



Nurturing Hope Among Children Experiencing Abuse & Neglect: Examining the Effects of CASA Volunteers

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Executive Summary

Oklahoma CASA provides voice to children exposed to abuse and/or neglect as they encounter Oklahoma's court system. Trained volunteers provide support to best ensure that the child's voice is not lost and advocates for the child's best interest within the judicial system. In 2018, the program provided services to 3,840 Oklahoma children. In partnership with the Hope Research Center, the impact of CASA volunteers on fostering hope in Oklahoma's children experiencing maltreatment was examined.

For CASA, Hope is nurturing the child's belief that tomorrow will be better and they have the power to make it so. A child's hope has been linked to numerous positive outcomes such as academic success, overall wellbeing, increases in self-control, positive social relationships, and optimism. Trauma-informed services understand the role past adversities contribute to distress and poor outcomes for abused children. However, incorporating a focus on hope moves trauma informed practice toward a future orientation of healing.

The Purpose of the following program evaluation report is to explore the association between CASA services and hope among abused children in Oklahoma. A total of 280 children representing 21 CASA agencies in Oklahoma responded to a self-report survey.

Key Findings:

Results of this program evaluation provide preliminary research based evidence on the CASA Volunteers capacity to nurture hope among children experiencing abuse and neglect.

More specifically, examination of the correlational analysis found:

- The belief their CASA Volunteer cares about them is associated with higher hope.
- Having a CASA Volunteer they can talk to is related with higher hope.
- Having a CASA Volunteer who listens and understands them is associated with higher hope.

Age group differences:

- Older children (12 to 17 years) report significantly higher in hope than younger children (7 to 11 years).
 - These older children report significantly higher in their ability to identify strategies (pathways) toward their goal.
- Older CASA children (12 to 17 years) report slightly higher (albeit not significant) than younger children (7 to 11 years) in their perception of the impact of CASA.
- When assessing legal system support, younger CASA children scored significantly lower in their ability to talk to their lawyer in comparison to older CASA children.

Introduction

According to Child Trends (2018), there were approximately 672,000 children identified as maltreated in the United States. The rate reflects 9.1 per 1,000 children. The state of Oklahoma confirmed 35,556 of the 79,310 reports made to the Department of Human Services met the legal definition of child abuse and neglect (OKDHS, 2017). With the development of the Adverse Childhood Experience (ACE) study, several physical and psychological risk factors have been correlated to events in early childhood and adolescence. For example, children exposed to abuse reflect a 25% more likelihood of experiencing teenage pregnancy (U.S. Department of Health and Human Services, 2013). In examination of later-life effects, 80% of 21-year-olds that reported childhood abuse qualified for at least one psychological disorder (Silverman, Reinherz, & Giaconia, 1996). In addition to individual risk factors, the financial costs of childhood abuse and neglect cannot be ignored and indicate a public health crisis. The financial repercussions of child abuse and neglect are approximated to be \$124 billion each year (Violence Prevention, 2014).

Historical Overview of Court Appointed Special Advocate (CASA)

The CASA program was first implemented in Seattle, Washington in 1977. The purpose of the program is to provide children who are survivors of abuse and/or neglect with a trained volunteer advocate (Leung, 1996). The various roles of the volunteer are specified by the following tasks: (a) support and advocate for the child; (b) review case materials; (c) conduct an objective review of the child's current situation; (c) interview individuals involved in the case (e.g., lawyer, doctor, child welfare worker); (d) provide information anchored in fact; (e) supply recommendation to the court; and (f) serve as a mediator between the child and individuals involved in the case.

To further describe the volunteer's role in judicial proceedings, they serve as the eyes and ears of the court by providing information needed by the judge to make a decision grounded in the child's best interest. During hearings, advocates are given a platform to address personal thoughts, observations, and recommendations for the case (Weisz & Thai, 2003). According to Weisz and Thai (2003), cases with CASA involvement reflect fewer placement changes and less time spent in out-of-home care. Each volunteer is assigned to one case. This allows for more time, effort, and attention dedicated to each individual child (Weisz & Thai, 2003).

In succinct summary, the CASA volunteer acts as a voice for children who have been abused and/or neglected. They speak for those who have difficulty speaking.

Oklahoma CASA

Currently, the state of Oklahoma has 21 active CASA programs that train volunteers to represent and support child survivors of abuse and/or neglect. The program serves children in 56 of Oklahoma's 77 counties as well as four tribal courts. All volunteers must complete an initial training lasting a minimum of 30 hours. The training prepares the volunteer to be a strong advocate and provides understanding to the various components of the legal system such as the dynamics of child abuse and juvenile law as well as the court structure. Upon successful completion of the foundation 30-hour training, volunteers are sworn into the system.

The growth and sustainability of programs in Oklahoma is supported by Oklahoma CASA. Oklahoma CASA ensures adherence by local programs to National CASA standards, as well as the provision of training and ongoing support and technical assistance.

Purpose of Report

The purpose of this report is to present findings from a 2018 program evaluation conducted for CASA. The data collection of the project was conducted by CASA administration and volunteers and analyzed by the University of Oklahoma's Hope Research Center. The program evaluation was guided by the desire to explore possible relationships between children's hope, perceived community agency support, and perceived CASA support. Additionally, we examined potential differences among these variables comparing children age 7 to 11 years and adolescents 12 to 18 years.

Guiding Theory: Hope Theory

The essence of hope lies in the belief that we can achieve our goals by identifying the level of motivation (agency) and mental strategies (pathways) needed to succeed (Snyder, 2002). Pathway thought processes represent the mental strategies a person can develop toward their goals. Individuals with high hope can identify potential barriers they may experience and begin to prepare workable solutions as they pursue their goals. Agency thinking refers to the mental energy or willpower a person can direct and sustain toward goal pursuits. Individuals with high hope can self-regulate their attention toward the pathways especially in the presence of adversity and competing priorities.

The role of hope in an individual's capacity to flourish is well-established. Hopeful thinking is positively associated with perceived competence and self-worth (Kwon, 2000) as well as lower depression and anxiety (Ong, Edwards, & Bergeman, 2006). People with high hope are more optimistic about the future, have stronger problem-solving skills, and develop more life goals. Hopeful people are less likely to have behavior problems or experience psychological distress. These individuals also report better interpersonal relationships and higher achievement (Pedrotti, Edwards, & Lopez, 2008). Moreover, hope has been shown to serve as a buffering protective factor when facing stressful life events (cf. Valle, Huebner, & Suldo, 2006). Hope is also positively associated with emotional well-being (Ciarrochi, Parker, Kashdan, Heaven, & Barkus, 2015).

Method

Assessment Procedure

The Hope Research Center worked in partnership with Oklahoma CASA by providing advice and consultation in the design of the children's questionnaire. The paper survey was distributed to advocates at each of the 21 CASA programs across the state. Surveys were then circulated to CASA children. Participation in the survey was voluntary and anonymous.

Variables of Interest

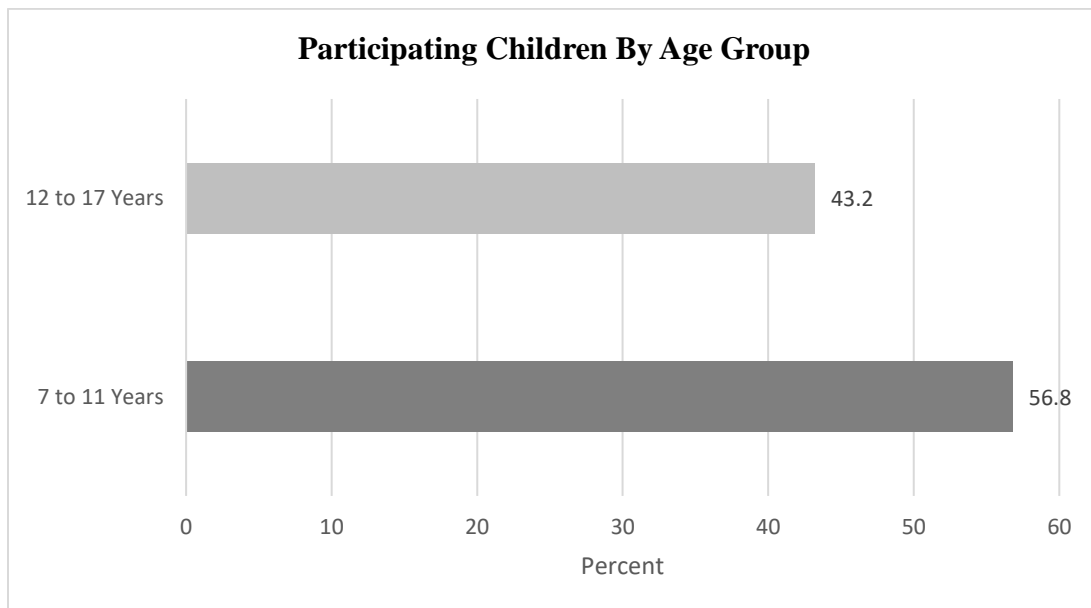
CASA Impact. Impact was measured by asking children three questions pertaining to CASA. Children were asked if they believe CASA volunteers listen to them, understand them, and care about them. The responses were indicated by 1- “Never,” 2- “Sometimes,” and 3- “All of the time.” Higher scores indicate a favorable perception of CASA among participants.

Legal System Support. Agency support is conceptualized by asking participants if they are able to “talk” to various service providers such as their CASA volunteer, representing attorney, DHS caseworker, and presiding judge. The responses were scored by 1- “Never,” 2- “Sometimes,” and 3- “All of the time,” with higher scores representing favorable perception of agency support among participants.

Hope. Children’s hope was measured by Snyder et al.’s (1997) self-report six-item scale comprised of two subscales with agency related statements such as “I think I am doing pretty well” and pathway statements such as “When I have a problem, I can come up with lots of ways to solve it.” The six-point Likert response scores the answers from 1- “None of the time” to 6- “All of the time.” Higher scores reflect higher hope in children.

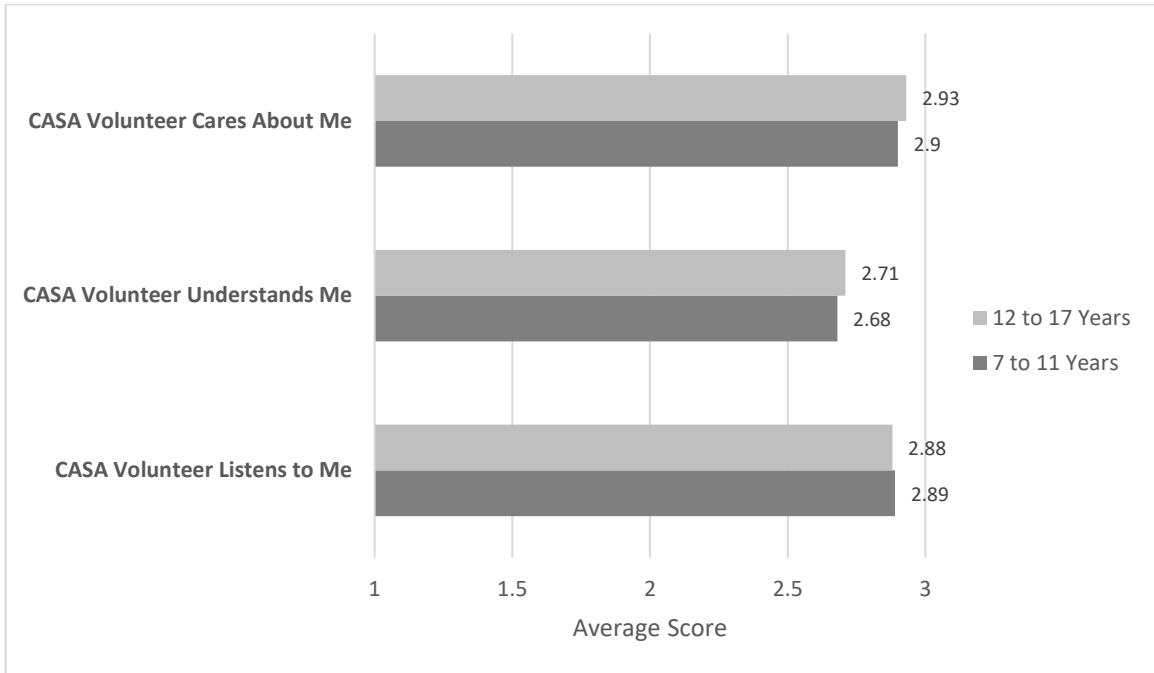
Participating CASA Children

Specific demographic characteristics of the CASA children were limited to age of participant. In total, 280 children involved with CASA provided their age in the anonymous survey. The average age of participants was 11.05 years (SD = 2.96) with ages ranging from a low of 7 years to a high of 17 years. As seen in the graph below, slightly more than half of the participating children were between the ages of 7 to 11 years.



2018 Survey Results

CASA Volunteer Impact On Child

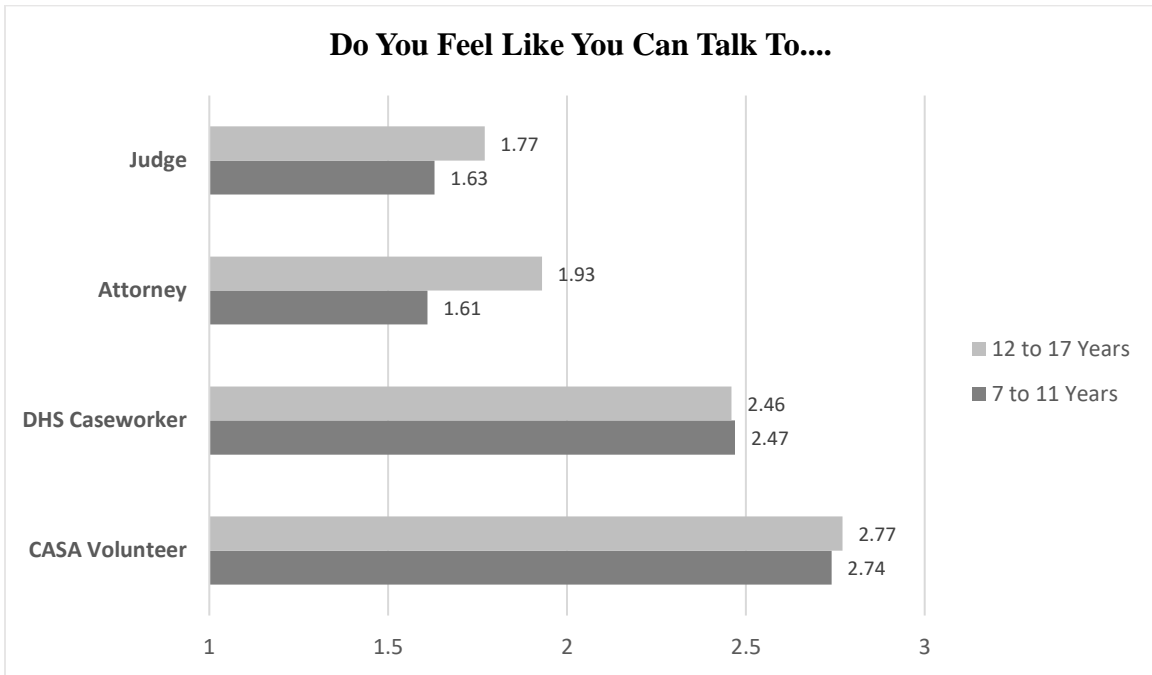


NOTE: 1 = Never; 2 = Sometimes; 3 = Always

As seen in the graph above, child perceptions of the CASA volunteer were positive with average scores close to the Always response. Comparison between the age groups showed a somewhat similar pattern of perceptions. When the three items are combined into an overall impact of CASA metric, the older groups scores slightly higher ($M = 8.53$; $SD = 0.89$) compared to the younger children ($M = 8.47$; $SD = 0.81$). However, these difference are not statistically significant [$t(274) = -0.55$; $p < .05$].

NOTES:

Legal System Support

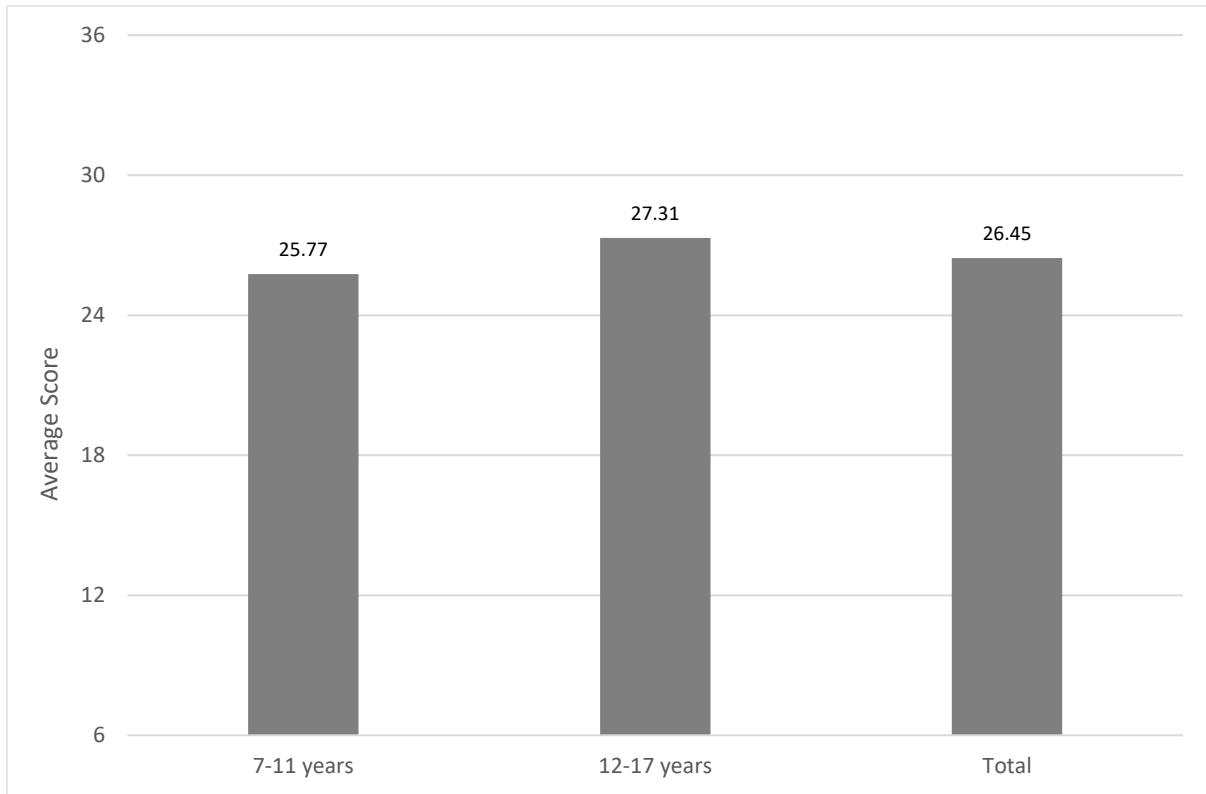


NOTE: 1 = Never; 2 = Sometimes; 3 = Always

When assessing the experience with the legal system, participating children were asked the extent they could “talk” to the judge, attorney, DHS caseworker, and their CASA volunteer. The results were similar for both age groups in that children had high ability to talk to both their DHS caseworker and the CASA Volunteer. These children also had lower scores on their ability to talk to the judge and attorney. Of particular note is that younger children score lower than older children in their ability to talk to the judge and attorney. Indeed, the lower scores for younger children on their ability to talk to their attorney were significantly lower than the older children [t(262) -2.54; p < .05].

NOTES:

Children's Hope Scores

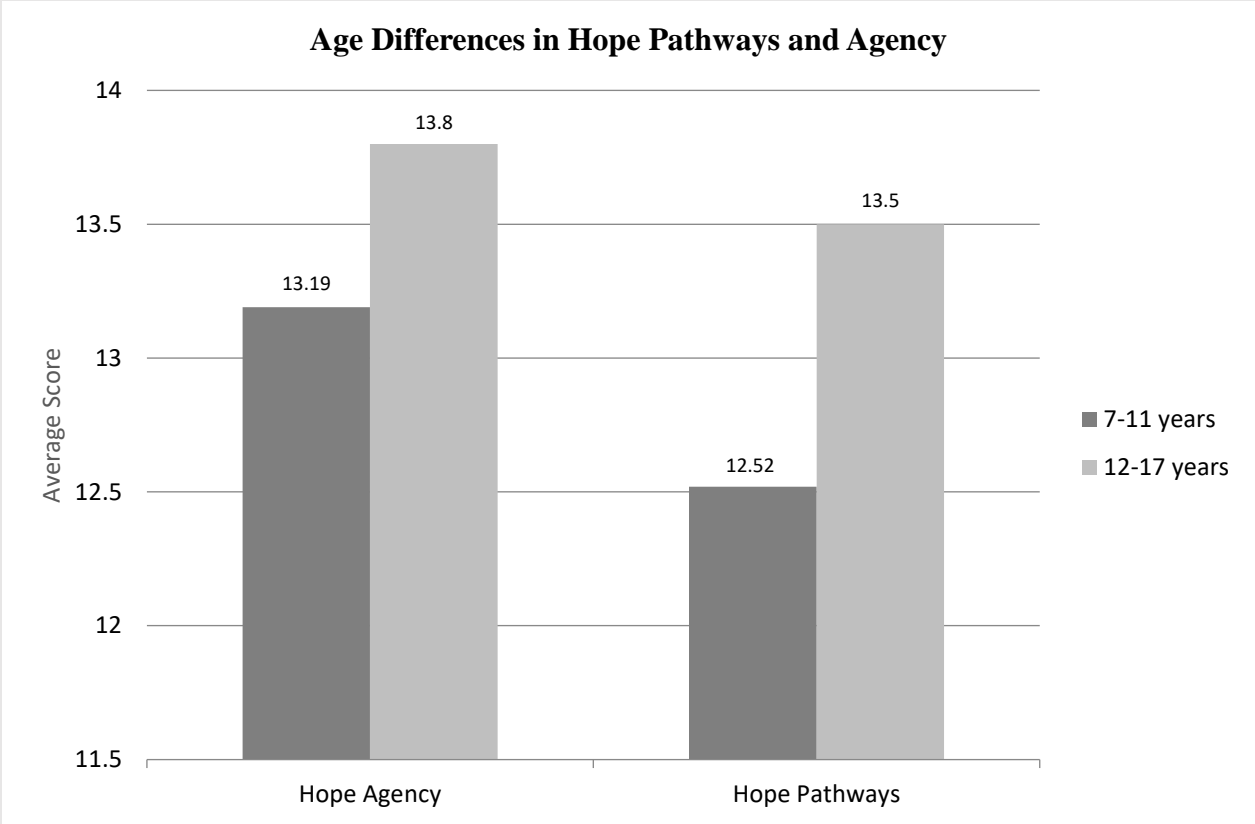


Hope reflects the child's ability to develop pathways and dedicate willpower toward desirable goals.

As seen above, the average hope score for the total number of participants was 26.45 (SD = 6.48). Scores on the Hope measure can range from a low of 6 to a high of 36. The average score (26.45) for those participating show a moderate level of hopefulness.

Using one-way ANOVA technique to examine differences between age groups, results showed that younger CASA children (7 to 11 years) scored significantly lower in total hope score in comparison to adolescents (12 to 17 years) [$F(1, 273) = 3.87, p = .050$].

NOTES:



Pathways: Ability to identify strategies to achieve desired goals.

Agency: Ability to dedicate mental energy (willpower) toward the pathway pursuits.

To further examine differences in hope scores between age groups, we ran an ANOVA for each of the pathways and agency components of hope. These results showed the adolescent group of children scores significantly higher on pathways compared to the younger children [$F(1, 274) = 4.75, p < .05$]. The results indicate that adolescents have better mental strategies towards their goals in comparison to the younger age group. While the older children also scored higher on the agency (willpower) component of hope, these differences were not statistically significant [$F(1, 273) = 2.06, p > .5$].

NOTES:

Correlations among the Measures

A correlation represents the level of relationship between two variables. The interpretation is based upon the strength of the relationship as well as the direction. Strength of a correlation is based upon Cohen’s (1992) effect size heuristic. More specifically, a correlation (+ or -) of .10 or higher is considered small; a correlation (+ or -) of .30 is considered moderate, and a correlation (+ or -) of .50 is considered strong. With regards to direction, a positive correlation indicates that higher scores on one variable are associated with higher scores on the other variable. A negative correlation indicates that higher scores on one variable are associated with lower scores on the other variable.

On the left side of Table 1 the column marked “item” identifies the order of the correlations. The first item “Hope” is also the next column labeled 1. The first correlation ($r = .15^*$) under the first column represents the relationship between hope and the child’s perception that the CASA Volunteer cares about them (variable 2). We interpret this correlation as follows: children who score higher in their belief their CASA Volunteer cares about them have an associated increase in hope. Notice the correlation ($r = .15^*$) has an asterisk indicating the finding was statistically significant ($p < .05$) meaning that the observed relationship between these two variables was likely not due to chance.

Table 1. *Correlations between the impact of the CASA volunteer and the child’s hope score.*

Item	1.	2.	3.	4.	5.
1. Hope	--				
2. CASA Volunteer Cares About Me	.15*	--			
3. CASA Volunteer Listens To Me	.27**	.52**	--		
4. CASA Volunteer Understands Me	.29**	.27**	.38**	--	
5. Can Talk To CASA Volunteer	.30**	.43**	.52**	.40**	--

Note: * $p < .05$; ** $p < 0.01$.

Interpreting the Correlation Matrix in Table 1.

- The child’s belief the CASA Volunteer cares about them is associated with higher hope.
- Having a CASA Volunteer the child can talk to is associated with higher hope.
- Believing the CASA Volunteer listens to the child is associated with higher hope.
- Having a CASAVolunteer that understands the child is associated with higher hope.

Results of these correlations provide research based evidence on the CASA Volunteers capacity to nurture hope among children experiencing abuse and neglect.

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HOPE RESEARCH CENTER

The mission of the University of Oklahoma is to provide the best possible educational experience for students through excellence in teaching, research, creative activity and service to the state and society. The Hope Research Center focuses this mission by collaborating with nonprofit agencies to improve program services using sound scientific practice while simultaneously training students in the application of research methodologies.

The Hope Research Center is an interdisciplinary social science unit at the University of Oklahoma Tulsa Schusterman Center. Collaborating with nonprofit human service organizations, faculty and graduate students lead research projects with a particular focus on sustainable well-being among vulnerable and otherwise at-risk individuals, families, and communities.

Guided by the principle that hope is the theory of change that explains the positive impact program services have on client outcomes, the Center is focused on three ideas.

1. Hope buffers adversity and stress (especially in the context of trauma).
2. Increasing hope leads to positive outcomes.
3. Hope can be learned and sustained through targeted program services.

Faculty members who work in the center provide a full range of applied research activities including program evaluation and outcome assessment in support of nonprofit program service delivery. Participating faculty members are nationally recognized for their area of research and are expert methodologist with the capacity to match research protocols to the needs of the nonprofit community.

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