the future
(4) The parental abilities of the individuals seeking custody
(5) The programs available to assist these individuals to promote the best interest of the child
(6) The plans for the child by these individuals or by the agency seeking custody
(7) The stability of the home or proposed placement
(8) The acts or omissions of the parent which may indicate that the existing parent-child relationship is not proper
(9) Any excuse for the acts or omissions of the parent

The State need not prove all of the Holley factors as a condition precedent to paternal termination. Undisputed evidence of just one factor may be sufficient in a particular case to support a finding that termination is in the best interest of the child, but the presence of scant evidence relevant to each Holley factor will not support such a finding.

GATHERING INFORMATION

DFPS case records are confidential. The case record may not have all the needed information. You will need to review all parties to fill in missing information. Parents will need to sign a Release of Information Form so that you can obtain information from contractors that may be involved in the case. Review all evaluations (4 C's, alcohol/drugs & psychological assessments), Permanency Planning Meeting (PPT) or Permanency Conferences, Mediations, Court Orders, in order to make sure recommendations are followed. Remember that all information gathering is on-going throughout the life of the case.

MONITOR CASE

Maintain monthly contact with caseworker, foster family, teachers, and therapists to ensure the judge's orders are being carried out. Contact dates with all parties will also become part of your court report, so make sure to keep a record of all contact persons and dates.

Possible Outcomes of a Case

- **Non-Suit** *(things go back as they were prior to CPS intervention)*
    - Court Appointed Advocate has gathered information, reported findings, monitored case, advocated for needs, and provided **Family Reunification** services to help ensure a safe transition with the family

- **Permanent Managing Conservatorship to Relatives** (*Children are placed with relatives. Parents retain rights legally but may or may not have visitation rights)*
    - Court Appointed Advocate has gathered information, reported findings, monitored case, advocated for needs, and provided diligent search Services to help locate relative placement, and family reunification Services.

- **Termination**
    - The parents no longer have any legal rights to the child. The parent has no monetary responsibility or visitation rights. The child is free for adoption.

- **Permanent Managing Conservatorship to the State *(PMC)***
    - Often in cases where the child is older, parents have not made enough progress yet termination will not occur. The parent would then have monetary responsibility or visitation rights.

WRITING COURT REPORTS

Court reports are used to inform the judge, attorneys, and caseworker about what is happening in the case. The observations, findings, and recommendations of the Court Appointed Advocate will be submitted to the court with recommendations as to where the child(ren) should be ultimately placed. Prepare the court report and give it to your Advocacy Coordinator (AC) at least three weeks in advance of the next court hearing. It will then be reviewed by your Advocacy Coordinator (AC) who will recommend any revisions. The final draft will be distributed to the DFPS caseworker, attorney and judge. Share reports with parties involved ahead of time if possible.

STEPS IN CONDUCTING A DILIGENT SEARCH FOR RELATIVES

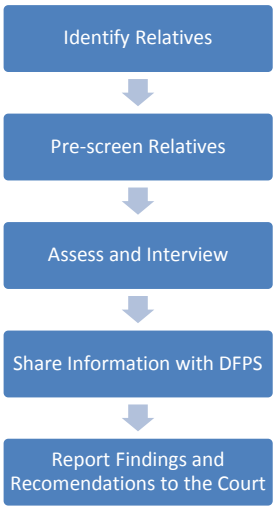
- Look for names of relatives in the case file. Note the people who attended court hearings as possible contacts.

- Contact parents and relatives to identify members not listed in the record. You may experience relatives not willing to share information openly, which is normal.

    For each contact note:

    - Name – Texas Driver's License, Date of Birth
    - Telephone number
    - Address
    - Relationship to the child

Kinship relationships are defined as "relatedness or connection by blood or marriage or adoption", so this could include family friends.



Pre-screen Potential Caregivers

For any potential placement a criminal background check is completed. We are looking to assess DFPS history and the relationship that is or is not established with the child. In the pre-screen we assesses the ability for the child's needs to be met financially, emotionally, and if the child will thrive in the home.

Assessing a Placement

When assessing a placement for the child/children, consider and document all information. Note the family composition and how members are related. Observe the personalities of the people living in the household and any important health problems. Document and verify marriages or divorces and observe the roles of the family members and their interactions with each other. Record the type of home and general conditions, as well as the type of neighborhood.

Background Information

Identify such factors as the relationship with the child, family with the child, support system and references from family and friends. Include the education, employment histories, and special interests, religious and socio-cultural identity. Determine if the parties in question understand why the child/children came into care?

Financial Information

Verify the family's sources of income and total monthly expenses. Also determine if the family is both willing and is able to financially incur the cost of additional child(ren) in their household. Ask if the potential caregivers plan to rear the child to age 18 or beyond if deemed necessary.

RECOMMENDING PLACEMENT

All home studies need to be collaborated on with your coordinator. It is then reviewed by their team leader. Child Advocates does not have final say on whether a relative is approved. This study will be provided to DFPS for a decision as they are the conservator of the child. Provide all the information you have found to DFPS, the child (if old enough) and the foster or adoptive parents.

Family Reunification/Relative Placement

Family Reunification is the planned process of returning children to their parents. Relative placement is moving the child to the home of a relative they may or may not have previously resided with. This could be to relative placement the home where the child was removed (with or without the perpetrator still in the home) or to a different home with a parent located through diligent search efforts.

The goal of Family Reunification is to have as smooth a transition as possible for both the child and family and also to monitor to ensure the child's safety after reunification has occurred.

If it looks as if the children may return home or may be placed with a relative, there are things you can do to prepare all parties and promote a smooth transition.

- Sharing information between the parent and foster parent regarding child's or children's well-being.
- Share photos of the rest of the family still in the home for the child or children, if appropriate.
- Inform the child of family events such as birthdays, graduations, (discuss negative events with your advocacy coordinator and CPS caseworker prior to discussing them with the child), etc.
- Inform family of any parenting techniques that the foster parents or relatives may have found effective.
- Also inform the family about special interests the child may have acquired while in care (sports, games, hobbies, schoolwork, etc.).
- Any medication or services they are currently receiving.
- Provide child's daily routine to help transition.

In any phase of a case, attending family visits is extremely helpful when working as a Court Appointed Advocate. Visits allow volunteer and DFPS to monitor the relationship between child and parent. This is our only time to observe reactions and interactions. Over the life of the case you should be able to observe improvements in the parenting techniques and the relationship between parent and child.

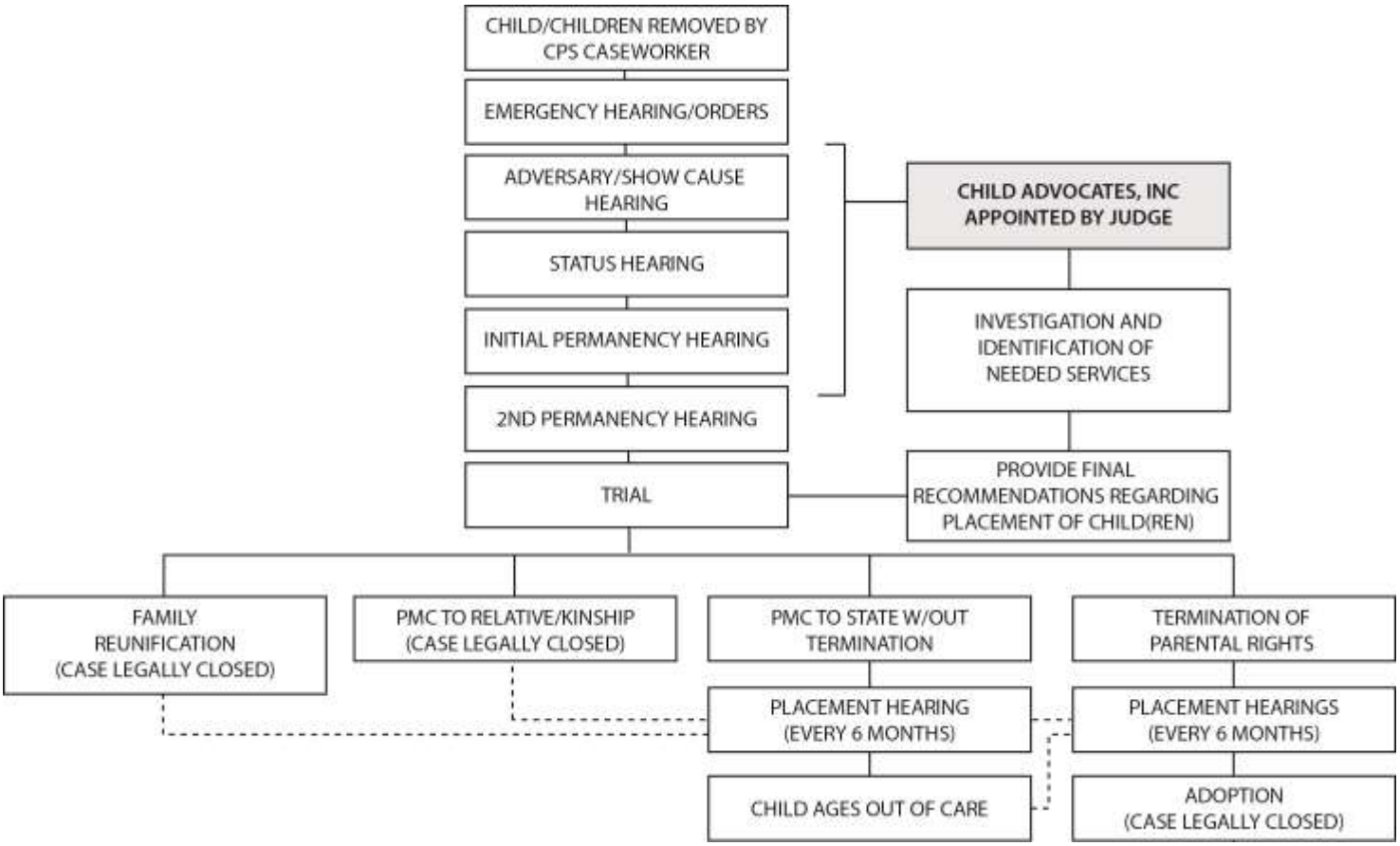
When preparing for family reunification, discuss any improvements that may be needed prior to the children being placed. Assist the family in locating resources that can help with the changes that must be made. Discuss family and child's expectations and fears, routines, traditions, changes, hopes and consequences. Encourage regular family meetings where feelings about reunification and the ups-and-downs associated with it can take place.

Monitoring is done through DFPS, the volunteer, and often the therapist or school teacher. The volunteer and the Advocacy Coordinator visit the family twice per month once placement/reunification occurs, until it's decided that the family situation is stable. It is critical that children are closely monitored when returned home. Parents should continue to comply with continued recommended services. Use this time as an opportunity to provide support and resources that the family can continue to utilize once the case is closed.

Chapter 6

Legal

Legal Process of a Case



*Prior to a trial a one month extension of the case can be granted.
** In cases where family reunification with at least one child occurs prior to the end of the legal case, an additional six month extension can be granted.

Types of Hearings

EMERGENCY HEARING

When emergency custody of a child is taken by DFPS, the Texas Family Code requires that a hearing be held within 24 hours or on the next working day. At this hearing, all parties who are involved (caseworker, ad litem for the child, parents) have an opportunity to present their cases to the judge for a decision regarding the custody of the child. At this hearing, the judge decides whether there is sufficient evidence to warrant the state, in the form of DFPS having temporary managing conservatorship of the child and investigating the allegations of abuse further.

SHOW CAUSE HEARING

If DFPS is granted temporary managing conservatorship of a child at an emergency hearing, there must be an adversary hearing held within the next fourteen (14) days. All parties to the case are again present to give evidence. At this time, a Court Appointed Advocate may be involved in the case, and all parties make recommendations to the judge concerning who should have continued custody of the child. Evidence is presented to support the recommendations. The judge may dismiss the case or grant continued temporary managing conservatorship to DFPS.

STATUS HEARING

If temporary managing conservatorship is continued with DFPS at the adversary/show cause hearing, a status hearing date is set, usually 60 days after the show cause. The status hearing is held to advise the court of the case's progress.

INITIAL PERMANENCY HEARING

Federal law requires that for every case in which a child is in the custody of DFPS, and residing in foster care, there must be a review of the child's placement, to be done by the court on a regular basis. The Court Appointed Advocate attends the permanency hearing and submits a report to the court at that time.

2ND PERMANENCY HEARING

The final hearing is intended to be a time for the final resolution of the case. A six month extension may be granted if the judge deems it necessary. The case may be set for trial if the court finds it necessary.

TRIAL

The Trial can be a bench trial (judge decides case) or jury trial. The Court Appointed Advocate submits a court report and may testify based on his or her recommendations and observations of the family. Prior to the trial, the Advocacy Coordinator will prepare the Court Appointed Advocate for testimony.

Legal Outcomes

TEMPORARY MANAGING CONSERVATORSHIP

Temporary custody of a child until the final hearing or further orders of the court. DFPS obtains TMC at the time of removal and it remains in effect until the trial or the case is dismissed.

PERMANENT MANAGING CONSERVATORSHIP (WITHOUT TERMINATION)

Permanent custody of the child is given to DFPS or a relative, but the parents' rights are not terminated. In this situation, the parents may retain visitation privileges or other rights decided by the courts. A child in this type of custody is not eligible for adoption.

PERMANENT MANAGING CONSERVATORSHIP (WITH TERMINATION)

This is custody of a child with all rights of the parents terminated for all time. A child with this type of conservatorship is eligible for adoption.

JOINT MANAGING CONSERVATORSHIP

The sharing of rights, privileges, duties, and powers of a managing conservator by two parties. The best interest of the child requires the court to designate a primary parent or person who has the sole legal right to determine the legal residence of the child.

POSSESSORY CONSERVATORSHIP

This type of custody is similar to "visitation rights", but may include more rights than visitation if so ordered by the court. This type of conservatorship is generally awarded to parents or other relatives when DFPS has permanent managing conservatorship without termination.

NON-SUIT

A suit filed by DFPS to terminate their involvement with child/children, and return custody of the children to the parents.

In either situation, of which the Court Appointed Advocate begins to prepare for the next meeting (either a mediation session or an Adversary Hearing) between all of the parties. This involves interviewing all the parties to the child/children's case (DFPS caseworkers, parents, relatives, police officers, court coordinators and the child/children). Identify and interview possible placement alternatives to foster care should the court decide that the child/children cannot be returned home.

Mediation

If this occurs then all parties to the case, including the Court Appointed Advocate, will get together to discuss the case with the assistance of a mediator or co-mediators. Issues that are discussed include child support, visitation rights and services required of the family. A mediation can be ordered at any time during the case. If there is an agreement on the issues mentioned above, then all parties will sign the mediation agreement and the mediation session can take the place of the Show Cause hearing and the first Permanency Planning Team Meeting (PPT) or Family Conference.

If there is not an agreement then a separate PPT will be held immediately after the mediation session in preparation for the Show Cause Hearing which will then need to take place. After the mediation session, all of the regular hearings (Status, Permanency, Final, etc.) will take place as usual. Mediation Orders can be used as grounds for termination if not complied with.

Best Interest

When you are sworn-in as a Court Appointed Advocate, you "…promise and pledge that as a Court Appointed Advocate I will carry out my duties as such, and my paramount concern will be the *best interest of the child or children* to whom I may be assigned...".

When making decisions about a child the court uses the Factors in Determining the Best Interest of the Child set forth in §263.307 of the *Texas Family Code.* As a Court Appointed Advocate, when making recommendations about a child to the court and other parties to the case, it is best to use these factors as a basis for your recommendations and reasons.

Termination of Parental Rights

The court must determine that:

1) It is in the best interest of the child (based on §263.307 of Texas Family Code)

and

2) "...by clear and convincing evidence" the parents actions fall within at least one of the subsections of §161.001 of the Texas Family Code.

The Texas Family Code
http://www.dfps.state.tx.us/
http://tlo2.tlc.state.tx.us/statutes/fa.toc.htm

Texas Family Code

§ 107.002. POWERS AND DUTIES OF GUARDIAN AD LITEM FORCHILD.

(a) A guardian ad litem appointed for a child under this chapter is not a party to the suit but may:
(1) conduct an investigation to the extent that the guardian ad litem considers necessary to determine the best interests of the child; and
(2) obtain and review copies of the child's relevant medical, psychological, and school records as provided by Section 107.006.

(b) A guardian ad litem appointed for the child under this chapter shall:
(1) within a reasonable time after the appointment, interview:
(A) the child in a developmentally appropriate manner, if the child is four years of age or older;
(B) each person who has significant knowledge of the child's history and condition, including any foster parent of the child; and
(C) the parties to the suit;
(2) seek to elicit in a developmentally appropriate manner the child's expressed objectives;
(3) consider the child's expressed objectives without being bound by those objectives;
(4) encourage settlement and the use of alternative forms of dispute resolution; and
(5) perform any specific task directed by the court.

(c) A guardian ad litem appointed for the child under this chapter is entitled to:
(1) receive a copy of each pleading or other paper filed with the court in the case in which the guardian ad litem is appointed;

(2) receive notice of each hearing in the case;
(3) participate in case staffings by an authorized agency concerning the child;
(4) attend all legal proceedings in the case but may not call or question a witness or otherwise provide legal services unless the guardian ad litem is a licensed attorney who has been appointed in the dual role;
(5) review and sign, or decline to sign, an agreed order affecting the child; and
(6) explain the basis for the guardian ad litem's opposition to the agreed order if the guardian ad litem does not agree to the terms of a proposed order.

(d) The court may compel the guardian ad litem to attend a trial or hearing and to testify as necessary for the proper disposition of the suit.

(e)Unless the guardian ad litem is an attorney who has been appointed in the dual role and subject to the Texas Rules of Evidence, the court shall ensure in a hearing or in a trial on the merits that a guardian ad litem has an opportunity to testify regarding, and is permitted to submit a report regarding, the guardian ad litem's recommendations relating to:

(1) the best interests of the child; and
(2) the bases for the guardian ad litem's recommendations.

(f)In a nonjury trial, a party may call the guardian ad litem as a witness for the purpose of cross-examination regarding the guardian's report without the guardian ad litem being listed as a witness by a party. If the guardian ad litem is not called as a witness, the court shall permit the guardian ad litem to testify in the narrative.

(g)In a contested case, the guardian ad litem shall provide copies of the guardian ad litem's report, if any, to the attorneys for the parties as directed by the court, but not later than the earlier of:

(1) the date required by the scheduling order; or
(2) the 10th day before the date of the commencement of the trial.

(h) Disclosure to the jury of the contents of a guardian ad litem's report to the court is subject to the Texas Rules of Evidence.

Added by Acts 1995, 74th Leg., ch. 20, § 1, eff. Sept. 1, 1995.
Amended by Acts 1995, 74th Leg., ch. 943, § 10, eff. Sept. 1, 1995; Acts 1997, 75th Leg., ch. 1294, § 2, eff. Sept. 1, 1997; Acts 2003, 78th Leg., ch. 262, § 1, eff. Sept. 1, 2003.

Amended by: Acts 2005, 79th Leg., Ch. 172, § 1, eff. September 1, 2005.

§ 107.009. IMMUNITY.

A guardian ad litem, an attorney ad litem, or an amicus attorney appointed under this chapter is not liable for civil damages arising from an action taken, a recommendation made, or an opinion given in the capacity of guardian ad litem, attorney ad litem, or amicus attorney.

(b) Subsection

(a) does not apply to an action taken, a recommendation made, or an opinion given:

(1) with conscious indifference or reckless disregard to the safety of another;

(2) in bad faith or with malice; or

(3) that is grossly negligent or willfully wrongful.

Added by Acts 2003, 78th Leg., ch. 262, § 1, eff. Sept. 1, 2003.

Amended by: Acts 2005, 79th Leg., Ch. 172, § 7, eff. September 1, 2005.

§ 263.307. FACTORS IN DETERMINING BEST INTEREST OF CHILD.

(a) In considering the factors established by this section, the prompt and permanent placement of the child in a safe environment is presumed to be in the child's best interest.

(b)The following factors should be considered by the court, the department, and other authorized agencies in determining whether the child's parents are willing and able to provide the child with a safe environment:

(1) the child's age and physical and mental vulnerabilities;
(2) the frequency and nature of out-of-home placements;
(3) the magnitude, frequency, and circumstances of the harm to the child;
(4) whether the child has been the victim of repeated harm after the initial report and intervention by the department or other agency;
(5) whether the child is fearful of living in or returning to the child's home;
(6) the results of psychiatric, psychological, or developmental evaluations of the child, the child's parents, other family members, or others who have access to the child's home;
(7) whether there is a history of abusive or assaultive conduct by the child's family or others who have access to the child's home;
(8) whether there is a history of substance abuse by the child's family or others who have access to the child's home;
(9) whether the perpetrator of the harm to the child is identified;
(10) the willingness and ability of the child's family to seek out, accept, and complete counseling services and to cooperate with and facilitate an appropriate agency's close supervision;
(11) the willingness and ability of the child's family to effect positive environmental and personal changes within a reasonable period of time;
(12) whether the child's family demonstrates adequate parenting skills, including providing the child and other children under the family's care with:

(A) minimally adequate health and nutritional care;
(B) care, nurturance, and appropriate discipline consistent with the child's physical and psychological development;
(C) guidance and supervision consistent with the child's safety;
(D) a safe physical home environment;
(E) protection from repeated exposure to violence even though the violence may not be directed at the child; and
(F) an understanding of the child's needs and capabilities; and
(G) whether an adequate social support system consisting of an extended family and friends is available to the child.

(c) In the case of a child 16 years of age or older, the following guidelines should be considered by the court in determining whether to adopt the permanency plan submitted by the department:

(1) whether the permanency plan submitted to the court
includes the services planned for the child to make the transition from foster care to independent living; and
(2) whether this transition is in the best interest of the child.

Added by Acts 1995, 74th Leg., ch. 20, § 1, eff. April 20, 1995.

SUBCHAPTER E. FINAL ORDER FOR CHILD UNDER DEPARTMENT CARE

§ 161.001. INVOLUNTARY TERMINATION OF PARENT-CHILD RELATIONSHIP.
The court may order termination of the parent-child relationship if the court finds by clear and convincing evidence:

(1) that the parent has:

(A) voluntarily left the child alone or in the possession of another not the parent and expressed an intent not to return;

(B) voluntarily left the child alone or in the possession of another not the parent without expressing an intent to return, without providing for the adequate support of the child, and remained away for a period of at least three months;

(C) voluntarily left the child alone or in the possession of another without providing adequate support of the child and remained away for a period of at least six months;

(D) knowingly placed or knowingly allowed the child to remain in conditions or surroundings which endanger the physical or emotional well-being of the child;

(E) engaged in conduct or knowingly placed the child with persons who engaged in conduct which endangers the physical or emotional well-being of the child;

(F) failed to support the child in accordance with the parent's ability during a period of one year ending within six months of the date of the filing of the petition;

(G) abandoned the child without identifying the child or furnishing means of identification, and the child's identity cannot be ascertained by the exercise of reasonable diligence;

(H) voluntarily, and with knowledge of the pregnancy, abandoned the mother of the child beginning at a time during her pregnancy with the child and continuing through the birth, failed to provide adequate support or medical care for the mother during the period of abandonment before the birth of the child, and remained apart from the child or failed to support the child since the birth;

(I) contumaciously refused to submit to a reasonable and lawful order of a court under Subchapter D, Chapter 261;

(J) been the major cause of:

(i) the failure of the child to be enrolled in school as required by the Education Code; or

(ii) the child's absence from the child's home without the consent of the parents or guardian for a substantial length of time or without the intent to return;

(K) executed before or after the suit is filed an unrevoked or irrevocable affidavit of relinquishment of parental rights as provided by this chapter;

(L) been convicted or has been placed on community supervision, including deferred adjudication community supervision, for being criminally responsible for the death or serious injury of a child under the following sections of the Penal Code or adjudicated under Title 3 for conduct that caused the death or serious injury of a child and that would constitute a violation of one of the following Penal Code sections:

(i) Section 19.02 (murder);

(ii) Section 19.03 (capital murder);

(iii) Section 19.04 (manslaughter);

(iv) Section 21.11 (indecency with a child);
(v) Section 22.01 (assault);
(vi) Section 22.011 (sexual assault);
(vii) Section 22.02 (aggravated assault);
(viii) Section 22.021 (aggravated sexual assault);
(ix) Section 22.04 (injury to a child, elderly individual, or disabled individual);
(x) Section 22.041 (abandoning or endangering child);
(xi) Section 25.02 (prohibited sexual conduct);
(xii) Section 43.25 (sexual performance by a child);
(xiii) Section 43.26 (possession or promotion of child pornography); and
(xiv) Section 21.02 (continuous sexual abuse of young child or children);

(M) had his or her parent-child relationship terminated with respect to another child based on a finding that the parent's conduct was in violation of Paragraph (D) or (E) or substantially equivalent provisions of the law of another state;

(N) constructively abandoned the child who has been in the permanent or temporary managing conservatorship of the Department of Family and Protective Services or an authorized agency for not less than six months, and:
(i) the department or authorized agency has made reasonable efforts to return the child to the parent;
(ii) the parent has not regularly visited or maintained significant contact with the child; and
(iii) the parent has demonstrated an inability to provide the child with a safe environment;

(O) failed to comply with the provisions of a court order that specifically established the actions necessary for the parent to obtain the return of the child who has been in the permanent or temporary managing conservatorship of the Department of Family and Protective Services for not less than nine months as a result of the child's removal from the parent under Chapter 262 for the abuse or neglect of the child;

(P) used a controlled substance, as defined by Chapter 481, Health and Safety Code, in a manner that endangered the health or safety of the child, and:
(i) failed to complete a court-ordered substance abuse treatment program; or
(ii) after completion of a court-ordered substance abuse treatment program, continued to abuse a controlled substance;

(Q) knowingly engaged in criminal conduct that has resulted in the parent's:
(i) conviction of an offense; and
(ii) confinement or imprisonment and
inability to care for the child for not less than two years from the date of filing the petition;

(R) been the cause of the child being born addicted to alcohol or a controlled substance, other than a controlled substance legally obtained by prescription, as defined by Section 261.001;

(S) voluntarily delivered the child to a designated emergency infant care provider under Section 262.302 without expressing an intent to return for the child; or

(T) been convicted of the murder of the other parent of the child

under Section 19.02 or 19.03, Penal Code, or under a law of another state, federal law, the law of a foreign country, or the Uniform Code of Military Justice that contains elements that are substantially similar to the elements of an offense under Section 19.02 or 19.03, Penal Code; and

(i) that termination is in the best interest of the child.

Added by Acts 1995, 74th Leg., ch. 20, § 1, eff. April 20, 1995. Amended by Acts 1995, 74th Leg., ch. 709, § 1, eff. Sept. 1, 1995; Acts 1995, 74th Leg., ch. 751, § 65, eff. Sept. 1, 1995; Acts 1997, 75th Leg., ch. 575, § 9, eff. Sept. 1, 1997; Acts 1997, 75th Leg., ch. 1022, § 60, eff. Sept. 1, 1997; Acts 1999, 76th Leg., ch. 1087, § 1, eff. Sept. 1, 1999; Acts 1999, 76th Leg., ch. 1390, § 18, eff. Sept. 1, 1999; Acts 2001, 77th Leg., ch. 809, § 1, eff. Sept. 1, 2001.
Amended by:

Acts 2005, 79th Leg., Ch. 508, § 2, eff. September 1, 2005.

Acts 2007, 80th Leg., R.S., Ch. 593, § 3.30, eff. September 1, 2007.

§ 161.002. TERMINATION OF THE RIGHTS OF AN ALLEGED BIOLOGICAL FATHER.

(a) Except as otherwise provided by this section, the procedural and substantive standards for termination of parental rights apply to the termination of the rights of an alleged father.

(b) The rights of an alleged father may be terminated if:

(1) after being served with citation, he does not respond by timely filing an admission of paternity or a counterclaim for paternity under Chapter 160;

(2) the child is over one year of age at the time the petition for termination of the parent-child relationship or for adoption is filed, he has not registered with the paternity registry under Chapter 160, and after the exercise of due diligence by the petitioner:

(A) his identity and location are unknown; or

(B) his identity is known but he cannot be located;

(3) the child is under one year of age at the time the petition for termination of the parent-child relationship or for adoption is filed and he has not registered with the paternity registry under Chapter 160; or

(4) he has registered with the paternity registry under Chapter 160, but the petitioner's attempt to personally serve citation at the address provided to the registry and at any other address for the alleged father known by the petitioner has been unsuccessful, despite the due diligence of the petitioner.

(c) The termination of the rights of an alleged father under Subsection (b)(2) rendered on or after January 1, 1998, and before January 1, 2008, does not require personal service of citation or citation by publication on the alleged father.

(c-1) The termination of the rights of an alleged father under Subsection

(b)(2) or (3) rendered on or after January 1, 2008, does not require personal service of citation or citation by publication on the alleged father, and there is no requirement to identify or locate an alleged father who has not registered with the paternity registry under Chapter 160.

(d) The termination of rights of an alleged father under Subsection (b)(4) does not require service of citation by publication on the alleged father.

(e) The court shall not render an order terminating parental rights under Subsection (b)(2) or (3) unless the court receives evidence of a certificate of the results of a search of the paternity registry under Chapter 160 from the bureau of vital statistics indicating that no man has registered the intent to claim paternity.

(f) The court shall not render an order terminating parental rights under Subsection (b)(4) unless the court, after reviewing the petitioner's sworn affidavit describing the petitioner's effort to obtain personal service of citation on the alleged father and considering any evidence submitted by the attorney ad litem for the alleged father, has found that the petitioner exercised due diligence in attempting to obtain service on the alleged father. The order shall contain specific findings regarding the exercise of due diligence of the petitioner.

Added by Acts 1995, 74th Leg., ch. 20, § 1, eff. April 20, 1995.
Amended by Acts 1995, 74th Leg., ch. 751, § 66, eff. Sept. 1, 1995; Acts 1997, 75th Leg., ch. 561, § 7, eff. Sept. 1, 1997; Acts 2001, 77th Leg., ch. 821, § 2.16, eff. June 14, 2001; Acts 2001, 77th Leg., ch. 1090, § 1, eff. Sept. 1, 2001.

Amended by:

Acts 2007, 80th Leg., R.S., Ch. 1283, § 4, eff. September 1, 2007.

§ 161.003. INVOLUNTARY TERMINATION: INABILITY TO CARE FOR CHILD.

(a) The court may order termination of the parent-child relationship in a suit filed by the Department of Protective and Regulatory Services if the court finds that:

(1) the parent has a mental or emotional illness or a mental deficiency that renders the parent unable to provide for the physical, emotional, and mental needs of the child;

(2) the illness or deficiency, in all reasonable probability, proved by clear and convincing evidence, will continue to render the parent unable to provide for the child's needs until the 18th birthday of the child;

(3) the department has been the temporary or sole managing conservator of the child of the parent for at least six months preceding the date of the hearing on the termination held in accordance with Subsection (c);

(4) the department has made reasonable efforts to return the child to the parent; and

(5) the termination is in the best interest of the child.

(b) Immediately after the filing of a suit under this section, the court shall appoint an attorney ad litem to represent the interests of the parent against whom the suit is brought. (c) A hearing on the termination may not be held earlier than 180 days after the date on which the suit was filed. (d) An attorney appointed under Subsection (b) shall represent the parent for the duration of the suit unless the parent, with the permission of the court, retains another attorney.

Added by Acts 1995, 74th Leg., ch. 20, § 1, eff. April 20, 1995.
Amended by Acts 1995, 74th Leg., ch. 751, § 67, eff. Sept. 1, 1995; Acts 2001, 77th Leg., ch. 496, § 1, eff. Sept. 1, 2001; Acts 2001, 77th Leg., ch. 1090, § 2, eff. Sept. 1, 2001.

Testifying

A critical aspect to child advocacy is testimony in the court room. Review your case notes prior to your court date so that the facts will be fresh in your mind. Always be on time for the docket call. Remember to speak up and speak clearly.

Do not answer a question before you fully understand what is being asked. It is also alright to ask for the question to be repeated or explained if necessary. If it is a yes/no question, answer it directly. The attorney or judge will ask you for further clarification if it is necessary.

Keep in mind that the judge is interested in obtaining the facts. Focus on what you know personally and believe to be correct. If an attorney makes an objection, stop speaking immediately and do not try to finish your answer until the judge makes his ruling. Sustained means the objection affirmed and the witness may not answer. Over-ruled means the objection is not agree with and the witness may answer.

Your coordinator will coach you before each hearing you attend. If you feel like it would be helpful, ask to practice or role-play possible questions that you may be asked. Be confident and you will do great!

Chapter

7

Sexual Abuse

MEDICAL EXAMINATION

All children who outcry sexual abuse should have a comprehensive sexual abuse examination. These exams should be scheduled at the Children's Assessment Center (CAC) medical clinic. If a child makes an outcry of recent sexual abuse (genital contact) that has occurred within the last 72 hours, the child should have a medical examination immediately. The CAC is set up to handle exams on this basis. However, a child may also be referred to Hermann Hospital ER, which is affiliated with the CAC.

LAW ENFORCEMENT

Texas has a dual notification system. This means all referrals regarding all allegations of sexual abuse of a child are also faxed to law enforcement (LE). At this point, an officer from the Juvenile Sex Crimes unit is assigned. Law enforcement is assigned to a case according to what county the abuse took place (as opposed to where a child or perpetrator may reside). Contact with the LE office assigned to the case to ensure that they are aware of all viable information and to provide any needed assistance. Likewise, periodically inquire about the status of any charges that are to be filed.

CRIME VICTIM'S COMPENSATION

Crime Victim's Compensation is a fund made up of fines and court costs paid by convicted criminals in the state of Texas. Any person who is a victim of a crime is eligible for these funds to be used towards therapy and related costs. This is a fund of last resort, meaning that all other financial resources (i.e. Medicaid, insurance, financial settlements) must first be exhausted. However, child victims of crimes are eligible for this fund into their adulthood. Therefore, it is vital that the Crime Victim's Compensation packet be filled out. The Child Victim Witness generally does this. However, in cases where there are no criminal charges, this will not be done. In that event, DFPS or the current caregiver can fill out the forms after the criminal investigation is completed. The packets are available online or at the Child Advocates, Inc. office.

HARRIS COUNTY DISTRICT ATTORNEY'S OFFICE

If criminal charges are filed in a case involving sexual abuse, the case will be assigned to an assistant district attorney. The number to the HCDA's office is 713-755-5546. You will need the name of the perpetrator and their D.O.B. to find out who is assigned to the case. The GAL will work closely with the DA's office. The DA often relies on the GAL to keep them informed about the progress of the child in therapy as well as the civil case.

CHILD VICTIM SERVICES (CVS)

This is a private organization that works closely with the DA's office. After a case is assigned to the DA's office, a referral is made to CVS. They will assign a liaison to work with the child to prepare them for testifying in court. The CVS liaison is allowed to be in the courtroom (next to the witness stand) when a child is testifying. This is an excellent resource for children who will have to face their perpetrators in a court of law. Establish a relationship with this person. The phone number to the local office is 713-520-9110.

VISITATION

Generally, the victim child of sexual abuse will not have any visitation with the designated perpetrator of the abuse. Siblings of the victim child may have visitation with the perpetrator. However, if a sibling is expressing fear of visiting with a designated perpetrator, advocate for no visitation. If a parent does not believe the sexual abuse has occurred, all visitation between the parent and child (ren) should be supervised, as the parent may see this as opportunity to shut down the child or chastise them for disclosing.

Ensure that the parent maintains appropriate boundaries with the child and does not make the child feel ashamed or frightened regarding the disclosure. Any inappropriate contact between the parent and child should be discussed with the DFPS caseworker and attorney ad litem regarding whether the visitation should continue. When a parent and child are not having contact, typically the therapist treating the child is relied upon to give direction regarding when it is appropriate for the two to begin having contact.

MULTI-DISCIPLINARY STAFFING (MDS)

An MDS can be called any time there is an issue regarding the case. It is an opportunity for all parties on the case to get together to discuss an issue. An MDS can be called to discuss such issues and the direction of a case or to resolve a conflict between two or more parties. It is the responsibility of the person requesting the MDS to notify all the parties of the date and time. The MDS should be held at the CAC and a facilitator from therapeutic services should be requested.

FAMILY REUNIFICATION

There are many factors to consider when deciding whether to recommend family reunification between a victim child and a non-offending/non-believing parent. Does the parent now believe that the abuse has occurred? Can the non-offending parent look back and see what the red flags were at the time the abuse was occurring and why they weren't fully cognizant of what was going on with their child? Does the non-offending parent understand how to protect the victim child (and any other children) from future abuse? Does the non-offending parent support the child's recovery process? The GAL will want to gather information to answer these questions from treating therapists, parents, collaterals and the victim child. Reunification with an offending parent is a much more complex issue. In order for this to be successful, the perpetrator must have *successfully* completed a licensed Sex Offender treatment program. To do so, a perpetrator must be able to admit to what they have done, to be able to empathize with the victim and family and to understand the impact the abuse has had on them, and to be able to articulate and demonstrate a viable means of not ever putting themselves in a position where abuse could again happen.

It should also be noted that Sex Offender treatment is not a 100% cure and there is always a degree for risk. In addition, the victim must be willing to reunify with the perpetrator. It is only a small fraction of DFPS cases that end is successful Family Reunification with the perpetrator.

The Children's Assessment Center Services and Partners

CHILDREN'S SERVICES

- Forensic Interviewing
- Extended Assessments
- Clinical Social Work
- Medical Clinic
- Therapy, Psychological, Psychiatric and Services
- Volunteer and Children's Services
- Community Outreach

Community Partners

Investigations

DFPS
20 Police Departments
Harris County Sherriffs Office
FBI
Texas Rangers Company A
Pasadena ISD Police Department
Spring ISD Police Department

Police Departments

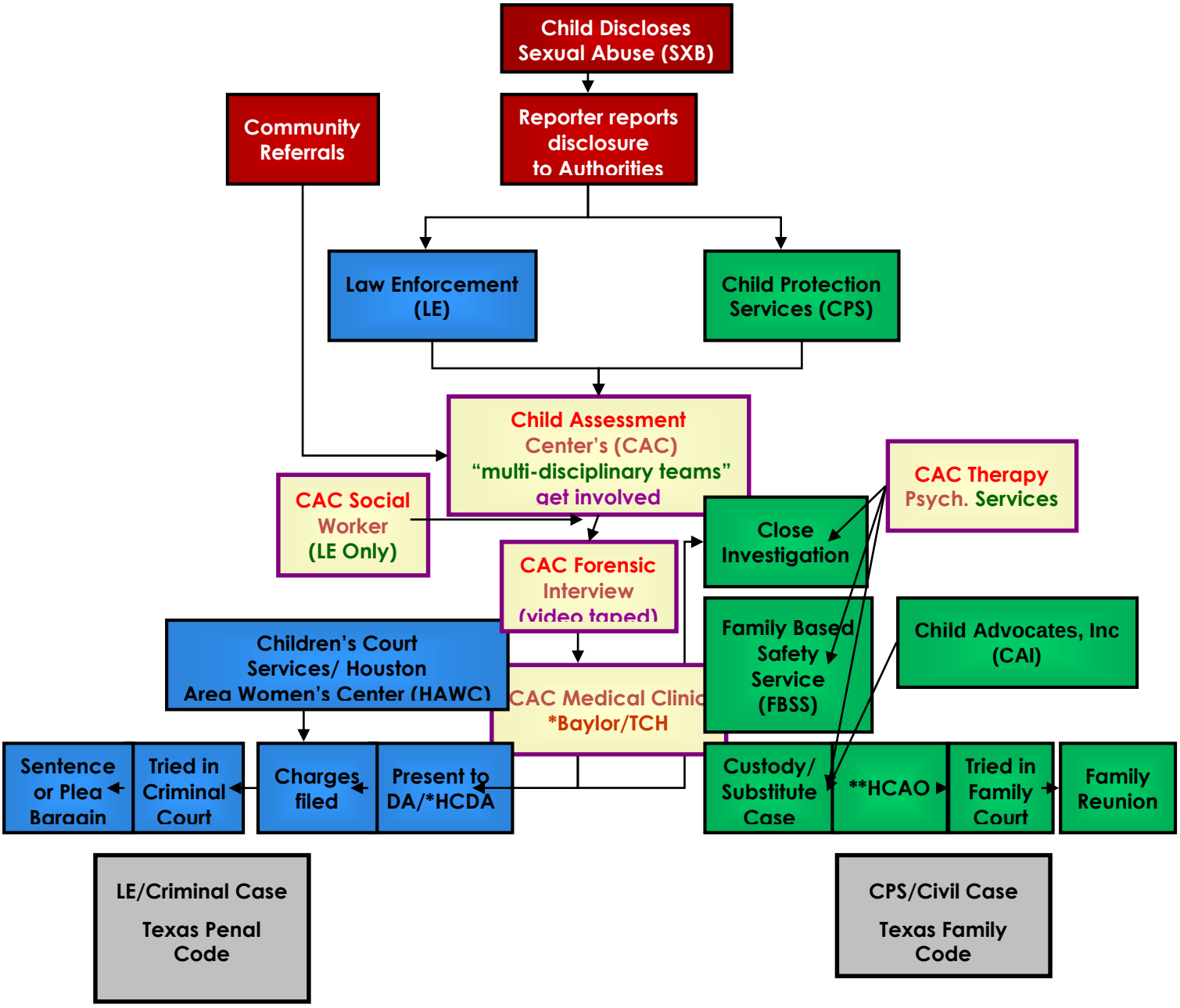
Baytown
Bellair
Deer Park
Friendswood
Hedwig Village
Houston
Humble
Jacinto City
Jersey Village
Katy
Lakeview
La Porte
Memorial Village
Pasadena

Seabrook
Southside Place
Spring Valley
Tomball
Webster
West University Place

Legal

Harris County District Attorney's Office
Harris County Attorney's Office
Crime Stoppers – Houston
Child Advocates, Inc.
Children's Court Services
CPS
Harris County Public Health & Environmental Services
Texas Center for the Missing

CAC Case Process



Examples of Inappropriate Sexual Conduct

- Being touched on the genitals or breasts.
- Shown sexual movies or forced to listen to sexual talk.
- Made to pose for seductive or sexual photographs.
- Subjected to unnecessary medical treatments.
- Forced to perform sexual acts or touch genitals or breasts on another.
- Raped or otherwise penetrated.
- Fondled, kissed, or held in a way that made you feel uncomfortable.
- Forced to take part in ritualized abuse in which you were physically or sexually tortured.
- Made to watch sexual acts or look at genitals or breasts.
- Bathed in a way that felt intrusive to you.
- Objectified and ridiculed about your body.
- Encouraged or goaded into sex you didn't really want.
- Told all you were good for was sex.
- Involved in child prostitution or pornography.

Perpetrators

A sexual abuse perpetrator is an individual who engages in illegal sexual activity with a child. This is a criminal/legal term based on the code of criminal procedure.

The classification of pedophilia is a psychiatric diagnosis based on the DSM-IV. It is the sexual attraction to prepubescent children (13 years or younger). Pedophiles are at least 16-yrs-old and at least 5-years older than the victim and the sexual attraction must cause impairment in functioning. Sexual attraction must persist for at least 6 months.

MOTIVES

No one knows exactly why some people are sexually aroused or desire sex with children. Some common motives are:

- Improves self-esteem
- Sense of power & control
- Displaced anger (wanting to emotionally hurt)
- They are not in control of their life
- Feeling lonely, unloved, or uncared about
- Sexual arousal, physical attraction to child

Sexual perpetrators convince themselves that it is ok to be sexual with a child.

- DENIAL (that sex hurts children)
- RATIONALIZING ("I didn't cause any pain." "It was my way of showing love.")
- BLAMING (the victim, victim's parent, their own abusive childhood, society)
- CRITICIZING SOCIETY (for protecting children in a sexually permissive culture, for being too judgmental. Attempt to "liberalize" society)

Types of Sexual Perpetrators

SITUATIONAL

- victim targeted based on availability and opportunity
- sometimes attracted to adults
- no true sexual preference of children
- large in number

PREFERENTIAL

- sexually attracted to a particular type of child (age/gender)
- long-term pattern of behavior
- large number of victims

Other Characteristics

- Seduction – identify well with children and are likable individuals
- Introverted – lack interpersonal skills and utilize pornography and child prostitution
- Predatory (commonly known as a pedophile)

- deviant sexual attraction to children
- more likely to incorporate violence/force with sexual abuse
- long-term pattern of behavior
- large number of victims
- do not appear large in number

Most children (80-90%) are molested by a family member or someone else close to them. Such as:

- Biological father
- Stepfather/mother's boyfriend
- Brothers
- Uncles
- Grandfathers
- Family friends
- Babysitters
- Other acquaintance (teacher, coach, activity leader)

Sexual perpetrators do not fit one specific profile. They are not all men, as some women become perpetrators. Molesters come from all ethnic, socioeconomic and professional backgrounds.

Grooming is the process by which offenders select a victim, take steps to keep the victim quiet and to ensure that if the victim make's an outcry, they will not be believed. The perpetrator will groom the victim, the victim's family, their own family, and acquaintances. Examples of grooming could be:

- Treating the victim more special than other children
- Allowing the child to "accidentally" see them naked
- Tickling or wrestling as a guise for touching
- Applying cream or medication to the child's genitals
- Asking the child not to tell anyone about touching
- Describing sexual activities to the child
- Teaching sexual education or talking about pornography
- Making continual excuses to be alone with the child

Types of Denial

EXISTENCE OR EXTENT OF ABUSE

- She misinterpreted my actions
- I was only playing with her/dressing her/applying ointment
- I might have accidentally touched her
- She must have mistaken me for someone else
- Her mother/CPS worker have set her up to say this
- I can't remember

SIGNIFICANCE OF ABUSE

- I didn't hurt her, She enjoyed it too
- I only touched her…I didn't have sex with her
- It's been blown out of all proportion

- I was only showing caring
- Perhaps I loved her too much
- It wasn't a sexual thing - I didn't feel any sexual pleasure
- It hasn't affected her in anyway - she runs up to see me/tells me she loves me/doesn't avoid me
- I was teaching her about sex
- I wanted her first time to be good

RESPONSIBILITY FOR THE ABUSE

- She wanted me to do it/started it/asked for it
- I would have stopped if she had said she didn't want me to do it
- I was drunk…asleep
- I was under stress/had marriage problems
- It just happened - I don't know how or why

LIKELIHOOD OF RE-OCCURRENCE OF ABUSE

- It won't happen again
- I'd never put myself through all of this again
- I no longer have any sexual urges toward the (victim)
- I'm putting all my energy into work now
- I have found the Lord
- I've paid my debt to society
- It's all behind me now - I just want to look to the future
- I just want all of us to get on with our lives now

Signs and Symptoms of Possible Sexual Abuse

SEXUAL SYMPTOMS

- Public masturbation
- Excessive masturbation
- Inserting items into own vagina or rectum
- Sexual acting out with animals/poking objects into animal's rectum
- Sexual acting out with stuffed animals
- Sexual acting out with other children
- Sexual acting out toward adults
- Extreme fear of having genitals exposed during bathing, showering, diapering, toileting

PHYSICAL SYMPTOMS

- Blood in the child's underwear
- Red or swollen genitals
- Repeated fissures in the anus
- Tears in the vagina

- Constant rashes in the vaginal area past diaper rash age
- Complaints of genital area hurting or itching
- Bruises on upper thighs or vaginal area
- "Hickies" anywhere on the body
- Vaginal discharges
- Pregnancy

EMOTIONAL SYMPTOMS/PTSD

- Characterized by :
    - High levels of fear and anxiety
    - Recurrent or intrusive memories
    - Behavioral reenactments in play or behavior
    - Emotional detachment/numbing
    - Acute startle response
- Attachment: interactional problems, children are hesitant, emotionally distant, distrustful, hyper vigilant
- Self-regulation: violence, impulsivity, sexual acting out
- Self-perspective: negative self-image, self-deprecation, body image problems, self-destructive behaviors, concerns about control

BEHAVIORAL SYMPTOMS

Research has shown that incest victims tend to run away more than non-abused children. Prostitutes who were victims of child sexual abuse were frequently runaways before they began to prostitute to survive on the streets. Many different behavioral symptoms can occur. Children can begin wetting the bed, experience a loss of appetite or other eating problems. Engage in self-mutilation, such as sticking themselves with pins or cutting themselves with sharp objects. Regression to behavior too young for the stage of development they have already achieved. A child may also indicate a sudden reluctance to be alone with a familiar person or show an unusual fear of being in a particular area of the house or some other place.

Night terrors can occur, where a child wakes up during the night sweating, screaming or shaking, or with nightmares. Unusually aggressive behavior toward family members, friends, pets or toys and may have unexplained periods of panic, which might be flashbacks of abuse episodes The child may express thoughts about death or suicide, display suicidal actions, and develop frequent unexplained health problems. Many of these symptoms overlap as all behavioral symptoms have underlying emotions.

TRAUMA BOND

The non-offending caregiver or parent is usually a female. There is a high preponderance of women who have been sexually abused as children. This can lead to trauma bond.

The trauma bond can connect the victim back to abusive feelings, attitudes, or thoughts. Mothers victimized as children tend to draw themselves to deviant relationships. This may be more familiar and feel safer than healthier ones. Consequently, the mother does not see a need to protect her child(ren). A rift in the mother/victim relationship develops because the child feels the mother chooses the perpetrator over them. The trauma bond shifts the focus and responsibility from what the perpetrator did to what the child has done or creates the belief that the child is not telling the truth. All of these factors cause the child to feel more guilty and ashamed.

Chapter

8

Cultural Diversity

Cultural Perspectives

CULTURAL DEVIANCE PERSPECTIVE

An ethnocentric view in which one is prone to see others from his own cultural perspective, and sees his own culture as superior or "normal." It blinds one to the strengths of a particular culture and alienates him in a way that limits his ability to help and empower. It also can cause one to view culturally based child rearing practices as inappropriate or dangerous when they may well reflect the parents' ways of protecting their children.

CULTURAL RELATIVISM PERSPECTIVE

A view in which people see everything that is different in others as related to culture and therefore acceptable. Judgment criteria are relative and vary with each individual and his or her environment. - It suggests that if a practice is sanctioned culturally, then it is devoid of negative impact.

CULTURALLY DIVERSE PERSPECTIVE

A View in which one accepts that cultures vary and does not use one culture as the ideal norm. It also accepts that some cultural practices, despite having evolved to meet universal human needs, may be destructive. This perspective is the core of cultural competency.

The Cultural Deviance and Cultural Relativism perspectives can be counterproductive when assessing child maltreatment and can function as barriers to the delivery of culturally competent services.

CULTURAL COMPETENCY PERSPECTIVE

Cultural Competency is the ability to understand the worldview of our culturally different clients and adapt our practices accordingly. One must understand the world from the client's point of view and provide the support needed in a manner in which it can be used. This is important because of several factors:

- Increased diversity in the United States
- Under representation of professionals and volunteers from diverse backgrounds in the human services field
- Inadequate delivery of social and mental health services

There are three aspects to cultural competency that, when addressed at all levels, will improve cross-cultural interactions and enable better services to culturally different clients: value base, knowledge, and methods.

Value Base

Each of us sees the world through culture-colored glasses. We compare others and process events on our own value system. An appropriate value base is the most important aspect to culturally competent practice. When confronted with differences, one shouldn't respond with ignorance, fear, antagonism, and hostility. One should value multiculturalism by acknowledging and respecting the various cultures, religions, races, ethnicities, attitudes and opinions within an environment. He or she should approach the client with empathetic inquiry.

Knowledge

In order to become more culturally competent, the one needs to have knowledge of several factors such as: understanding the influence of culture on perception, behaviors, gender roles, interactions, expectations, and modes of communication; knowledge of the client's culture; and understanding of social class and its impact (The APSAC Handbook).

Methods

One needs to be able to recognize and take into account the culturally based values, attitudes, and behaviors. One must strive to be objective meanwhile understanding that his methods that he employs are influenced by his own background and experience. "The Golden Rule" does not work well with diverse individuals.

Stereotypes

Even with the great cross-cultural advances over the last several decades, stereotypes still exist today. Stereotype can be defined as "rigid preconceptions one holds about all members of a particular group whether it be defined along racial, religious, sexual, or other lines. The belief in a perceived characteristic of the group is applied to all members without regard for individual variations."

Empowerment

Empowerment is a process that enables clients to exert their personal power to obtain needed emotional, physical, or social resources. The child maltreatment professional and volunteer must try to empower his/her client. It is a crucial aspect of family preservation. Powerlessness is a well-accepted effect of child abuse trauma.

Removing cultural barriers

Strive to remove cultural barriers. Do this by reviewing your own personal culture and educate yourself about others cultures. Correct missing information in regards to race, ethnicity, and other cultures, seek out positive aspects of your own heritage, and make friendships with people of other cultures. Be aware of words, images, and situations which suggest that all members of a group are all the same.

> "Men often hate each other because they fear each other; they fear each other because they don't know each other; they don't know each other because they cannot communicate; they cannot communicate because they are separated."
> – Dr. Martin Luther King, Jr.

How to Overcome Communication Barriers...

SPEAKER	COMMUNICATION BARRIERS	LISTENER
Develop ideas according to listener's values and interests; be open to learning about people who are different from you; avoid being judgmental about the listener's cultural practices.	Beliefs & Value System	Be open to learning about people who are different from you; accept differences; avoid making premature judgments about the speaker's attitude about your culture.
Be sensitive to the emotional needs as well as the basic needs of the listener.	Needs	Be aware of the goals and purpose of the speaker.
Be conscious of past experiences in similar situations; think of the listener's past experiences with social workers or public institutions.	Past Experiences	Think of similar past experiences; consider speaker's similar past experiences.
Confront rather than deny your own stereotypes; be willing to learn something about the listener; help the listener learn something about you.	Stereotypes	Ask questions before drawing conclusions about the speaker's lifestyle, beliefs, characteristics, and behaviors; be open to learning something about the speaker; share information about yourself with speaker.
Be aware of the listener's mood and attentiveness; consider the listener's other concerns.	Preoccupation	Acknowledge your own problems and consciously focus on the speaker.

Chapter

9

Special Needs and Educational Advocacy

The Individuals with Disabilities Act

The Individuals with Disabilities Act (IDEA) requires states to provide services for children age three through age twenty one years. The Early Intervention State Grant Program was formed to serve children from birth to age three *(ie: ECI - Early Childhood Intervention)*. The law requires infants and toddlers experiencing significant delays in normal development be provided multi-disciplinary assessments in order to identify appropriate services to meet the child's needs.

Individual Education Plan

An Individual Education Plan (IEP) is developed for each student receiving special education services. The IEP is developed by a team of experts who are knowledgeable about students with special needs, including the parents. In Texas, this team is known as the ARD Committee. An IEP is developed for no more than one year at a time and is developed using the following:

- The assessment report of student needs, student competencies, and recommendations for service
- A report of the student's recent progress and current functioning
- Information from the results of previous instructional strategies
- The IEP must include present levels of performance with description of strengths and weaknesses in areas of:
    - Academic/developmental competencies
    - Physical abilities and disabilities affecting education
    - Behaviors affecting education
    - Vocational prerequisite skills, if appropriate
    - The extent of participation in regular education programs and an explanation for removal from any of the regular programs

The IEP should always be in writing; parents and volunteers should be given a copy. It should contain goals and short-term objectives for the child's progress in school with a time frame for reaching each objective. The plan should be based on the needs of the child as determined by formal assessment. It should be developed by a multi-disciplinary team representing various viewpoints, including the Court Appointed Advocate. The plan should be proposed in accordance with the "least restrictive environment" principal and include a scheduled review date to assess progress. School staff are required to seek the consent of parents or guardian for the plan, and allow them the opportunity to disapprove the plan. State law requires that students receiving special education services must receive transition planning. The IEP must contain transitional services beginning at age fourteen continuing annually until the student leaves the school setting.