

CALIBER

EVALUATION OF CASA REPRESENTATION

Final Report

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NCASAA EVALUATION PROJECT

1. INTRODUCTION

Each year child welfare agencies investigate between 2.5 and 3 million allegations of child maltreatment, of which cases will be substantiated for one third of children. Working with these children are 70,000 Court Appointed Special Advocates (CASA volunteers) who help children as they progress through the child welfare system and represent their best interests in court. The current study represents an exciting opportunity to examine the short and longer-term impacts of CASA volunteers on children and families in contact with the child welfare system and to expand knowledge of CASA programs and services. With the support of the Packard Foundation, the National CASA Association (NCASAA) and Caliber Associates combined data collected through NCASAA's management information system (COMET) with data collected through the National Survey of Child and Adolescent Well-being (NSCAW), a Federally sponsored national survey of children and their families. This report presents the study's findings and suggestions for future research.

2. LITERATURE REVIEW

The first guardian ad litem (GAL) program for child abuse and neglect cases to use lay volunteers was started in King County (Seattle), Washington in 1977 (Arthur D. Little, Incorporated and National Center for State Courts, 1978). From this model, the Court Appointed Special Advocate (CASA) Program was created (Arthur D. Little, Incorporated and National Center for State Courts, 1978). The purpose of the GAL and CASA programs is to provide children and families with an advocate who has the time and commitment to focus on their case and follow it through from beginning to end as well as provide the court with an objective opinion on the appropriate services and plan of action for children and families involved with the child welfare system (Arthur D. Little, Incorporated and National Center for State Courts, 1978).

The National CASA Association (NCASAA) currently provides oversight to CASA programs across the country. NCASAA provides resources and consultation as well as leadership for these programs (About National CASA, n.d.). Resources provided include training manuals and information on public relations, evaluation, legislation, and cultural competence (CASA Guides and Manuals, n.d.). NCASAA has also established a set of standards to which all CASA programs should adhere (NCASAA Standards Committee). To help local programs assess whether or not they are in compliance with these standards, NCASAA developed and distributed a self-assessment tool in 1999 (NCASAA Standards Committee). In 2001 NCASAA adopted a quality assurance system that included plans for a new mandatory self-assessment process (NCASAA Standards Committee). The national standards cover nearly

all aspects of CASA programs, including program governance, program development and implementation, national and State affiliation, human resource and volunteer management, public relations, planning evaluation, and record keeping (National CASA Standards for Programs: Path to Program Excellence, 2003).

Training standards are also included in the national standards. The national training standards require volunteers to complete at least 30 hours of pre-service training and 12 hours in-service training each year (NCASAA Standards Self-Assessment Instrument, 2003). It is recommended that trainings include the following components: juvenile and family court processes, the dynamics of human behavior associated with abuse and neglect, the dynamics of the family, relevant State and Federal laws, confidentiality and recordkeeping practices, child development, child abuse and neglect, permanency planning and resources, community agencies and resources, communication and information gathering, advocacy, cultural awareness, poverty, and identification of personal and institutional bias as it relates to children and families being served (National CASA Standards for Programs: Path to Program Excellence, 2003).

Previous research has been conducted on various aspects of CASA programs. A number of studies have sought to describe the characteristics of CASA volunteers, the training they receive, and their activities. Other research has described the types of services children with CASA volunteers receive and their placements. Included in much of this research are comparisons between children who do and do not have CASA volunteers. Some of this research looks at whether some cases are more likely to be assigned a CASA volunteer as well as at differences in outcomes for children with and without CASA volunteers. This review will discuss research in these areas and ways in which the current study will add to the existing literature. The literature reviewed covers the time period from the initial CASA program (1977) to the present.

With respect to demographic characteristics of CASA volunteers, a survey in 2002 by the National CASA Association found that most volunteers were Caucasian (83%). Ten percent were African American, and four percent were Hispanic/Latino. In addition, the majority of CASA volunteers were between the ages of 30 and 59 (70%). According to this report, most CASA volunteers were between the ages of 40 and 59, with twenty-six percent between the ages of 40 and 49 and another twenty-six percent between the ages of 50 and 59. With regard to work outside of the CASA program, the National CASA Association found that fifty-one percent of volunteers were employed full-time and thirteen percent part-time (The National CASA Association: Annual Local Program Survey, 2002). Also, fifty-eight percent of CASA volunteers had a college or post-graduate education, with an additional twenty-five percent having some college education. In addition, this report found that ninety-one percent of CASA volunteers were female. Berliner and Fitzgerald (1998) reported similar findings: eighty-six

percent of CASA volunteers were women, forty-nine percent were between the ages of 41 and 60, ninety-four percent were Caucasian, and thirty-five percent were employed full time.

Although the majority of CASA volunteers are Caucasian, many of the children they serve are minorities. Abramson (1991) describes and evaluates a CASA program that attempts to recruit and train minority and bilingual volunteers to work with their minority, primarily Hispanic, clients. Children who were randomly assigned to receive a volunteer from this program were less likely to have a plan of long-term foster care and more likely to have a plan of reunification than children without a volunteer if their case had not yet been closed at the time of the study. Among those whose case had been closed, children randomly assigned a volunteer were less likely to have permanent placements with parents or guardians and more likely to have adoption as their permanent placement.

Training is an important part of the CASA program. According to The National CASA Association (2002), almost all CASA programs use the NCASAA Volunteer Training Curriculum (93% of programs). Research to date suggests there are several themes that most training programs emphasize. These include providing the volunteers information on child abuse and neglect, the roles and responsibilities of a CASA volunteer, legal procedures, investigation procedures, advocacy skills, cultural awareness, and permanency planning (Adams, 1996; Calkins and Millar, 1999; CSR, Incorporated, 1991; Duquette and Ramsey, 1986). The length of time spent in training depends on the specific training program, but it may range from 3 hours (with continued training throughout the program) to 40 hours, with many programs falling somewhere in between (Adams, 1996; Arthur D. Little, Incorporated and National Center for State Courts, 1978; Calkins and Millar, 1999; CSR, Incorporated, 1991; Duquette and Ramsey, 1986). Some programs include court observation (Arthur D. Little, Incorporated and National Center for State Courts, 1978), follow-up or in-service trainings (Arthur D. Little, Incorporated and National Center for State Courts, 1978; CSR, Incorporated, 1991), and information on child development and available intervention programs (including foster care placements) (Calkins and Millar, 1996; Duquette and Ramsey, 1986).

Duquette and Ramsey (1986) conducted a study that demonstrates the importance of CASA training. In this study attorneys, law students, and lay volunteers were trained as child advocates during a four-day training program at the University of Michigan Law School Child Advocacy Program. The activities and effectiveness of participants in the training were compared with those of untrained lawyers who acted as child advocates. The study found that attorneys, law students, and lay volunteers who received training differed only slightly from one another on a few outcome measures (Duquette and Ramsey, 1986). However, when compared with untrained lawyers, the trained advocates spent more time on their cases and were more likely to mediate disputes, engage in follow-up, believe that their role was important, obtain

more services for children and families, and make more recommendations to the court than untrained lawyers (Duquette and Ramsey, 1986). The authors concluded that the backgrounds of the child advocates were not nearly as important as the training they received (Duquette and Ramsey, 1986).

CASA volunteers engage in a variety of activities. Common activities include interviewing the child, family, and others involved in the case; advocating for the child in court (including making recommendations on placement and services); ensuring that the child is receiving the appropriate services; and monitoring the case to make sure court orders are being carried out (Abramson, 1991; Adams, 1996; Calkins and Millar, 1999; CSR, Incorporated, 1991; Duquette and Ramsey, 1986; Leung, 1996).

A study by Calkins and Millar (1999) suggests that CASA volunteers have contact with an array of individuals. They found that CASA volunteers in one program had an average of 97 contacts per case, which included approximately 16 to 17 contacts with children and a similar number with foster parents or other caregivers, 12 to 14 contacts each with natural parents, caseworkers, other system personnel and general phone contacts, and 4 contacts with “other” sources (Calkins and Millar, 1999). Berliner and Fitzgerald (1998) found that “in almost all cases, during the investigation phase the CASA/GAL volunteer has contact with the child, the birth parents, the foster parents, the DCFS caseworker, and the various professionals involved with the case, including mental health and other service providers” (p. 20). Similarly, Weisz and Thai (2003) found that 100 percent of CASA volunteers visit the child at home before a court hearing, 95 percent talk with other service providers, and 95 percent talk with the caseworker before the hearing.

Leung (1996) attempted to break down, by type of activity, the time CASA volunteers spend on cases. He reported that, per case, CASA volunteers spent approximately 10 hours in court activities; 9 hours in training; 9 hours writing reports; 8 hours interviewing parents; 6 hours interviewing the child; 4 hours interviewing school personnel who had contact with the child; 4 hours interviewing foster parents; and 4 hours interviewing social workers (p. 281). It is unclear, however, what the time frame for these numbers is. Although Berliner and Fitzgerald (1998) reported difficulty obtaining accurate estimates of the amount of time CASA volunteers spent on each case, they found that volunteers reported spending an average of 29 hours on the investigation phase of a case (with a median of 20 hours) and 13 hours per month during the course of the case.

Much of the literature on CASA programs focuses on comparisons between children with and without CASA volunteers. These comparisons focus on a few key areas, including services provided to the children and families, permanency plans, placement, and case specifics (e.g.,

severity of the case, demographics of children, types of abuse). The studies vary in their methodology, with one using random assignment, others comparing children with a CASA volunteer to other children in the child welfare system with various (or no) attempts to address initial differences between the groups. A study by Poertner and Press (1990) compared the number of services provided to children with a CASA volunteer and children represented by an attorney participating in a staff attorney model (SAM), a program involving a group of paid attorneys who are assigned to juvenile court full-time and can act as GALs in some cases. The study found that both children and families with a CASA volunteer received more services on average (1.4 and 2.7 respectively) than with a staff attorney (.7 and 2.3). Litzelfelner (2000) matched by age, gender, and type of maltreatment a group of children with and without CASA volunteers and found similar results when comparing the number of services received. Children who had CASA volunteers were provided with significantly more services on average (8.52 services) than children without CASA volunteers (6.39 services).

Other studies have compared children with and without CASA volunteers in regard to permanency plans and placements. One of the goals of the CASA program is finding a permanent placement for every child (Calkins and Millar, 1999). A study by Calkins and Millar (1999) found that more cases resulted in permanency when a CASA volunteer was involved (64.7%) than when there was no CASA volunteer (53.3%), although this finding was not statistically significant. Abramson (1991) found that for cases that were not closed at the end of data collection, more children with an Amicus (an advocate similar to a CASA volunteer) had a case plan for a permanent home (such as reunification with the parents or adoption) than did those without an Amicus. Also, those without an Amicus were more likely to have a plan of foster care (28.9%) than those with an Amicus (6.7%).

Depending on the circumstances, one of the best outcomes for children is reunification with their parents (Calkins and Millar, 1999). Abramson (1991) found that children with an Amicus whose cases were not closed at the end of the study were more likely to have a case plan of reunification (20%) than those without an Amicus (8.9%). Calkins and Millar (1999) and Leung (1996) found that children with CASA volunteers tended to be more likely to be reunited with their parents than children without CASA volunteers (29.4% versus 19.8% of cases that achieved permanency in the Calkins and Millar study), although the differences were not statistically significant.

In addition to the type of placement for the child, the number of placements the child experiences is also important. It can be very disruptive for a child to be moved from one place to another, so minimizing the number of placements is important. A study by Litzelfelner (2000) found that children with CASA volunteers had fewer placements (3.9 on average) than those without CASA volunteers (6.6 on average). Calkins and Millar (1999) found similar results:

children with CASA volunteers had significantly fewer placements (3.3 on average) than children without CASA volunteers (4.6 on average). A study by Leung (1996), however, does not support these findings. Leung found no significant differences in the number of placements experienced by children with and without CASA volunteers.

Other factors that have been compared between cases with and without CASA volunteers include specifics about the case such as severity and type of abuse. Such comparisons seek to demonstrate whether or not the severity of the case affects the likelihood of a CASA assignment. There are differing findings on this topic. Calkins and Millar (1999) examined court records of cases that were and were not assigned CASA volunteers and found that these groups did not differ on percentages of male and female children, ethnicity, or severity of the case (determined by a combination of history of abuse and neglect, level of family stress, history of family substance abuse and criminal activity, and the child's mental and physical health).

A study by Litzelfelner (2000) compared children coming into the child welfare system who were and were not assigned a CASA volunteer. The study found that these groups differed on the type of maltreatment such that more children who were assigned CASA volunteers had been physically and/or sexually abused and neglected, had been neglected only, or had a caregiver with a substance abuse problem (Litzelfelner, 2000). Children without CASA volunteers were more likely to have had physical or sexual abuse only (without neglect) (Litzelfelner, 2000). Children with CASA volunteers also had a greater number of siblings in out-of-home care than those without CASA volunteers (Litzelfelner, 2000).

Studies of CASA programs have used several methodologies, including review of documents and files such as CASA program files, court records, and CPS files; surveys of CASA volunteers and judges on topics such as activities performed, information about the families and children, and effectiveness of the CASA volunteer; and interviews with CASA program directors (Abramson, 1991; Adams, 1996; Calkins and Millar, 1999; CSR, Incorporated, 1991; Duquette and Ramsey, 1986; Leung, 1996; Litzelfelner, 2000; Poertner and Press, 1990). By creating their own training program, Duquette and Ramsey (1986) were able to compare the activities performed by trained and untrained child advocates. Most of the studies described above were conducted on a relatively small scale. The number of participants (either families, children, cases, or advocates) ranged from 56 to 209 (Abramson, 1991; Adams, 1996; Calkins and Millar, 1999; Duquette and Ramsey, 1986; Leung, 1996; Litzelfelner, 2000; Poertner and Press, 1990). The only study done on a larger scale was the CSR, Incorporated (1991) study, which was conducted on a national scale and included 610 participants. Ninety-four CASA volunteers were included in this study, but it is unclear how many CASA programs they represented. This study did not examine the effect of having a CASA volunteer on children's case outcomes.

It is clear from the literature that there are many different variables to consider when examining CASA programs: variables concerning the volunteers such as volunteer characteristics, activities, and training; variables that describe children and families; service variables; and outcomes. Research to date suggests that CASA programs are effective in helping children receive services and find permanent placements. Trained volunteers appear to be able to help children through the court process at least as effectively, if not more so, than untrained attorneys acting as child advocates.

Although a number of studies have been done on CASA programs and volunteers, significant gaps in the literature remain. One of the main gaps is the lack of information on the effects of these variables on one another. For example, the literature does not discuss the relationship between the type of training volunteers receive and variables such as the activities they perform and the outcomes of the case. Although the literature suggests that children with CASA volunteers receive more services than children without CASA volunteers, there is little known about the types of services that CASA volunteers are acquiring for children or the level of need for these services. In addition, there is little known about the relationship between the types of services recommended and variables such as the training the volunteer received, the characteristics of the child, and the activities of the volunteer. Other gaps include information on the extent to which recommendations made by CASA volunteers are actually followed and whether or not the number and type of recommendations differ based on the activities or training of the CASA. Finally, there is a paucity of information on whether or not children with CASA volunteers differ over time from those without CASA volunteers on developmental measures.

Previous studies have provided suggestions for future research that might fill some of these gaps. Calkins and Millar (1999) note that it is important to develop evaluation measures for CASA programs that can show a relationship between the activities performed by the CASA and whether or not permanency is achieved. Litzelfelner (2000) suggests additional outcome and process variables that should be studied, including re-entry or recidivism rates, frequency of court and child welfare case reviews, number of planned versus unplanned moves for children, number of sibling groups placed together, and length of time from petition to adjudication hearings.

The current study looks to fill many gaps in the existing literature. With the support of the David & Lucile Packard Foundation, the National CASA Association (NCASAA) and Caliber Associates combined data collected through NCASAA's management information system (COMET) with data collected through the National Survey of Child and Adolescent Well-being (NSCAW), a Federally sponsored national survey of children and their families.

NSCAW is a national study of children who are either at risk for abuse or neglect or are already in the child welfare system. Sponsored by the Children’s Bureau, NSCAW is collecting data from 5,500 children, parents, caregivers, caseworkers, and teachers over a four-year period that began in 1999. These data will provide information on the characteristics and backgrounds of children and families in contact with the child welfare system, the services they receive, and the short- and longer-term outcomes of these services. NSCAW is the first national, longitudinal study of this scope and will contribute important information to inform child welfare policies and practice.

In addition to data from NSCAW, the current study used data from the CASA Outcomes, Management and Evaluation Tool (COMET). COMET is the management information system of the National CASA Association, which contains information on CASA volunteers as well as children who have been assigned a CASA volunteer. COMET contains demographic information on these children and volunteers as well as case information and case plans. Analysis of COMET and NSCAW data allowed us to describe CASA volunteers and to examine how volunteers affect key child welfare outcomes, including child and family functioning and types of placements and services children experience in the child welfare system.

3. RESEARCH QUESTIONS

This study seeks to answer a number of questions about CASA volunteers and the children they serve. In addition to providing descriptive statistics on children, volunteers, case activities, trainings, and court activities, we also compared characteristics of and outcomes for children who have and do not have CASA volunteers. Below are some of the questions this study seeks to answer.

3.1 Volunteer Characteristics, Training, and Activities

- How long after the court orders a CASA volunteer assigned does the CASA program assign a volunteer to the case?
- What is the average number of hours CASA volunteers spend per case per month?
- What proportion of their time do CASA volunteers spend engaged in various activities?
- What is the relationship between volunteer characteristics (e.g., education, employment status) and the amount of time CASA volunteers spend engaged in various activities?

- What is the relationship between volunteer characteristics (e.g., education, employment status) and the types of activities CASA volunteers engage in during the course of cases?
- How does the number of hours spent vary by characteristics of the case (e.g., length of time in placement, number of previous placements, type of abuse, age of the child)?
- What types of training do volunteers receive? How much training do volunteers receive?

3.2 Services, Permanency Plans, and Placement

- What types of services are ordered for children?
- How do service orders vary by child or volunteer demographics, type of abuse, volunteer training, volunteer activities, and court activities?
- To what extent are services completed as ordered?
- How does the amount of time spent per case per month differ in cases in which services are and are not completed?
- What types of permanency plans do children have?
- How do permanency plans vary by type of abuse, number of prior placements, child's age, and child's race?
- To what extent are CASA volunteers' recommendations accepted by the court?
- Does the number of CASA volunteers' recommendations accepted differ based on the number of activities per case, the hours spent on the case, or the training of the volunteer?
- How does the final placement of a child differ based on characteristics of the case (e.g., child's age, type of abuse, race, number of previous placements), number of volunteer hours spent, percent of volunteer recommendations accepted?

3.3 Comparisons Between Children With and Without CASA Volunteers

- What differences are there between children with and without a CASA volunteer (e.g., demographics, type of abuse, number of prior placements, number/type of risk and protective factors)?
- What differences are there in the number or type of services received by children with and without CASA volunteers and the extent to which needed services are received?

- How do children with and without CASA volunteers compare on developmental measures over time?

4. DATA COLLECTION

The data needed to answer these research questions come from the COMET and NSCAW data sets. NSCAW data are being collected on a cohort of approximately 5,500 children who came in contact with the child welfare system between October 1999 and the end of 2000. Children in the NSCAW sample represent 100 sites across the country. Data were gathered on child and caregiver characteristics, developmental issues, risk factors, and services received. Data collection took place in several waves: within a few weeks of a child protective services (CPS) investigation (wave 1), at 12 months following the investigation (wave 2), and at 18 months following the investigation (wave 3). A final wave of data collection will take place at 36 months following the investigation. The final report for this study is based on analyses of data collected during the first 3 data collection periods.

Through COMET, CASA programs provided both program-level and case-level data, including demographic characteristics of CASA volunteers, training and experience, specific activities and services provided to the child, and court events. Data were collected from 25 CASA programs across the United States and sent electronically to Caliber Associates. A portion of the 25 CASA programs submitting COMET data are also NSCAW sites. In the sites in which there was overlap, COMET data were linked with NSCAW data using unique child identifiers.

COMET data collection has occurred in several rounds. Twenty-one sites submitted data in June and July of 2003. Of these, 17 sites also submitted data in 2002. In October and November of 2003 sites resubmitted data and an additional four sites also submitted data. The final COMET data set includes the most recent available data for each site. Having sites submit data in rounds allowed Caliber staff to monitor data quality and reflects an ongoing effort on the part of the NCASAA to work with sites to improve the completeness of their data. While the quality and completeness of the data improved over time, it will be important to continue to work with sites to improve their data collection efforts.

Data from the sites were extracted from the COMET system using an extraction program, and the resulting files were posted on a Web site, from which they were downloaded. The complete data set from each site included ten distinct files that Caliber staff merged into a single file, organized by child. Once the merge process was completed for each site, the individual site files were merged to create the COMET database. COMET findings presented in this report are

based on analysis of the final COMET data that includes information on 3,774 children from 25 CASA sites.

Creation of the database required development of syntax or command language that facilitated organizing, by child, each site's multiple data files. Some files contained one record for each child, but other files were organized by variables such as volunteer activities. In this case, files that included information about a CASA volunteer's activities on a case needed to be linked with files that contained information on the demographics of the child s/he was serving. Using syntax, one record was created for each child that contained all relevant information on the child's demographic characteristics, case activities, the characteristics of the volunteer assigned to the child, and other information specific to that child's case.

One of the challenges in merging the data from individual CASA sites was the wide range of values used for key variables. Because for a number of variables sites did not have a predetermined list of categories from which to choose, they had wide latitude to define and enter information. For example, in the CASA activities field in the COMET database, sites reported up to 30 different types of CASA activities. These variations necessitated consolidating categories and creating new values for some variables.

In consultation with NCASAA, the Caliber team created new values for initial allegation (abuse type), language, employment, race/ethnicity (both child and CASA volunteer), location of final placement, perpetrator relationship, services ordered for the child, training topic, type of permanency plan, education, and CASA activities. Values were selected based on review of data submitted by a sample of eight sites in the summer of 2002. Those values that were most common across sites were selected. Syntax was used to recode values into consistent categories that were common across sites. However, for some variables, a number of the values could not be fit into one of the categories and had to be assigned a value of "other." For example, 'CASA sworn in' and 'PR/Fundraising event' were entries in the CASA activities field that were recoded as "other." Because each site used different categories or values for each of these 11 variables, syntax tailored to each site had to be developed.

Throughout the data submission process, data were checked for accuracy. Child and volunteer identification numbers were checked to ensure that there are no duplicates. When duplicates were identified, sites were asked to resubmit their data. Other data checks included reports on the recoding of the 11 variables discussed above, which allowed identification of any errors in the recoding process. In addition to this check, the syntax for each site generated a report for each of the eleven variables that were recoded. This ensures that each value has been coded into one of the specified categories.

The COMET database was finalized in November 2003 and includes data on cases from 25 CASA programs (N=3,774). These cases represent those children who were assigned a CASA volunteer between October 1999 and December 2000, the same timeframe being used for the NSCAW sample. The COMET database was then sent to Research Triangle Institute to be merged with the three finalized waves of NSCAW data. Findings presented here are based on analysis of these COMET and NSCAW data sets.

5. FINDINGS

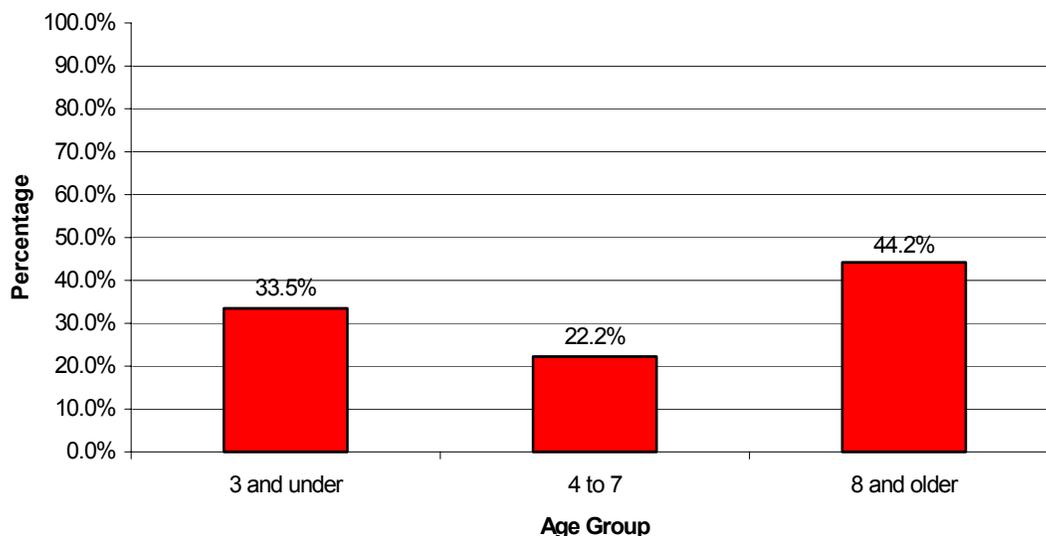
The findings are grouped in four sub-sections. First, we present a description of the COMET sample. This is followed by presentation of findings for each of the three major research areas: volunteer characteristics, training, and activities; services, permanency plans, and placement; and comparisons between children with and without CASA volunteers. Within each research area, we address each of the related research questions.

5.1 COMET Sample Description

Children's Gender and Age

Male and female children are represented in the COMET sample in nearly equal proportions. Approximately, 51 percent of children are male and 49 percent are female. Of the 3,569 children with age reported, children under three years old comprise approximately 33 percent of the sample, children aged four to seven account for 22 percent, and children over 8 years old account for 44 percent (Exhibit 1).

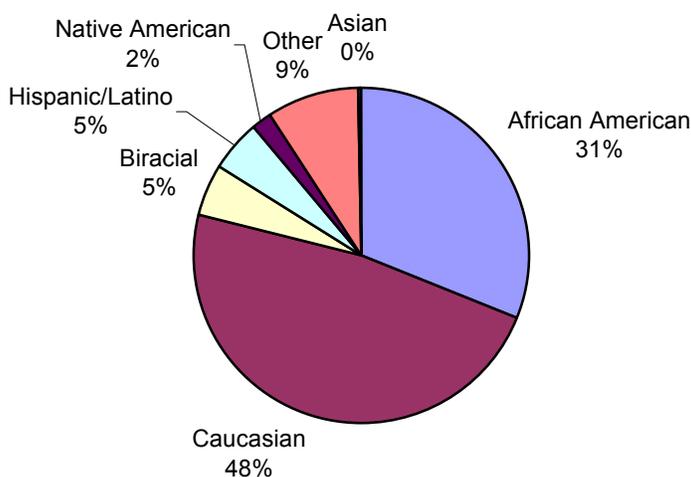
EXHIBIT 1
PROPORTION OF CHILDREN BY AGE



Children’s Race/Ethnicity

As Exhibit 2 shows, most children in the sample were either White (48%) or African American (31%). Nine percent of children in the sample are included in the ‘other’ category. The size of the ‘other’ category reflects the lack of consistency across sites in the way race was reported. The only two race categories common to all sites were African American and White.

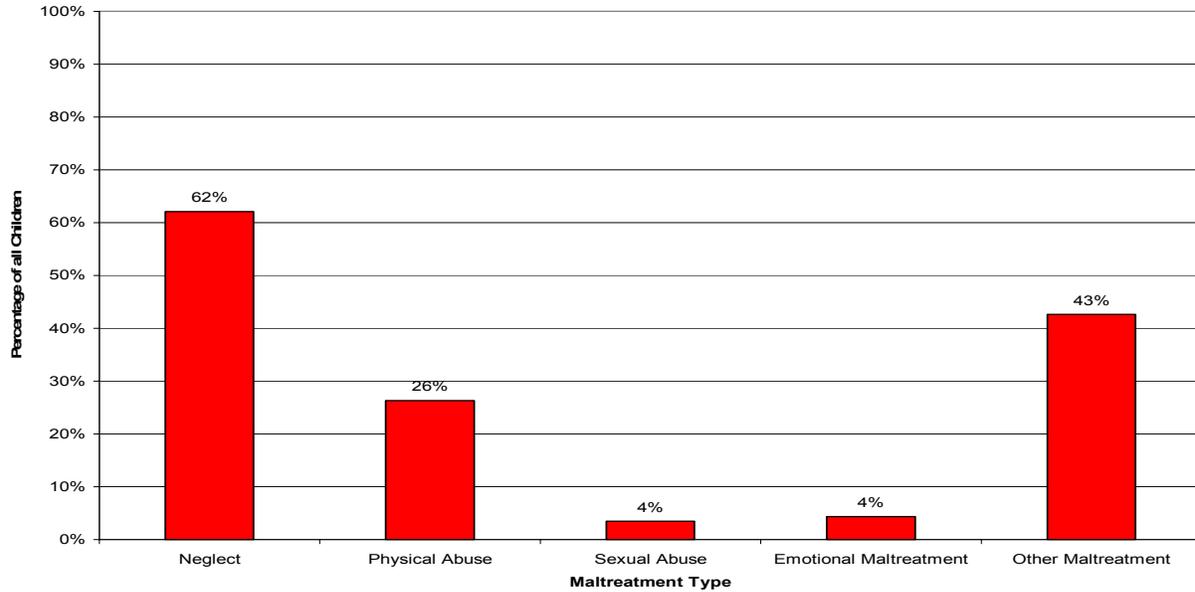
**EXHIBIT 2
PROPORTION OF CHILDREN BY RACE**



Child Maltreatment Type

As shown in Exhibit 3, neglect is the most common type of maltreatment experienced by children in the COMET sample (62%). Twenty-six percent of children experienced physical abuse, 4 percent experienced sexual abuse, and 4 percent experienced emotional maltreatment. A large number of children were victims of ‘other’ types of maltreatment (43%). This category includes maltreatment types that could not be clearly categorized as neglect, physical abuse, sexual abuse, or emotional maltreatment due to inconsistencies in reporting across sites. It should be noted that some children in the sample had petitions alleging two or more types of maltreatment, resulting in percentages adding to over 100 percent.

**EXHIBIT 3
PROPORTION OF CHILDREN BY MALTREATMENT TYPE**



CASA Volunteers’ Sex and Race

The volunteers assigned to children in the COMET sample are a homogenous group in terms of their sex and race. Approximately 79 percent of volunteers are female and 90 percent are White. Eight percent of CASA volunteers are African American.

Volunteer Employment Status and Education

More than half of the volunteers (63%) worked in addition to their responsibilities as a CASA volunteer. Five percent were students, and twenty-nine percent were not employed or were retired. Volunteers in this sample were well educated. Approximately 87 percent of volunteers had some college, had completed college, or had a graduate degree. Eleven percent of volunteers had only a high school education or the equivalent.

5.2 Volunteer Characteristics, Training, and Activities

Research Question 1: How Long After the Court Orders a CASA Volunteer Assigned Does the CASA Program Assign a Volunteer to the Case?

The average time from judicial assignment of the child to the assignment of a CASA volunteer is 31.2 days (n=3,109). Most cases (59%) are assigned a CASA volunteer on the same day. Over 80% of cases are assigned a CASA volunteer within a month of judicial assignment.

For a few cases (2%), there is more than a year between judicial assignment and program assignment of a CASA volunteer. Exhibit 4 shows the percentage of cases assigned a CASA volunteer within each time period.

EXHIBIT 4
AMOUNT OF TIME BETWEEN JUDICIAL ASSIGNMENT
AND CASA PROGRAM ASSIGNMENT

Number of Days	Number of Cases	Percent of Cases
0	1,844	59.3
1-31	698	22.5
32-90	303	9.8
91-180	115	3.7
181-365	90	2.9
366+	59	1.9
Total	3,109	100.0

n=3,109

Analysis Notes. For this question, the analysis team began with a sample of 3,762 cases. Four hundred and sixty-two cases were deleted because the court assignment and/or program assignment date were missing, which reduced the sample to 3,300. One extreme outlier in the data skewed the original results and was removed. In an additional 191 cases, the child was assigned a CASA volunteer before the court assigned the child to the CASA program. These cases were also excluded, resulting in a final n of 3,109.

Research Question 2: What is the Average Number of Hours CASA Volunteers Spend per Case per Month?

Volunteers spent an average of 3.22 hours per case per month and an average of 42.22 hours over the entire length of the case. Each case lasted an average of 510 days (almost 1 year and 5 months), with a range from 6 days to 3.7 years. The mean of 3.22 hours per case per month was calculated by adding all hours across all cases and then dividing by the total number of months worked across all cases. Exhibit 5 shows the average number of hours CASA volunteers spent on each activity per case per month.

EXHIBIT 5
AVERAGE NUMBER OF HOURS PER CASE PER MONTH BY ACTIVITY

Activity	Average Number of Hours Per Case Per Month	Average Total Number of Hours Per Case
In Court	0.19	2.46
Contact With Supervisor	0.16	2.07
Contact With Child	0.73	9.54
Contact With Foster Parents	0.16	2.11
Contact With Collaterals	0.35	4.60
Travel	0.19	2.49
Writing Reports	0.20	2.61
Contact With Biological Parents	0.19	2.44
Contact With Other Relatives	0.06	0.81
Other Activities	1.00	13.08
TOTAL	3.22	42.22

n=779

To account for the effect of missing data, 11 CASA programs with the most complete data were drawn from the sample. For this subsample the average number of hours per month spent per volunteer on each case rose to 3.87 (compared to 3.22 in the full sample). Volunteers spent an average of 47.41 hours per case. This is an increase from 42 hours spent per case reported for the full sample. Exhibit 6 shows the average number of hours CASA volunteers spent on each activity per case per month. Volunteers in this sub-sample spent, on average, a little over an hour per month in contact with the child.

EXHIBIT 6
AVERAGE CASA VOLUNTEER TIME SPENT PER CASE BY ACTIVITY:
SUBSET OF 11 PROGRAMS

Activity	Average Number of Hours Per Month Per Case	Average Total Number of Hours Per Case
In Court	0.26	3.22
Contact With Supervisor	0.22	2.66
Contact With Child	1.11	13.63
Contact With Foster Parents	0.29	3.53
Contact With Collaterals	0.63	7.70
Travel	0.34	4.16
Writing Reports	0.22	2.71
Contact With Biological Parents	0.33	4.08
Contact With Other Relatives	0.11	1.36
Other Activities	0.36	4.35
TOTAL	3.87	47.41

n=454

Analysis Notes. First the analysis of the entire sample was conducted. From the initial sample of 3,762 cases, 1,901 cases had missing start/or end dates and were deleted. Twenty cases were excluded because of inconsistent open and close dates. An additional 304 cases had no volunteer information available, and 758 cases had service data that were either all blank or added to zero. These cases were excluded, resulting in a sample of 779 cases for the initial analysis.

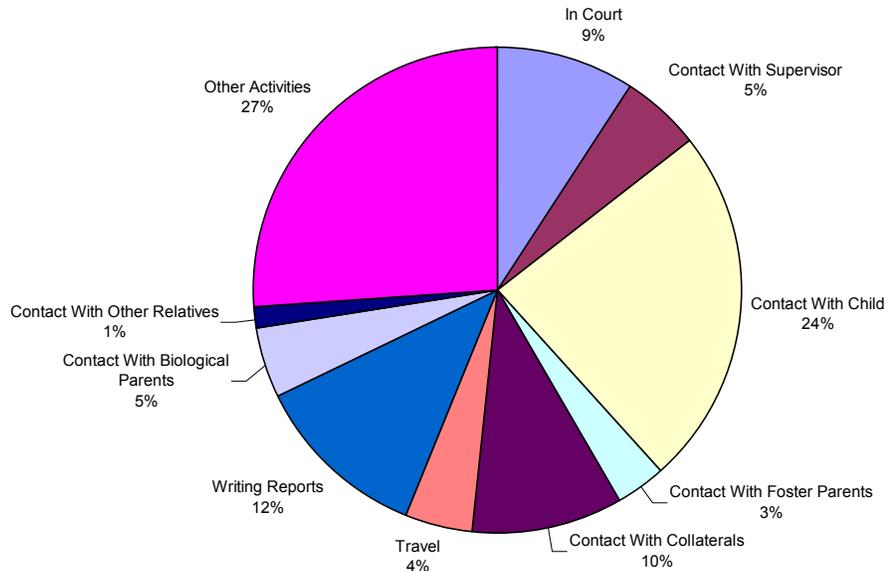
Each month of activity data was examined individually. If the month had no activities reported across any category, it was considered inactive and thus not included in the denominator. If any activities were reported, any blanks were converted to zeros and it was assumed that activities were not conducted during that time. The numerator for this question was calculated by adding up hours of activities across the number of time periods from the judicial assignment date to the court closed date. Any inactive periods were by definition not included in the numerator.

For the analysis of the sub-sample of 11 programs, 325 cases were excluded from the original sample of 779 cases. Five sites were excluded because (1) they had less than 10 valid cases or (2) they had 3 or more categories of activity that were missing entirely. The sample size of this subset was 454 cases.

Research Question 3: What Proportion of Their Time do CASA Volunteers Spend Engaged in Various Activities?

About a quarter of a volunteer's time is spent with children and on 'other' activities (Exhibit 7). Approximately 10 percent of volunteer time is spent in court, in contact with collaterals, and writing reports. Volunteers spent the least time in contact with other relatives (1%).

EXHIBIT 7
PERCENTAGE OF TIME VOLUNTEERS SPENT PER CASE BY ACTIVITY



Analysis Notes. The sample for this analysis included 779 cases. Averages were calculated per case, not per volunteer.

Research Question 4: What is the Relationship Between Volunteer Characteristics (e.g., Education, Employment Status) and the Amount of Time CASA Volunteers Spend Engaged in Various Activities?

As discussed above, volunteers spent an average of 3.2 hours per month per case and 42.22 hours on the entire case. Volunteers spent time engaged in a variety of activities, with the most time being spent with the child, in contact with collaterals, and in other activities. As shown in Exhibit 8, there were no differences between male and female volunteers in terms of the number of hours spent per month per case on specific activities, with the exception of time spent in contact with a supervisor. Male volunteers spent more time with supervisors than female volunteers ($p < .03$). Volunteers with less than a college degree spent more time, on average than college-educated volunteers in court, on travel, and writing reports. African American volunteers spent more time, on average, writing reports than their White counterparts. However, White volunteers spent more time in contact with foster parents. Volunteers who worked full-time spent less time in contact with children, foster parents, and biological parents, compared to volunteers in other work arrangements. Volunteers who worked full-time also spent less time on travel.

EXHIBIT 8
RELATIONSHIP BETWEEN VOLUNTEER CHARACTERISTICS AND AVERAGE
NUMBER OF HOURS PER CASE PER MONTH ENGAGED
IN SPECIFIC TYPES OF ACTIVITIES

Activity	Average Number of Hours Spent per Case per Month							
	Gender		Education		Race		Work Status	
	n=686	n=92	n=265	n=455	n=80	n=659	n=257	n=384
	Female	Male	Less Than College	College or Higher	African American	White	Full-Time	Other
In Court	0.3	0.3	0.3**	0.2	0.3	0.2	0.3	0.2
Contact With Supervisor	0.1*	0.3	0.2	0.1	0.1	0.2	0.1	0.2
Contact With Child	0.8	0.7	0.9	0.7	0.7	0.8	0.5*	0.7
Contact with Foster Parents	0.5	0.1	0.2	0.1	0.0*	0.2	0.1*	0.2
Contact With Collaterals	0.5	0.5	0.5	0.5	0.5	0.5	0.3	0.5
Travel	0.2	0.1	0.3**	0.1	0.1	0.2	0.0**	0.2
Writing Reports	0.3	0.3	0.4**	0.2	0.5*	0.3	0.4	0.3
Contact With Biological Parents	0.2	0.4	0.3	0.2	0.1*	0.3	0.1*	0.2
Contact With Other Relatives	0.1	0.1	0.1	0.1	0.0	0.1	0.0	0.1
Other Activities	1.2	1.3	1.2	1.1	1.2	1.2	1.1	1.4

* Difference is significant at the $p < .05$ level

** Difference is significant at the $p < .01$ level.

Analysis Notes. The sample used for this analysis was the same as that described in the analysis notes for Research Question 2. Significance figures are based on Satterthwaite or pooled t-tests, depending on whether variances were equal in the two groups. If variances were not equal, Satterthwaite t-tests were used.

Research Question 5: What is the Relationship Between Volunteer Characteristics (e.g., Education, Employment Status) and the Types of Activities CASA Volunteers Engage in During the Course of Cases?

A higher percentage of female volunteers engaged in the following activities compared to their male counterparts:

- Contact with children
- Contact with foster parents

- Contact with collaterals
- Traveling
- Writing reports
- Contact with biological parents.

Volunteers without a college education were less likely than volunteers with at least college degree to spend time with a supervisor, but were more likely to spend time:

- In contact with foster parents
- In contact with collaterals
- On travel
- In contact with biological parents.

During the life of a case, volunteers who worked full-time were less likely than those with other work arrangements to spend time:

- In contact with foster parents
- In contact with collaterals
- On travel
- In contact with biological parents
- In contact with other relatives.

Of significant importance is the fact that only two-thirds of the volunteers report being in contact with the child at any time during the case. Because of the importance of contact with the child, it is likely that this finding indicates the extent of missing data on volunteers' activities. Exhibit 9 provides information on the percent of cases in which various activities occurred.

EXHIBIT 9
RELATIONSHIP BETWEEN VOLUNTEER CHARACTERISTICS AND THE PERCENTAGE OF CASES IN WHICH THE ACTIVITY OCCURRED

Activity	Volunteer Characteristics							
	Gender		Education		Race		Work Status	
	Female	Male	Less Than College	College or Higher	African American	White	Full-Time	Other
In Court	57.3	53.3	56.2	58.0	67.5*	55.4	59.5	57.3
Contact With Supervisor	38.5	43.5	30.2**	43.7	41.3	38.4	44.0*	35.2
Contact With Child	69.0**	55.4	66.8	67.7	67.5	66.8	59.9	65.1
Contact With Foster Parents	30.0**	14.1	35.1**	24.2	15.0**	29.3	15.6**	31.5
Contact With Collaterals	51.0*	37.0	57.0**	44.6	33.8**	50.7	32.7**	49.5
Travel	19.4*	10.9	29.1**	13.9	12.5	19.0	1.6**	25.0
Writing Reports	55.7*	44.6	56.6	56.5	61.3	54.3	51.0	56.3
Contact With Biological Parents	37.3*	25.0	44.5**	29.9	18.8**	37.6	20.6**	37.5
Contact With Other Relatives	16.9	13.0	16.2	16.3	3.8**	18.4	7.4**	18.2
Other Activities	68.8	72.8	64.5**	73.6	81.3*	68.9	73.9	69.3

n = 779

* Difference is significant at the $p < .05$ level** Difference is significant at the $p < .01$ level.

Analysis Notes. The dependent variable in this case was dichotomous: whether or not a volunteer engaged in an activity, not the length of time spent on the activity. The sample included 779 cases.

Research Question 6: How Does the Number of Hours Spent Vary by Characteristics of the Case (e.g., Length of Time in Placement, Number of Previous Placements, Type of Maltreatment, Age of the Child)?

A multiple regression was performed to test the relationship between the number of hours spent per case and a variety of variables, including:

- Length of child's prior placements
- Number of prior placements
- Number of maltreatment allegations
- Child's age, sex, and race

- Number of Days from CASA Assignment to Close
- Placement: own home, adoption by nonrelatives, foster care by nonrelatives, relatives
- CASA's sex, race, education
- Perpetrator of the maltreatment: mother vs. father.

Three variables were significant at the $p < .05$ level. The amount of time the case was open (i.e., from court assignment date to court closed date) was negatively related to the amount of volunteer time spent per case per month. In other words, the longer the case was open, the less time volunteers spent on the case per month. Compared to children of other races, volunteers spent less time with African American children. Finally, CASA volunteers who had a college education spent less time on cases than CASA volunteers without a college education.

Because power to detect differences is quickly lost with a large number of independent variables, we also conducted a stepwise regression. This method introduces each variable into the regression equation one-by-one. If a variable adds to the explanatory power of the model, it is kept. Otherwise, it is deleted. It should be noted, however that stepwise methods, in using an interactive approach, often do not result in the best model to predict the variable of interest. However, they do provide a powerful method to identify individual variables significantly related to the outcome of interest.

Results of the stepwise regression show that each additional prior placement was associated with slightly more than forty-five additional minutes spent by volunteers each month ($p < .01$). Consistent with the findings above, African American children received less volunteer time per month than children of other races ($p < .01$). Although cases involving African American children were associated with over an hour less volunteer time each month, there is no evidence that African American volunteers spend more or less time per month on their cases. The length of time a case was open was also significantly related to the number of volunteer hours per month dedicated to the case: the longer the case, the less time CASA volunteers reported spending per month ($p < .01$).

Finally, we investigated these variables using bivariate analyses. In the first analysis, a *t*-test, a significant difference was found between African American children and children of other races in the mean number of hours per case per month ($p < .01$). The mean number of hours spent on African American children's cases was 2.67 versus 4.30 for children of other races. Volunteers with a college education spent significantly less time per case per month than volunteers without a college education, 3.12 and 4.37 respectively ($p < .01$). Consistent with the findings of the regression analyses, there was a significant correlation between the number of hours per case per month and the number of prior placements ($r = .11$, $p < .01$). The correlation

between number of hours per case per month and time case was open was also significant ($r = -.08$, $p < .04$).

Taken together, these analyses suggest four key findings:

- The longer the case is open, the less time per month CASA volunteers are likely to report spending on the case.
- Volunteers spend less time per month on African American children's cases than on the cases of children of other races.
- Volunteers who are college educated spend less time per month per case than volunteers without a college education.
- The number of prior placements is positively related to the amount of time CASA volunteers spend per case per month.

Analysis Notes. The average number of hours per month per case was used as the dependent variable. The sample used for this analysis was 671 cases. The original analysis data set of 779 cases was reduced by 108 cases because those cases had no abuse/neglect information.

Research Question 7: What Types of Training do Volunteers Receive? How Much Training Do Volunteers Receive?

Information was available on training activities for 2,278 of the CASA volunteers in the COMET sample. These volunteers received at least one type of training between January 2000 and June 2002. Additional volunteers did not have training information available, likely because they received training prior to the data collection period (i.e., prior to January 2000). As shown in Exhibit 10, the most common type of training received was "other," which suggests that COMET did not capture all types of training received by volunteers. The other types of training received most often include court observation (26.4%) and advocacy skills (25.6%). Advocacy skills training was the most intense, with an average of 4.6 hours of training for those who received it. Substance abuse training was also relatively intense, at 4.3 hours on average. On average, volunteers received slightly less than four hours each in court observation and training on cultural awareness and family dynamics. Across all types, volunteers who did receive training received an average of 43.9 hours of training.

EXHIBIT 10
TYPES AND AMOUNT OF TRAINING RECEIVED

Type of Training	Number Who Received Training	Percent of Volunteers Who Received Training	Average Number of Hours in Training
Substance Abuse Training	484	21.2	4.3
Advocacy Skills Training	583	25.6	4.6
Juvenile Court Process Training	381	16.7	3.0
Court Observation Training	602	26.4	3.7
Cultural Awareness Training	373	16.4	3.9
Domestic Violence Training	533	23.4	3.5
Information Gathering Training	496	21.8	3.1
Law and Permanence Training	393	17.3	2.7
Roles and Responsibilities Training	528	23.2	3.0
Family Dynamics Training	304	13.4	3.9
Child and Permanence Training	391	17.2	3.0
Other Training	2,035	89.3	41.2
TOTAL ACROSS ALL TYPES	2,278	100.0	43.9

Analysis Notes. Data for the base question were dichotomized (i.e., any number above 1 was coded 1; otherwise 0) in order to calculate the percentage of volunteers who received a particular type of training. Two thousand two hundred and seventy-eight was used as the denominator, because all volunteers are supposed to receive training, and it is likely that no training would be indicative of either volunteers who received training prior to the data collection period (i.e., prior to January 2000) or sites not reporting data on training.

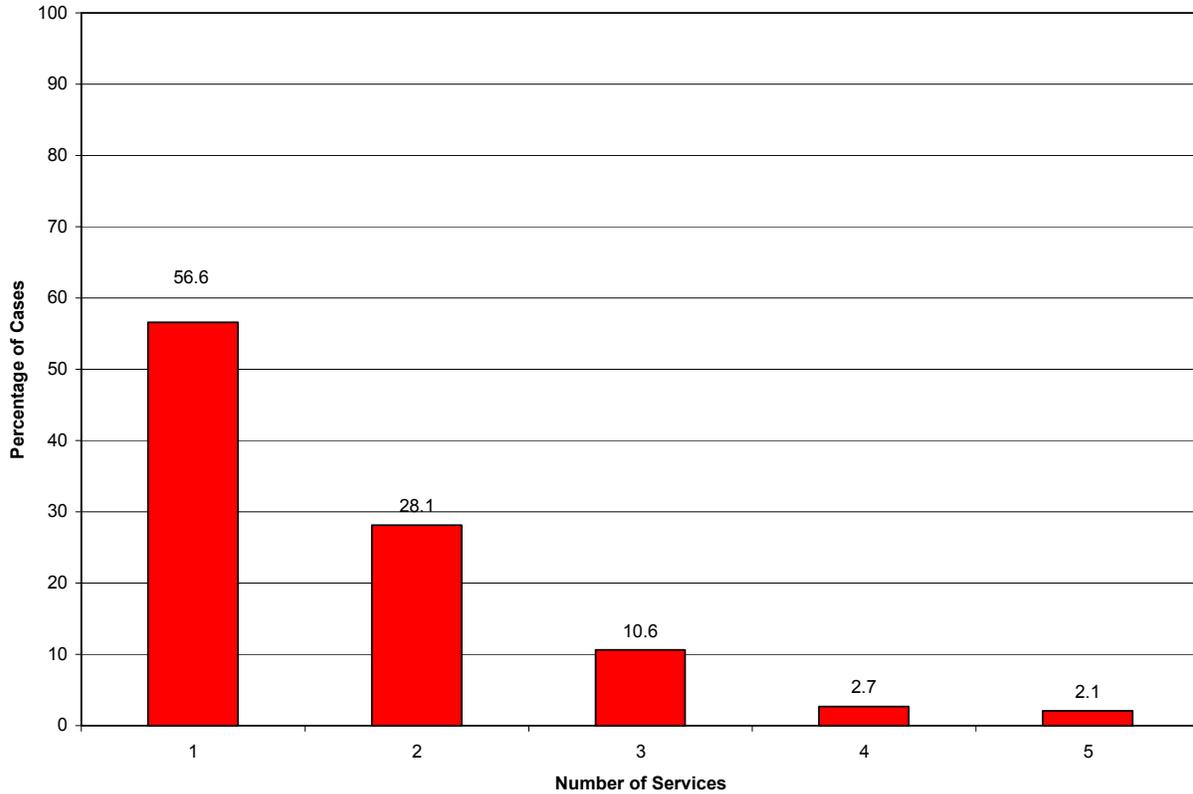
Included in the database was a follow-up question asking for the total number of hours of each type of training volunteers received. Average number of hours in training for a particular category was only answered and calculated for those who actually received some kind of training.

5.3 Services, Permanency Plans, and Placement

Research Question 8: What Types of Services are Ordered for Children?

Of the 3,774 children represented in the COMET database, 755 (20%) had at least one service ordered on their behalf. As shown in Exhibit 11, among children for whom services were ordered, a majority had one service ordered.

**EXHIBIT 11
PERCENTAGE OF CASES IN WHICH SERVICES WERE ORDERED**



As shown in Exhibit 12, the most commonly ordered service was counseling (60.1%), followed by education (31.4%), and medical services (30.3%).

**EXHIBIT 12
PERCENTAGE OF CASES IN WHICH SERVICES ARE ORDERED**

Service Type	Number of Cases in Which Service Was Ordered	Percentage of Cases in Which Service Was Ordered
Anger Management	11	1.5
Counseling	454	60.1
Education Services	237	31.4
Medical Services	229	30.3
Parenting Skills	4	0.5
Basic Needs	24	3.2
Dental Services	19	2.5
Other Services	273	36.2
Total	755	100.0

* Data represent services ordered on behalf of children from January 2000 through June 2002.

Analysis Notes. Because this question does not hinge on volunteers, start/end dates, or services delivered, the entire data set of 3,762 cases was used for this analysis. Services were most likely ordered for every child. Therefore, it was decided that any cases in which service order data were missing would not be included.

Research Question 9: How do Service Orders Vary by Child or Volunteer Demographics, Type of Abuse, Volunteer Training, Volunteer Activities, and Court Activities?

In order to test the effects of a variety of variables on the number of service orders for a child, a multiple regression was run with the number of service orders as the dependent variable. The independent variables included: sex of the volunteer, race of the volunteer, sex of the child, race of the child, age of the child, number of different types of maltreatment allegations, and whether or not the volunteer received juvenile court process training (yes/no). When the number of service orders was used as the dependent variable, only child's age was significant. Older children tended to be the recipients of more service orders ($p < .01$).

In order to test the effect of these variables on whether or not specific types of services were ordered, logistic regressions were run with counseling ordered (yes/no), medical services ordered (yes/no), and education services ordered (yes/no) as the dependent variables. When counseling service orders were used as the dependent variable, older children were more likely to have counseling services ordered by the court. For each year older the child is, s/he is 16% more likely to have services ordered (OR 1.16, $p < .0001$). Similarly, when medical service orders were used as the dependent variable, older children were more likely to have medical services ordered by the court (OR 0.85, $p < .0001$). When education service orders were used as the dependent variable, no significant relationships were found.

Analysis Notes. Because volunteer characteristics were the independent variables in this analysis, all cases where volunteer information was not available were deleted. This left 2,708 cases. Because it is likely that services were ordered for every case, the analysis team only considered cases where at least one service was ordered, resulting in an n of 569.

Research Question 10: To What Extent Are Services Completed as Ordered?

As Exhibit 13 shows, seventy-three percent of services were completed as ordered. About a quarter of the services ordered were not completed. Compliance with service orders was the highest for dental services and anger management. Compliance was lowest for basic needs orders.

EXHIBIT 13
PERCENTAGE OF SERVICES COMPLETED AS ORDERED, BY SERVICE TYPE

Service	N	Percent Completed As Ordered	Percent Not Completed
Anger Management	59	83.1	17.0
Counseling	937	74.1	25.9
Education	436	72.9	27.1
Medical Services	524	77.3	22.7
Parenting Skills	100	72.0	28.0
Basic Needs	252	41.3	58.7
Dental Services	170	98.8	1.2
Other	1,233	72.9	27.1
TOTAL	3,711	73.0	27.0

n = 3,711 services ordered

Analysis Notes. The key variable for this analysis—fcomplet—is coded 1 if services were completed as ordered and 0 if they were not. The analysis team decided that cases where fcomplet = 0, but where a valid completion date was given, would also be considered completed as ordered. There were no cases where a service was listed as completed (i.e., fcomplet = 1) and no completion date was given.

Research Question 11: How Does the Amount of Time Spent per Case per Month Differ in Cases in Which Services Are and Are Not Completed?

There was not a significant correlation found between the amount of time spent on each case and the percentage of services completed as ordered ($r=.042$, $p < .5825$). To further explore this question, the analysis team made the percentage of service orders completed into a categorical variable, with the following categories:

- 0-33% of services completed as ordered (n=65, mean=4.71, SD=6.98)
- 34-66% of services completed as ordered (n=16, mean=4.17, SD=4.19)
- 67-100% of services completed as ordered (n=81, mean=5.37, SD=6.68)

The number of hours per case per month was then compared using these three categories. There was not a significant difference in means between the three groups ($F=.032$, $p < .7284$).

Analysis Notes. In order to answer this question, the analysis team developed a variable for percent of services completed as ordered. This simply divided the number of times a service was completed as ordered by the total number of service orders for each case. This derived variable was then merged with the final analysis data set of 779 cases. The result was 162 cases with valid court service data and valid volunteer services information.

Research Question 12: What Types of Permanency Plans Do Children Have?

A permanency plan is available for 34.4% of all children in the COMET database (n=1300). For those children for whom the permanency plan is reported, the most recent plan available was considered. The most common plan was reunification (40.0%), followed by adoption (27.7%) and other (32.3%). The “other” category includes children with plans such as relative placement, guardianship, independent living, and long-term foster care.

Research Question 13: How Do Permanency Plans Vary by Type of Abuse, Number of Prior Placements, Child’s Age, Child’s Race?

The first step in answering this question was running a series of bivariate analyses. The dependent variable was permanency plan, which was recoded into three categories: adoption, reunification, and other. Independent variables included sex of child, race of child (African American, White, and other), number of prior placements, child’s age, and type of maltreatment (neglect, physical abuse, sexual abuse, emotional maltreatment, and other). As shown in Exhibit 14, several significant differences were found:

- Children who were victims of neglect were less likely to have reunification as their permanency plan than children who were not victims of neglect.
- Children who were victims of physical abuse were more likely to have reunification as their permanency plan than children who were not victims of physical abuse.
- Boys were more likely than girls to have reunification as their permanency plan. Both sexes were equally likely to have adoption as their plan.

**EXHIBIT 14
PERMANENCY PLAN ANALYSIS: CHI-SQUARE RESULTS FOR
INDEPENDENT VARIABLES**

Variable	Category	n	Percent Reunified	Percent Adopted	Percent Other	Chi-Square	p
Allegation: Neglect	Yes	679	30.2	29.6	40.2	59.82	<.0001
	No	621	50.7	24.0	25.3		
Allegation: Physical Abuse	Yes	454	47.6	26.7	25.8	21.29	<.0001
	No	846	35.9	27.1	37.0		
Allegation: Sexual Abuse	Yes	22	45.5	13.6	40.9	2.05	.3590
	No	1278	39.9	27.2	32.9		
Allegation: Emotional Neglect	Yes	80	26.3	32.5	41.3	6.74	.0345
	No	1220	40.9	26.6	32.5		
Allegation: Other	Yes	207	43.5	30.4	26.1	5.51	.0636
	No	1093	39.3	26.3	34.4		

EXHIBIT 14 (CONT.)
PERMANENCY PLAN ANALYSIS: CHI-SQUARE RESULTS FOR
INDEPENDENT VARIABLES

Variable	Category	n	Percent Reunified	Percent Adopted	Percent Other	Chi-Square	p
Child's Race	Black	327	41.6	30.0	28.4	37.11	<.0001
	White	656	41.9	29.4	28.7		
	Other	60	13.3	21.7	65.0		
Child's Sex	Male	649	43.8	26.4	29.9	9.19	.0101
	Female	645	36.1	27.3	36.6		

The mean age and number of prior placements was compared for children with each of the three permanency plan types. The mean number of prior placements differed significantly between permanency plans ($F=6.56$, $p < .0015$). Children with adoption as their permanency plan had an average of .52 prior placements compared to .36 prior placements for children with a plan of reunification and .23 prior placements for children with other plans. The mean age of children also differed significantly between permanency plans ($F=47.52$, $p < .0001$). The mean age of children for whom the plan was adoption was 1.64 compared to a mean age of 2.03 for children whose plan was reunification.

In order to test the relationship between all of these variables and permanency plan, the analysis team ran a multinomial logic model with permanency plan (reunification, adoption, other) as the dependent variable. There were a number of significant findings:

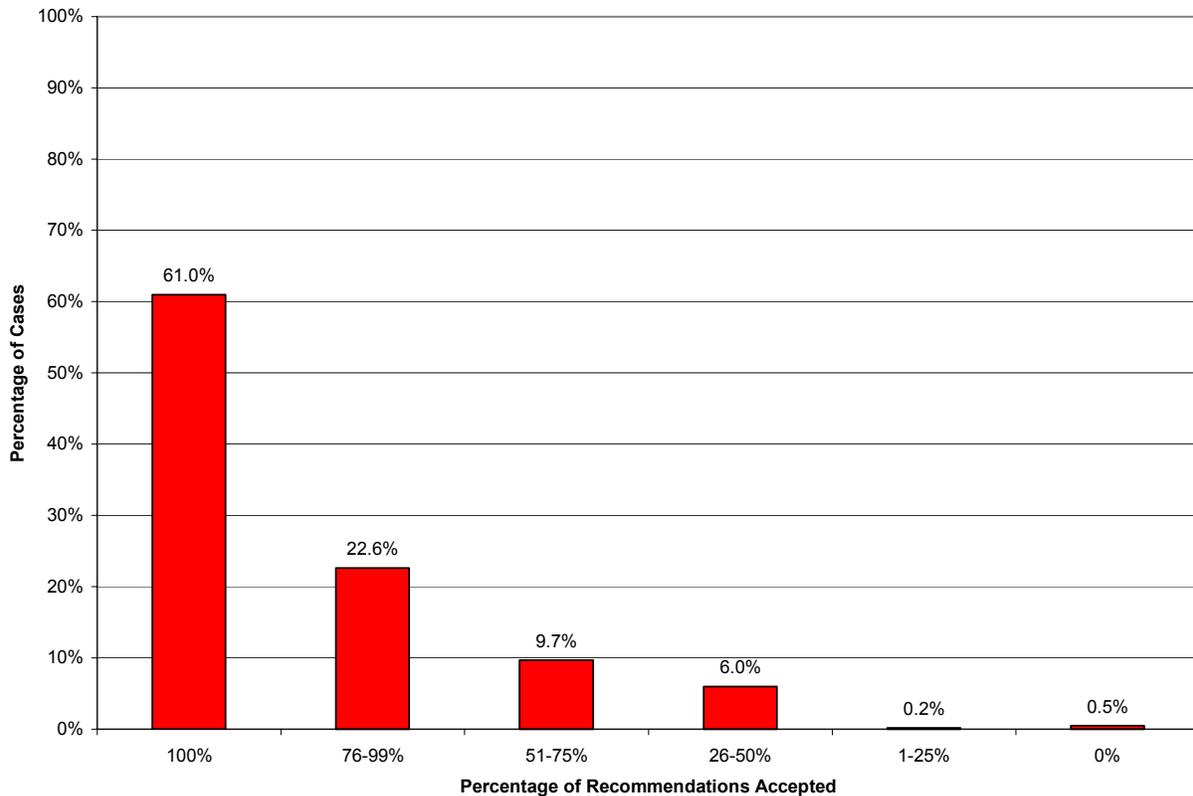
- Children with an allegation of neglect were less likely to have a plan of reunification than children without such allegations ($p < .01$).
- Children with an allegation of emotional abuse were less likely to have a plan of reunification than children without such allegations ($p < .01$).
- Older children were less likely to have a plan of adoption than reunification, and more likely to have other plans than reunification plans ($p < .01$).
- Children of other races (i.e., not African American or White) were less likely to have plan of reunification than White children. ($p < .01$)

Research Question 14: To What Extent Are CASA Volunteers' Recommendations Accepted by the Court?

Of those children who had at least one accepted or rejected recommendation associated with their case, the mean number of accepted recommendations was 28, and the mean number of

recommendations rejected was 4 (n=1994). As shown in Exhibit 15, in the majority of cases all recommendations were accepted.

EXHIBIT 15 PERCENTAGE OF VOLUNTEER RECOMMENDATIONS ACCEPTED



Research Question 15: Does the Number of CASA Volunteer Recommendations Accepted Differ Based on the Number of Activities per Case, the Hours Spent on the Case, or the Training of the Volunteer?

The first step in answering this research question was running bivariate analyses. These analyses allowed the analysis team to select the best independent variables to include in a logistic regression. The team began by examining the distribution of the volunteers' recommendations. Because the distribution was skewed (in 71.2% of cases, all of the volunteers' recommendations were accepted), the dependent variable was dichotomized as follows: all volunteer recommendations accepted and some recommendations accepted. Exhibit 16 lists the independent variables that were included in the model.

EXHIBIT 16
VOLUNTEER RECOMMENDATION ANALYSIS: LOGISTIC REGRESSION RESULTS
(FULL MODEL)

Variable	Estimate	Standard Error	Odds Ratio (95% CI)	Odds Ratio Comparison	p
Volunteer's Race	0.470	0.196	2.56 (1.19-5.52)	African-American vs. White	.0165
Volunteer College Educated	-0.224	0.111	0.64 (0.41-0.99)	No College Education vs. College Educated	.0446
Volunteer Works Full Time	-0.078	0.119	0.86 (0.54-1.37)	Full-Time vs. Other	.5131
Volunteer's Sex	0.746	0.234	4.44 (1.78-11.11)	Male vs. Female	.0014
Average Number of Hours per Case per Month	0.014	0.036	1.01 (0.94-1.09)		.7087
Total Number of Volunteer Hours Spent on the Case	-0.002	0.003	1.00 (0.99-1.00)		.5061
Total Number of Different Types of Training Activities	-0.091	0.045	0.91 (0.84-1.00)		.0438
Total Number of Hours of Training Received	-0.006	0.003	0.99 (0.99-1.00)		.0555
Total Number of Different Activities Volunteer Engaged in During the Course of a Case	0.018	0.046	1.02 (0.93-1.11)		.6864

$R^2 = .0922$

As this exhibit shows, there were a number of key findings:

- African American volunteers were 2.5 times more likely than White volunteers to have all of their recommendations accepted.
- Male volunteers were 4 times as likely as female volunteers to have all their recommendations accepted.
- Volunteers without a college education were almost half as likely as college-educated volunteers to have all their recommendations accepted.
- Volunteers who received more training activities were less likely to have all of their recommendations accepted. This is a counterintuitive finding. Although the results are statistically significant, they are likely not meaningful because of the influence of a small number of volunteers who received certain types of training.

Analysis Notes. Because this analysis involves volunteer data and service data, the analysis team began with a sub-sample of 779 cases. An additional 202 cases did not have information on CASA volunteer recommendations accepted. Since this was the dependent variable, these cases were deleted. This analysis used a sample of 577 cases.

Research Question 16: How Does the Final Placement of a Child Differ Based on Characteristics of the Case (e.g., Child’s Age, Type of Abuse, Race, Number of Previous Placements), Number of Volunteer Hours Spent, Percent of Volunteer Recommendations Accepted?

The first step in answering this research question was creation of three categories for final placement: relative home, own home, and non-relative adoption. A series of bivariate analyses showed that children who had allegations of neglect were more likely than children without such allegations to be adopted by a non-relative ($p < .03$). Significant differences were also found in the mean age of children. Children who were placed in their own home were the oldest, on average, and children who were adopted by a non-relative were the youngest ($p < .0001$). As might be expected, children who were adopted had their cases open almost twice as long, on average, as children whose final placement was with a relative or in their own home ($p < .0001$).

In order to test the relationship between all of these variables and final placement, the analysis team ran a multinomial logit model with final placement (relative placement, own home, and non-relative adoption) as the dependent variable. This analysis produced a number of significant findings:

- Children with an allegation of neglect were more likely to be adopted by a non-relative than children who were not the victims of neglect ($p < .05$).
- Children who were placed with a relative were less likely to be victims of physical abuse than children who were adopted ($p < .05$).
- As children get older, they are less likely to be adopted by a non-relative ($p < .01$).
- The longer the case stays open, the more likely the case will result in adoption by a non-relative ($p < .01$).

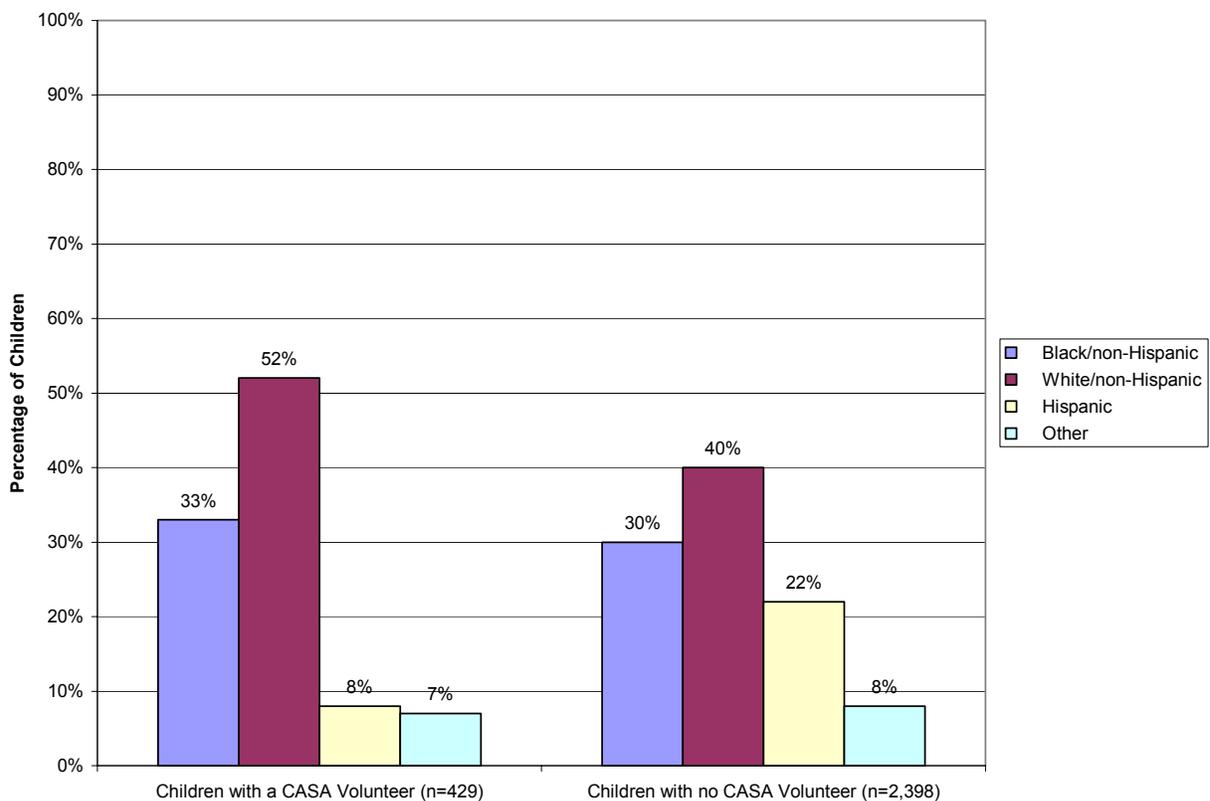
5.4 Comparisons Between Children With and Without CASA Volunteers

Research Question 17: What Differences are There Between Children With and Without a CASA Volunteer (e.g., Demographics, Type of Abuse, Number of Prior Placements, Number/Type of Risk and Protective Factors)?

Using the NSCAW sample ($N=2831$), children with and without a CASA volunteer were compared on a number of factors, including demographics, history of maltreatment, and risk and protective factors. With respect to race, children with a CASA volunteer were less likely to be Hispanic/Latino than those without a volunteer (8% vs. 22% respectively, $p < .05$). However, no significant differences were found in the proportion of children of other races who had or did not

have a CASA volunteer (Exhibit 17). There were also no differences in the proportion of male and female children or in the average age of children with and without a volunteer.

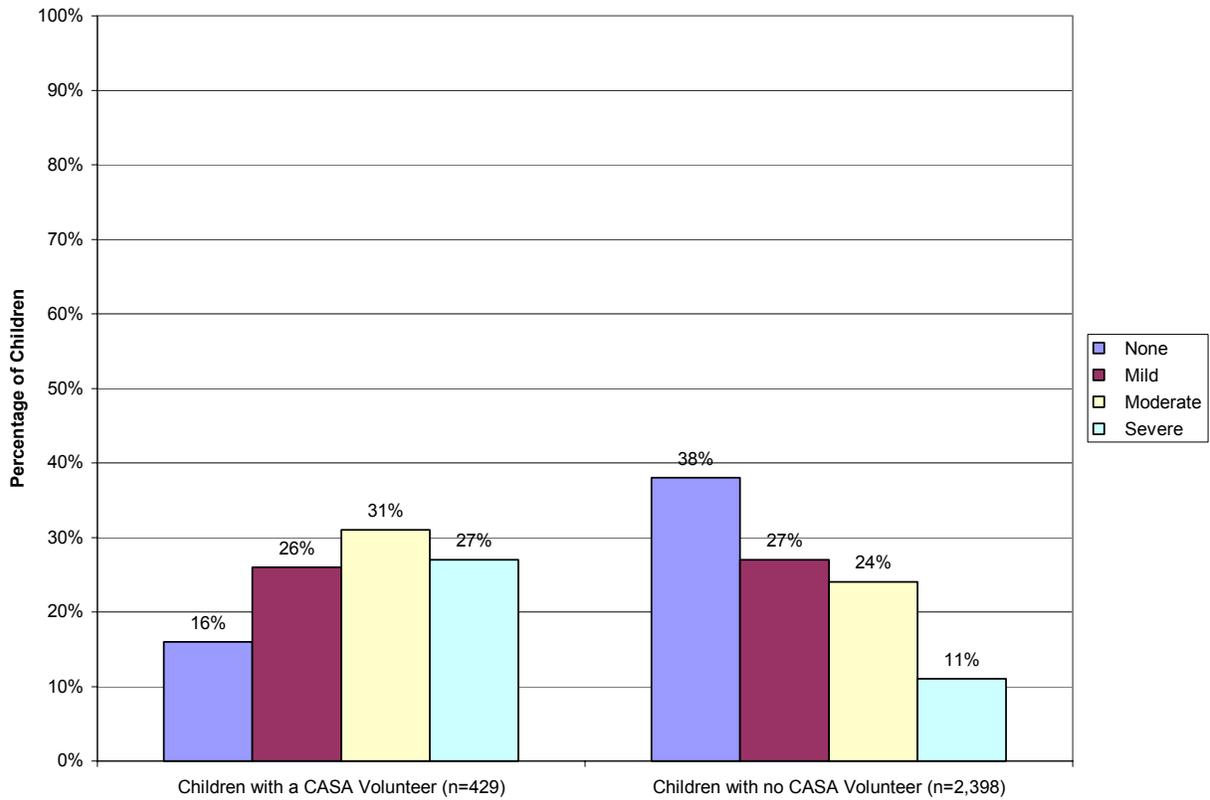
EXHIBIT 17 RACE OF CHILDREN WITH AND WITHOUT A CASA VOLUNTEER



There were no differences in the proportion of children who experienced the most common types of abuse. However, significant differences were found in the percentage of children who experienced abandonment, educational maltreatment, and exploitation. Children with a CASA volunteer were more likely to have experienced each of these forms of maltreatment ($p < .05$).

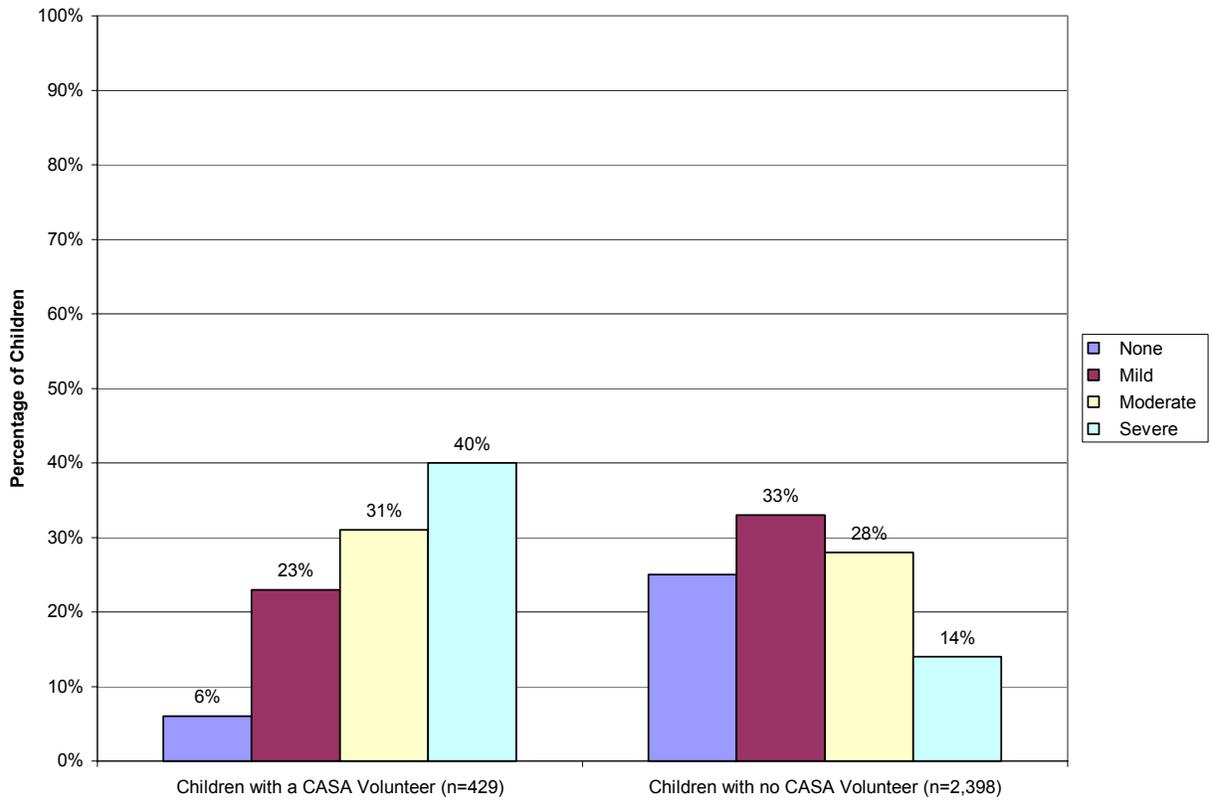
Striking differences were found in the caseworkers' assessment of the level of harm and severity of risk to the child. As shown in Exhibit 18, children with a CASA volunteer were significantly more likely than children without a volunteer to have been assessed by a caseworker as having a severe level of harm (27% vs. 11%, $p < .01$). Moreover, thirty-eight percent of children without a CASA volunteer were assessed as having no harm versus only 16 percent of children with a CASA volunteer.

EXHIBIT 18 COMPARISON OF LEVEL OF HARM TO CHILDREN WITH AND WITHOUT A CASA VOLUNTEER



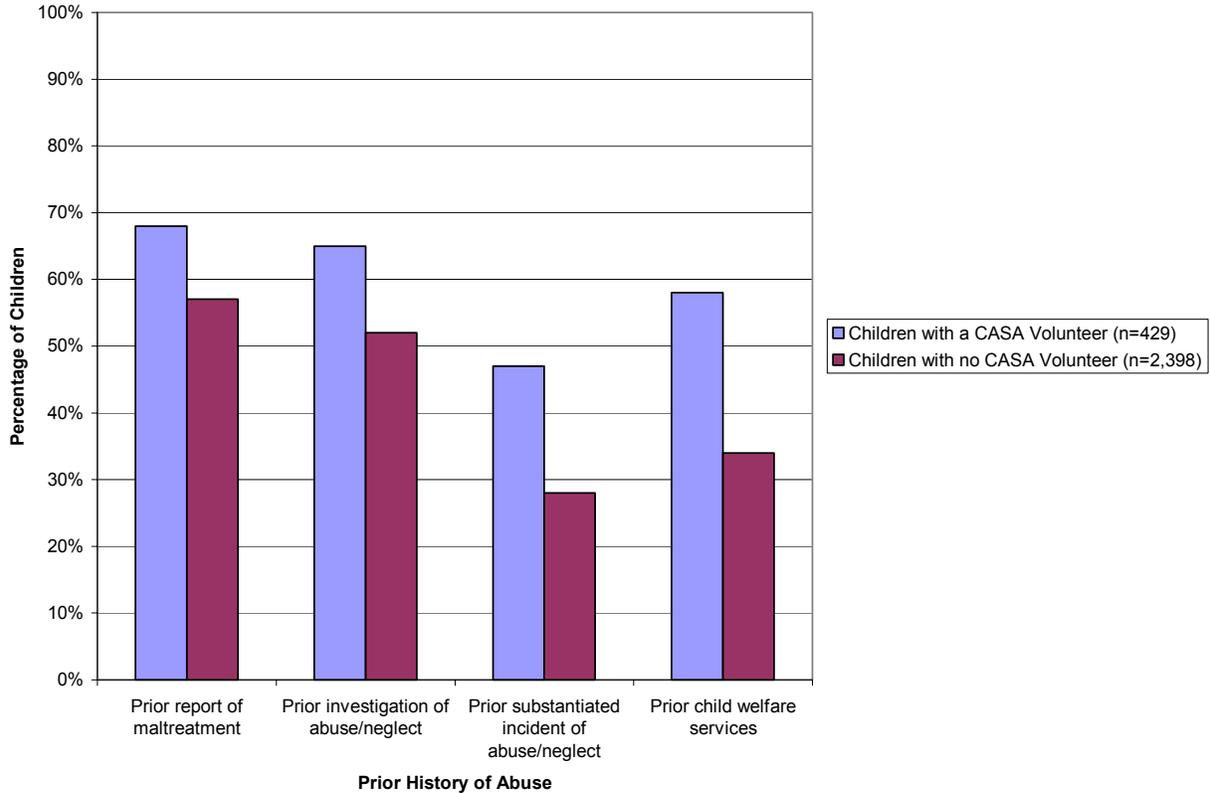
As rated by the caseworker, the severity of risk to the child was also significantly higher for children with a CASA volunteer than for those without ($p < .01$). Forty percent of children with a CASA were rated at severe risk versus 14 percent of children without a CASA volunteer (Exhibit 19).

EXHIBIT 19 COMPARISON OF SEVERITY OF RISK TO CHILDREN WITH AND WITHOUT A CASA VOLUNTEER



Children with a CASA were significantly more likely than children without a CASA to have a prior report of maltreatment ($p < .05$), a prior investigation of maltreatment ($p < .05$), a prior substantiated incidence of maltreatment ($p < .001$), and to have previously receive child welfare services ($p < .0001$) (Exhibit 20).

EXHIBIT 20
COMPARISON OF CHILDREN’S HISTORY OF ABUSE AND
CHILD WELFARE SERVICES



No significant differences were found between children with a CASA and children without a CASA on three risk factors: low social skills, high behavioral problems, and low cognitive skills. Approximately fifty-percent of children in each group were reported to have these risk factors. However, as reported by the caseworker, children with a CASA volunteer had a significantly higher average number of risk factors than children without a CASA (11.2 vs. 7.9, $p < .0001$). No differences were found between the two groups in the average number of protective factors or the percentage of children with specific risk factors (i.e., high social skills and high cognitive skills).

Analysis Notes. See the Appendix for information on the sample, analysis, and definitions of the variables used.

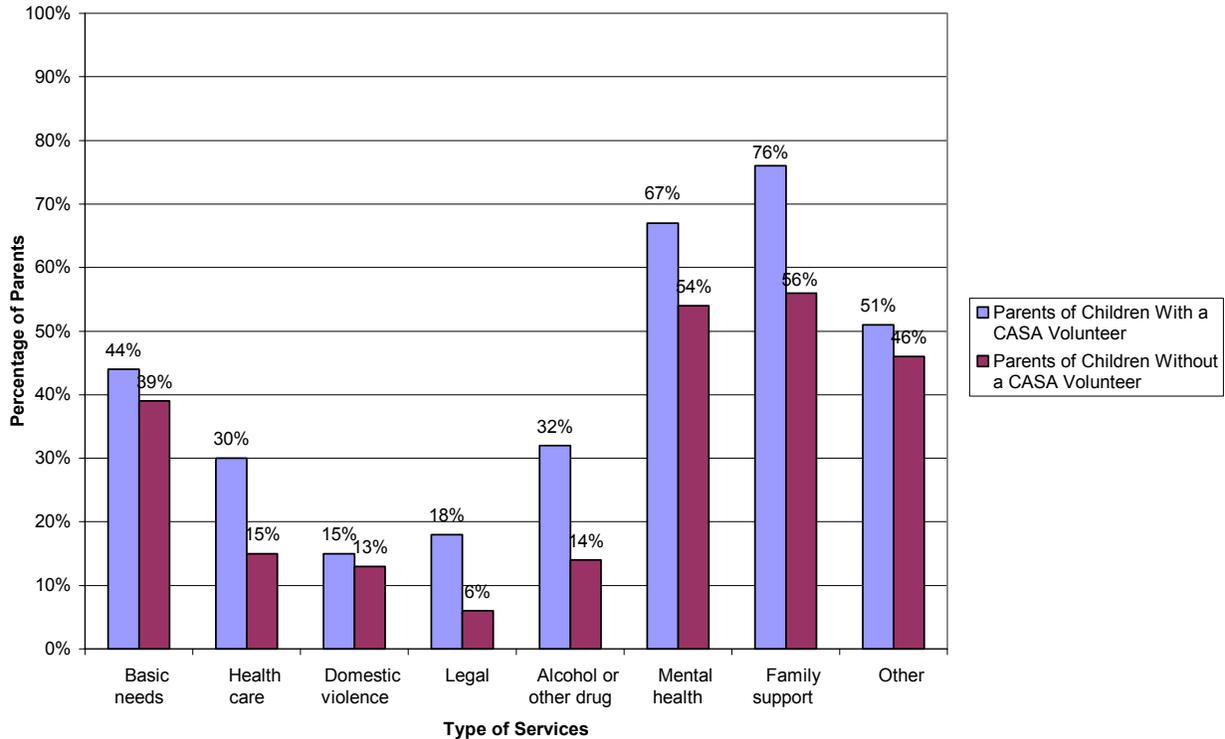
Research Question 18: What Differences are There in the Number or Type of Services Received by Children With and Without CASA Volunteers and the Extent to Which Needed Services are Received?

Comparisons of the number of and percent of needed services received were calculated using OLS regression. Logistic regression was used to compare the types of services received by parents of and children with and without a CASA volunteer. The independent variable in these analyses was whether or not the child had been assigned a CASA volunteer. All figures were adjusted for the following factors:

- Child's age, sex, race and ethnicity
- Whether the child has been placed out of home currently or previously
- Whether there was a prior substantiated claim of abuse or neglect for the child
- Whether child welfare services were previously delivered for the child
- The number of risk factors reported by the caseworker
- The most serious form of maltreatment to the child alleged in the current investigation
- The caregiver's highest grade completed (current caregiver at wave 1)
- The caseworker's initial estimate of the probability that the child will be re-abused in the next twelve months even if the family received services
- The caseworker's report of the number of needs the parent has and the child has at wave 1.

Parents of children with a CASA volunteer received, on average, a significantly greater number of services than parents of children without a CASA (13.0 vs. 11.0, $p < .05$). As shown in Exhibit 21, parents of children with a CASA volunteer were significantly more likely than children without a volunteer to receive health care services ($p < .05$), legal services ($p < .01$), alcohol or other drug services ($p < .05$), and family support services ($p < .01$).

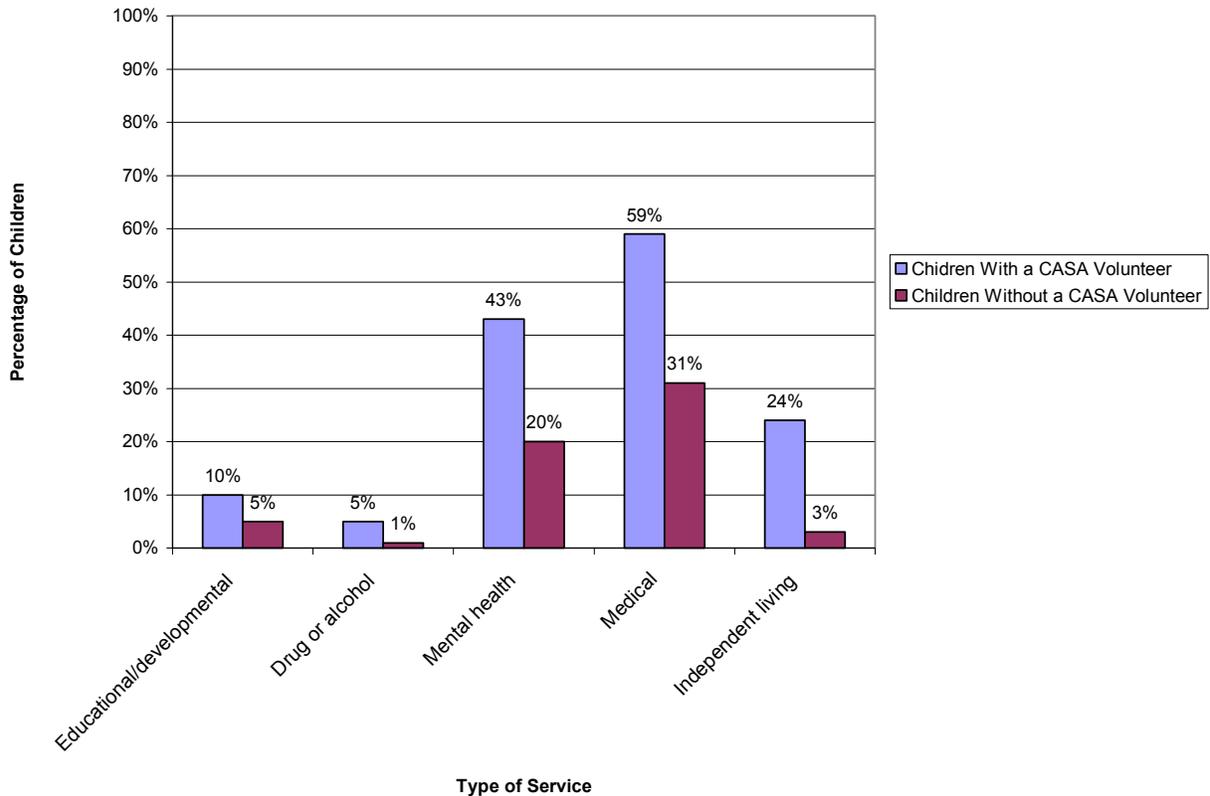
EXHIBIT 21
PERCENTAGE OF PARENTS OF CHILDREN WITH AND WITHOUT A CASA
VOLUNTEER RECEIVING EACH SERVICE



There were no significant differences between children with a CASA volunteer and those without a volunteer in the percent of parents’ needs that were met. For both groups, approximately forty-five percent of parents’ needs were met. The determination of whether or not a parent had a need for a service was made by the caseworker. It was on the basis of this caseworker report that the percent of service needs met was calculated. Given that parents of children with CASA volunteers received more services, it may be that volunteers identified needs for additional services that were not identified by caseworkers.

Children with a CASA volunteer also received, on average, significantly more services than children without a volunteer (6.05 vs. 5.0, $p < .05$). As shown in Exhibit 22, children with a CASA volunteer were significantly more likely than children without a volunteer to receive mental health services ($p < .01$) and medial services ($p < .01$).

EXHIBIT 22
PERCENTAGE OF CHILDREN WITH AND WITHOUT A CASA VOLUNTEER
RECEIVING EACH SERVICE



As was found with the percent of parents’ service needs met, there were no significant differences between children with a CASA volunteer and those without a volunteer in the percent of needs met. For both groups, approximately sixty-five percent of children’s service needs were met. As discussed above, the determination of whether or not a child had a need for a service was made by the caseworker. It was on the basis of this caseworker report that the percent of service needs met was calculated. Given that children with CASA volunteers received more services than those without a volunteer, it may be that volunteers identified needs for additional services that were not identified by caseworkers and thus not included in the calculation of the percent of needs met.

Analysis Notes. See the Appendix for information on the sample, analysis, and definitions of the variables used.

Research Question 19: What Differences are There Between Children With and Without a CASA Volunteer (e.g., Case Outcomes, Measures of Child Well-being)?

Using the NSCAW sample (N=2,831), children with and without a CASA volunteer were compared on a number of case outcomes and measures of child well-being. These comparisons were made after attempts to account for the differences in children who were assigned a CASA volunteer and children who were not (see Research Question 17 for a discussion of these differences). Exhibit 23 includes a list of these variables.

EXHIBIT 23
VARIABLES INCLUDED IN THE MODELS TO ACCOUNT FOR INITIAL DIFFERENCES IN WHO DOES AND DOES NOT RECEIVE A CASA VOLUNTEER

Variables include:

- The child's age in months, race/ethnicity, and gender
- Whether there was a prior substantiated case of child abuse or neglect involving this child and whether the child previously received services from the child welfare system
- The most severe form of abuse or neglect in the current investigation
- The highest grade completed by the child's caregiver
- The caseworker's report of the likelihood that the child will be abused again in the next 12 months even if services are delivered
- The caseworker's report of the number of risk factors present in the family at the start of the study
- Whether the child was in out-of-home care at the start of the study and whether the child had ever been removed from care previously
- The number of needs the parent and child have, as reported by the caseworker

Inclusion of these variables means that the percentages and mean scores presented in this section indicate the outcomes that would be expected of children who did and did not have a CASA volunteer if the two groups had similar demographic characteristics and prior experiences. For ease of discussion, we will discuss these expected frequencies and means as actual frequencies and means (e.g., discussing the percent whose case had been closed rather than the percent whose case would be expected to have been closed).

Case Outcomes

Exhibit 24 presents comparisons on case outcomes between children with and without CASA volunteers. With respect to case closure, there were no significant differences in the

percent of children with a CASA volunteer whose case had been closed compared to children without a CASA volunteer, despite sizeable differences in the percentages (59% compared to 17%).

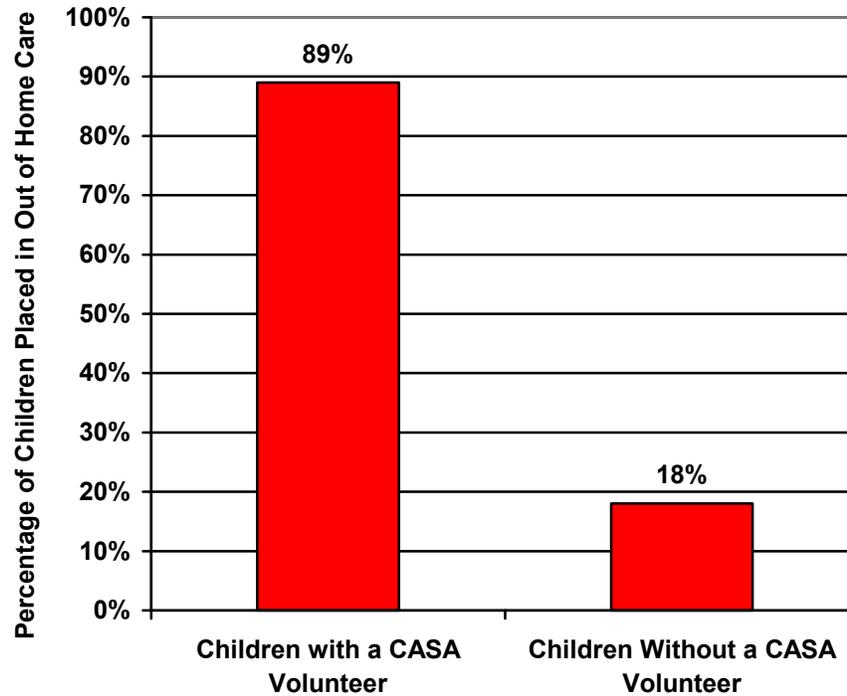
EXHIBIT 24
CASE OUTCOMES FOR CHILDREN WITH AND WITHOUT A CASA VOLUNTEER

	Children with a CASA Volunteer (n=432)	Children without a CASA Volunteer (n=2399)	Significant Difference?
Full Sample (n=2831)			
Percent whose case had closed as of 18 months post-investigation	17%	59%	No
Those whose case had closed (n=1521)			
Percent with a subsequent case of abuse reported	36%	25%	No
Percent placed in out of home care	89%	18%	Yes (p<.001)
Number of days in contact with the child welfare system (mean)	264	213	No
Those whose case had not yet closed (n=1310)			
Percent with a subsequent case of abuse reported	34%	52%	No
Percent placed in out of home care	100%	45%	Yes (p<.001)
Those Ever Placed in Out of Home Care (n=1121)			
Those whose case had closed (n=390)			
Number of placements (mean)	1.4	1.3	No
Number of days in contact with the child welfare system (mean)	310	264	No
Percent referred for adoption	11%	5%	No
Percent reunified	63%	54%	No
Percent in kin care	26%	32%	No
Those whose case had not yet closed (n=731)			
Number of placements (mean)	1.8	1.9	No
Percent referred for adoption	16%	5%	No
Percent reunified	13%	50%	Yes (p<.05)
Percent in kin care	8%	27%	Yes (p<.05)
Percent in out of home care	63%	18%	Yes (p<.01)

Among the 1,521 children whose case had been closed by wave 3 of the NSCAW (18 months after the investigation closed), children who had a CASA volunteer did not differ significantly from children without a CASA volunteer in their likelihood of having another reported incident of maltreatment (36% vs. 25%). However, children who had a CASA volunteer were far more likely to have been placed in out of home care than children who did not have a CASA volunteer (89% vs. 18%, Exhibit 25). As outlined in greater detail in the discussion, this finding is likely attributed—at least in part—to remaining differences in who receives a CASA volunteer and who does not, despite attempts to control for this issue. Interestingly, despite these dramatic differences in out of home placements, children with a CASA volunteer did not spend a

significantly longer period of time in contact with the child welfare system than children who did not have a CASA volunteer.

EXHIBIT 25
OUT OF HOME CARE PLACEMENTS OF CHILDREN WITH AND WITHOUT A CASA VOLUNTEER



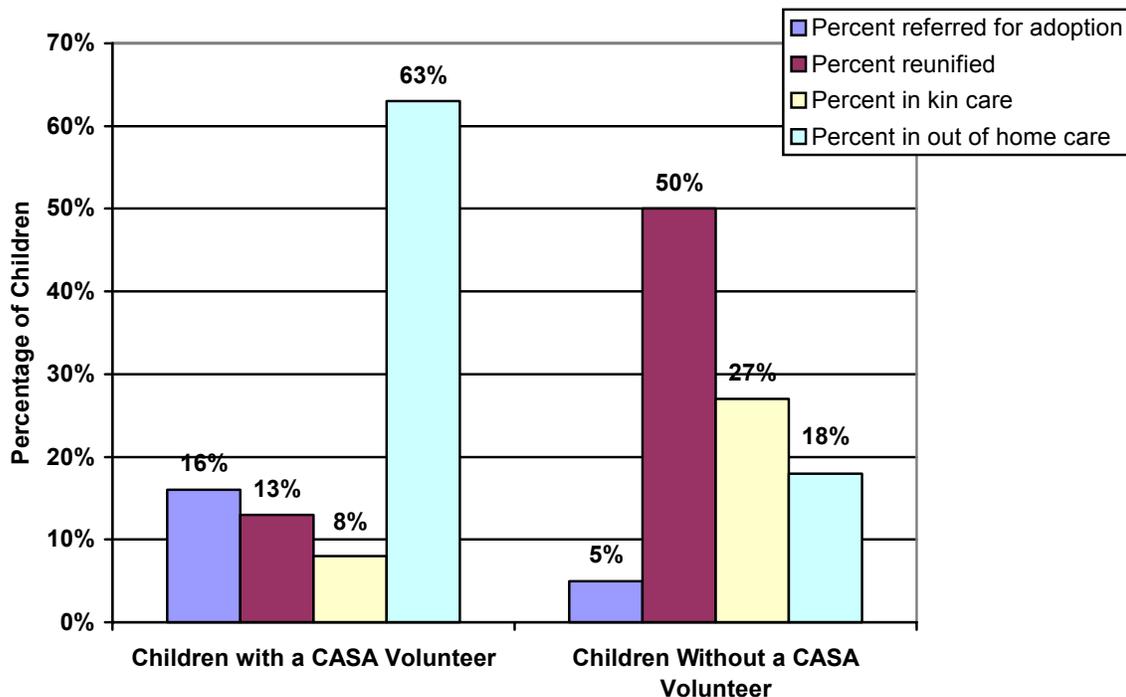
Among the 1,310 children whose case had not been closed, there are also no differences in the percent of children who did and did not have a CASA volunteer who had a subsequent case of reported maltreatment (34% compared to 52%). However, the pattern for out of home care resembled that of those whose case had closed, with a higher percentage of children who had a CASA volunteer having been in out of home care than those who did not have a CASA volunteer ($p < .001$). All of the children who had a CASA volunteer were placed in out of home care, compared to 45 percent of children without a CASA volunteer. This may be another indication of the higher level of risk faced by children who have a CASA volunteer.

To examine number of placements and children’s final placements—either as of the end of the study or when their case was closed—the sample was limited to the 1,121 children who had ever been placed in out of home care during the study period. Again, those whose case had been closed were examined separately from those whose case had not yet closed.

Among those who had ever been placed in out of home care and whose case had closed (n=390), there were no significant differences in the number of placements the children had experienced while in contact with the child welfare system. Those who had a CASA volunteer experienced an average of 1.4 placements, compared to an average of 1.3 placements for those who did not have a CASA volunteer. Likewise, there was no significant difference in the number of days spent in contact with the child welfare system for these two groups, with an average of 310 days for those with a CASA volunteer and 264 for those without. The likelihood that children were reunified with their parents, referred for adoption, or placed in kin care when the case was closed did not differ significantly for those with and without a CASA volunteer.

There were differences in the current placement of children with and without a CASA volunteer who had ever been placed in out of home care but whose case had not closed. Those who had a CASA volunteer were less likely to have been reunified as of 18 months after the investigation closed ($p<.05$), less likely to have been in kin care ($p<.05$), and more likely to be in out of home care (not including kin care, $p<.01$). As shown in Exhibit 26, nearly two-thirds of the children with a CASA volunteer were in out of home care at the end of the study, compared to less than a fifth of children without a CASA volunteer. Again, these differences may reflect the fact that children who receive a CASA volunteer face more risky circumstances than children who do not receive a CASA volunteer. Despite these differences in current placement, there were no differences in the average number of placements experienced by children with and without a CASA volunteer as of the end of the study. Children with a CASA volunteer had experienced an average of 1.8 placements, while children without a CASA volunteer had experienced an average of 1.9 placements.

**EXHIBIT 26
PLACEMENT OF CHILDREN WITH AND WITHOUT A CASA VOLUNTEER: THOSE
REMOVED FROM CARE WHOSE CASE HADN'T CLOSED**



Developmental Outcomes

Measures of children’s exposure to trauma, violence, and children’s developmental outcomes as of 18 months after the close of the investigation were also examined in relation to whether the child had a CASA volunteer. In addition to accounting for children’s demographic characteristics and prior experiences as listed in Exhibit 23, these models also account for the child’s score on the outcome measure of interest as of the wave 1 interviews, which took place soon after the investigation. Adding this additional factor into the analyses should allow for an even more controlled examination of how children with CASA volunteers fare compared to children without CASA volunteers.

The models analyzed differences in children’s cognitive and academic skills, prosocial behavior, relationships with adults, future expectations, and children’s behavioral and emotional problems. Ten measures were examined within these domains, with different measures examined for children of different ages. In addition, six measures of children’s exposure to violence at home and out of the home and children’s trauma symptoms were examined, again with different ages receiving different measures. Findings are presented in Exhibit 26.

EXHIBIT 26
MEASURES OF WELL-BEING AND DEVELOPMENT FOR CHILDREN WITH AND WITHOUT A CASA VOLUNTEER

	Children with a CASA volunteer (n=432)	Children without a CASA volunteer (n=2399)	Significant Difference?
Cognitive Development			
Battelle Developmental Inventory	30.8	31.0	No
Kaufman Brief Intelligence Test	190.6	190.3	No
School Achievement and Preschool Language Skills			
Preschool language skills	89.9	89.1	No
School engagement	29.6	29.8	No
Mini Battery of Achievement	145.9	146.3	No
Positive Behavior, Relationships with Adults, Expectations for the Future			
Social Skills Rating System	32.2	32.6	No
Protective factors/support in adult relationships	4.4	4.6	Yes (p<.05)
Future expectations	23.5	23.8	No
Behavioral and Emotional Problems			
Children's Depression Inventory	8.9	7.3	No
Child Behavior Checklist	73.8	68.9	No
Exposure to Violence and Maltreatment			
Parent's use of psychological aggression (child report)	13.1	10.7	No
Parent's physical assaulting of child (child report)	6.3	4.9	No
Caregiver's use of psychological aggression (caregiver report)	12.2	15.7	No
Caregiver's physical assaulting of child (caregiver report)	5.1	6.1	No
Exposure to violence	5.8	4.9	No
Trauma	7.9	8.0	No

Of the sixteen measures examined, fifteen showed no significant differences between those who had a CASA volunteer and those who did not have a CASA volunteer. One measure, an indicator of the support adolescents report receiving from related and non-related adults, was significantly different for the two groups (p<.05). Adolescents' who had a CASA volunteer reported slightly less adult support than adolescents who did not have a CASA volunteer. However, both groups reported having very supportive relationships with adults, with mean scores of 4.4 to 4.6 on a scale of 0 to 5. Given the large differences seen in who receives a CASA volunteer and in the case outcomes related to having a CASA volunteer, it is not clear whether this finding is evidence of a true impact of having a CASA volunteer on adolescents' adult relationships or a function of differences in who receives a CASA volunteer. Overall, there were few differences in the well-being of children who had a CASA volunteer and children who did not.

6. DISCUSSION

Consistent with the findings of previous studies, CASA volunteers in this COMET sample tended to be female, Caucasian, college educated, and employed. Among those who reported receiving training, approximately forty-four hours of training had been received. This is consistent with the NCASAA training standards that recommend thirty hours of pre-service training and twelve hours of in-service training per year.

Also consistent with previous studies, volunteers in this sample spent time engaged in a variety of activities, with the largest proportion of their time spent in contact with the child. Comparisons of the amount of time spent on cases by volunteer characteristics yielded one consistent finding. Compared to volunteers who did not work full-time, volunteers who were employed full-time spent significantly less time engaged in a number of activities, including contact with the child and parents. Volunteers who worked full-time were also less likely to have any contact at all with collaterals, foster parents, biological parents, and other relatives. Given that this and other studies have found that a majority of volunteers work full-time, the amount of time volunteers can devote to cases may be an important topic to discuss before making case assignments.

Another consideration in the assignment of volunteers to cases may be the characteristics of the case. This study found that the number of prior placements is positively related to the amount of time CASA volunteers spend per case per month. Moreover, each additional placement is associated with slightly more than forty-five additional minutes spent on the case per month.

CASA volunteers in this sample spent significantly less time on the cases of African American children than children of other races, more than one hour less per month. CASA volunteers also spent less time on average per month the longer their cases were open. It was not the case, however, that African American children's cases were open longer than the cases of other children. The reason volunteers spent less time on the cases of African American children is unclear and warrants further investigation. Factors future studies should consider include the characteristics of African American children's cases and the characteristics of the volunteers assigned to those cases (e.g., are those volunteers more likely to work full-time). More rigorous reporting of the actual number of hours spent per month would also be important to future studies.

As previous studies have found, children with CASA volunteers received significantly more services than children without volunteers. Parents of children with a CASA volunteer also received on average a significantly greater number of services than parents of children without a

CASA volunteer. Parents of children with a volunteer were more likely to receive health care services, legal services, alcohol or other drug services, and family support services. Children with a CASA volunteer were more likely than those without a volunteer to receive mental health and medical services. Also, the older the child, the more likely s/he was to have mental health or medical services ordered. There was, however, no significant difference between children with and without a volunteer in the percent of parents' or children's needs met. This may be due to the fact that the determination of whether or not a parent or child had a need for a service was made by the caseworker. It was on the basis of this caseworker report that the percent of service needs met was calculated. Given that parents and children with CASA volunteers received more services, it may be that volunteers identified additional needs and advocated for services that were not identified by caseworkers as needed.

Overall, CASA volunteers in this sample were highly effective in making recommendations to the court. In more than four out of five cases, all or almost all of volunteers' recommendations were accepted. There were, however, some notable differences in the percent of recommendations accepted based on the characteristics of the CASA volunteer. Specifically, African American volunteers were two and one-half times more likely than White volunteers to have all of their recommendations accepted. Male volunteers were four times as likely as female volunteers to have all of their recommendations accepted. This finding suggests that supervisors may want to work more closely with their Caucasian female volunteers on their recommendations to the court.

One of the major shortcomings of studies to date is a lack of information on the characteristics of children who receive and do not receive CASA volunteers. Moreover, studies have failed to control for these differences. Although this study found only one difference (i.e., children with a CASA volunteer were less likely to be Hispanic/Latino than those without) in the race, sex, and age of children who received and did not receive a CASA volunteer, major differences were found in children's risk factors. Children with a CASA volunteer were significantly more likely to be rated by a caseworker as having experienced a severe level of harm and as being at severe risk. Children with a CASA volunteer also had a significantly higher number of risk factors and were more likely to have previous involvement with the child welfare system. Compared to children without a volunteer, children with a CASA volunteer were more likely to have a prior report of maltreatment, a prior investigation, a prior incident of maltreatment, and to have previously received child welfare services. These findings suggest that children who were assigned a CASA volunteer had far more risk factors and were in more dangerous situations, both previously and at the time of the report that brought them into this sample, than children who were not assigned a CASA volunteer. This is an essential point to

consider when comparing children with and without a CASA volunteer on case outcomes and measures of well-being.

Those expecting to see that having a CASA volunteer benefits children by resulting in less time in contact with the child welfare system or better child outcomes might be surprised by the findings presented above. These findings suggest that children who had a CASA volunteer often looked no different from children who did not have a CASA volunteer. In some cases children with a CASA volunteer looked worse: they were more likely to be placed in out of home care and, for some, less likely to be reunified or in kin care than children who did not have a CASA volunteer. The well-being of children who had a CASA volunteer was largely no different from those who did not have a CASA volunteer, with the one exception that children who had a CASA volunteer reported fewer adult supports than children who did not have a CASA volunteer.

In interpreting these findings, it is important to consider the difficulty inherent in isolating the effect of CASA volunteers on the children they serve. The issue is one referred to as “selection,” where the variable of interest – here, whether children have a CASA volunteer or not – is dependent upon factors that can influence the outcome of interest. In this study children who were assigned a CASA volunteer were typically involved in more serious cases of maltreatment and faced more risky circumstances at the time the report was made that brought them into this sample. Indeed, this analysis revealed large differences in children with and without a CASA volunteer in the level of risk, severity of harm to the child, and the number of risk factors reported by investigative caseworkers. Moreover, children who had a CASA volunteer were far more likely than children who did not have a CASA volunteer to already be in out of home care by the time of the first NSCAW interview, which took place only a few months after the initial report.

Selection is a problem in this analysis because children in more difficult or more risky circumstances are more likely to experience negative outcomes, regardless of whether or not a CASA volunteer is involved. If an analysis does not “level the playing field” of those with CASA volunteers and those without at the outset of the case, the findings will reflect these vast differences in who gets a CASA volunteer and who does not, rather than the true impact of having a CASA volunteer. The current analysis includes a wide range of factors as statistical controls, attempting to level this playing field to the greatest extent possible. This approach represents a step above prior research on the CASA program, which included minimal or no controls. However, even with a wide range of variables accounted for, it still appears that selection is playing a role in the findings of this study. Given this, we might have expected that children with a CASA volunteer may have looked significantly worse than children without a volunteer. For the most part, this was not the case.

Additional analyses were performed to examine the extent of the selection problem. First, an analysis examined how well the variables used to statistically control for differences in CASA volunteer receipt, the covariates, predicted who actually had a CASA volunteer and who did not. Since assignment of a CASA volunteer is so strongly related to the circumstances of the child, it was expected that these factors would provide a strong prediction. Instead, these factors predicted less than a fifth of the variance in who had a CASA volunteer and who did not. As a second step, children's subsequent case outcomes were used to predict who had a CASA volunteer and who did not. Significant findings from this analysis would clearly signal a selection problem, since case outcomes cannot affect earlier CASA volunteer assignment. Yet, these analyses resulted in significant prediction of who received a CASA and who did not by variables such as whether the case was closed and whether the child was removed from care. This is strong evidence that selection is present in the analyses presented above.

What does this mean for future research examining the effects of having a CASA volunteer on children's experiences and outcomes? The findings of the present study and the selection analyses that accompanied it highlight the difficulty of truly leveling the playing field to compare accurately the subsequent well-being of children who receive a CASA volunteer and those who do not. Despite including fairly strong measures of the child's current circumstances, such as caseworker's assessment of risk to the child and the child's prior experiences with child welfare, this analysis does not seem to have fully addressed the selection problem. Other studies have not used covariates, or used far weaker covariates, suggesting their findings are not reliable. Indeed, any analysis that fails to address this issue is likely to understate any positive effects that having a CASA volunteer may have on a child, since the selection is such that children with a CASA volunteer appear more at risk on many outcomes.

Given the significance of the selection issue for examining the effectiveness of the CASA program, it is important that future research more clearly delineate the factors involved in determining whether children receive a CASA volunteer or not. This includes factors influencing which communities have a CASA program, how many volunteers are available in a community's CASA program, and who is and is not assigned a CASA volunteer. This information could be collected in a number of ways such as through surveys of CASA program staff, supervisors, volunteers, judges, and families; qualitative methods, including interviews or focus groups with judges, caseworkers, CASA program staff, and volunteers; or case record abstraction. A study that utilized a number of these methods would provide the richest description of the factors affecting CASA volunteer assignment. The information could then be used in subsequent studies to control for the significant and far-reaching differences between children who do and do not receive CASA volunteers.

In addition to examining more closely the factors that influence which children are assigned a CASA volunteer, the current study suggests that a study in which children are randomly assigned a CASA volunteer may be essential to accurately testing the effectiveness of the CASA program. Since such a study would require denying some children CASA services, it is important to consider how the study could be designed to have the least impact on who receives services. Communities with a shortage of CASA volunteers and a waiting list for CASA services might be the optimal setting for such a study. By eliminating the selection issue, such a study would provide the most rigorous test of the effect of having a CASA volunteer on child and case outcomes.

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APPENDIX

APPENDIX

Research Question 17

Notes on Sample Size and Analysis

Sample sizes for these analyses range from 2340 to 2812, depending upon the item of interest. Specifically, 19 children were missing race data; 150 were missing type of abuse; 174 were missing level of harm; 490 were missing severity of risk (because this was only asked in States where cases are determined to be substantiated as opposed to assigned a level of risk); 190 were missing whether there was prior maltreatment; 196 were missing whether there was a prior investigation; 276 were missing whether there was a prior substantiation; and 317 were missing whether child welfare services were provided in the past.

The significance of the differences was tested using OLS regression models (adjusted for sample design) where the variable in question was the dependent variable and whether or not the child had a CASA was the independent variable for the following variables: child age in month, level of harm to the child (a 4 point scale treated as a continuous variable), severity of risk to the child (a 4 point scale treated as a continuous variable), number of risk factors according to caseworkers, and youth report of number of protective factors. Logistic regressions were used for dichotomous dependent variables.

Variable Definitions

Social Skills. On the Social Skills Rating Scale, scores in the bottom 25th percentile for their race and age were considered “low” and scores in the top 75th percentile were considered high. Children ages 3 and older were rated on this scale and included in the analysis, though the scale varies depending upon the child’s age. There were 1,697 children eligible for this analysis based on their age, and 1,684 had data.

Behavioral Problems. Based on the Child Behavior Checklist, children with scores in the top 75th percentile for total behavioral problems were considered “high.” Children ages 2 and older were rated on this scale and included in the analysis, though the scale varies depending upon the child’s age. There were 1,844 children eligible for this analysis based on their age, and all children had data.

Cognitive Skills. Based on the Batelle Developmental Inventory, for children under 4 years of age, scores in the lowest 25th percentile on total cognitive skills were considered “low.” For children ages 4 and older, children whose scores, normed by age, were in the bottom half of our sample on the Kauffman Brief Intelligence Test using were considered “low.” The bottom

half was chosen since no percentile scores exist and other variables (i.e., the Batelle, the Social Skills Rating Scale, and the Child Behavior Checklist) suggest that about half of the children in this sample score in the bottom 25th percentile on these measures. All children were eligible for this analysis, though 301 had missing data.

Number of Risk Factors. This variable was based on caseworkers' responses to whether 26 risk factors were present in the child's life. These factors include items such as whether there is active drug abuse by the primary caregiver or secondary caregiver, whether the primary caregiver has poor parenting skills, and whether the primary caregiver has serious mental health problems. Children's scores were only included if the caseworker had answered 75 percent of the relevant items. Scores were based on the percent of risk factors the caseworker responded to multiplied by 26 to create a common range of 0 to 26 for all children (regardless of the number of items the caseworker responded to). There were 259 children missing data for this measure, though all children were eligible for this analysis. This variable includes the level of harm to the child and the severity of the risk to the child.

Protective Factors/Support in Adult Relationships Reported by Adolescents. Children ages 11 and older responded to five items regarding their connections with their parents, other relatives, and non-relative adults. Scores indicate the number of items (with a range from 0 to 5) that the adolescent responded to affirmatively, indicating a positive relationship. Only teens who responded to at least four of the five items were included in this analysis, and the scores of those missing one item were adjusted to a five item scale. There were 618 children ages 11 and older eligible for this analysis, though 41 were dropped from the analysis due to missing data.

Research Question 18

Notes on the Analysis

The independent variable in these analyses was whether the child had been assigned a CASA volunteer. Those who were missing data on the covariates were given a zero on that variable and a dummy variable indicating who was missing was included in the analysis. A service observation file was created for types of service logistic regressions. An observation was output at Wave 2 and another at Wave 3 (if the child remained in the sample). A child can have up to two records. These regressions were adjusted for design effects using SUDAAN.

Variable Definitions

Number of Services Received by Parents. This variable was calculated by adding the total number of services the parent received (according to the caseworker) between entry into the

system and wave 2 of the study and between waves 2 and 3 of the study. The services reported include: housing services, income assistance, Medicaid, job-related services, domestic violence services, legal services, treatment for an alcohol or drug problem, psychological services, services for a health problem, family preservation services, services to prevent out-of-home placement, non-intensive home visiting services, household management training, parenting services, parent aide services, respite services, home management (e.g., cleaning or repairs), counseling for the parent, counseling for the family, counseling for the child, job training or searching assistance, emergency financial assistance, or other services. For those who had not received services from the child welfare system between the time of the wave 2 and 3 interviews, this variable indicates the number of services received between the initiation of the case and the wave 2 interview. A covariate was added to these models indicating how many waves were included in calculating the dependent variable.

Type of Services Received by Parents. This variable indicates the percent of those with and without a CASA who received services within each category at any point during the study period. The services listed above are categorized as services to help the family meet its basic needs (services related to employment, income, child care, health care, housing), domestic violence services, legal services, alcohol or other drug treatment, mental health services (including psychological services for the parent, and counseling for the parent, child, or family), family support services (which include family preservation services, services to prevent out-of-home placement, non-intensive home visiting services, household management training, parenting services, parent aide services, respite services, and home management services), and other services. For those who had not received services from child welfare between the time of the wave 2 and 3 interviews, this variable indicates the type of services received between the initiation of the case and the wave 2 interview.

Percent of Parents' Needs that Were Met. Caseworkers reported whether parents were in need of housing services, income assistance, employment services, domestic violence services, legal assistance, alcohol or other drug treatment, psychological services, or health services. Based on service data, it was determined whether each need was met, and a value was calculated indicating the percent of needs indicated that were met. For those who had not received services from child welfare between the time of the wave 2 and 3 interviews, this variable indicates the percent of needs met between the initiation of the case and the wave 2 interview.

Number of Services Children Received. Caseworkers reported whether children received the following services: identification of a learning or developmental disability, special education services, tutoring, treatment for an alcohol or other drug problem, treatment for emotional, behavioral or attention problems, Medicaid, services for a health problem, routine

check-ups or immunizations, hearing services, vision services, dental services, and independent living services. The number of services the child received in each of these categories were summed to create a variable indicating the number received (with a possible range from 0 to 24) over the study period. For those who had not received services from the child welfare system between the time of the wave 2 and 3 interviews, this variable indicates the number of services received between the initiation of the case and the wave 2 interview. A covariate was added to these models indicating how many waves were included in calculating the dependent variable.

Types of Services Children Received. The services listed above were categorized into educational/developmental (including learning and developmental disability identification, special educational services, and tutoring), drug or alcohol, mental health, medical (including Medicaid, health services, immunizations or check-ups, vision services, dental services, and hearing services), and independent living. Only children who were 10 or older at both waves 2 and 3 (n=518) were eligible for the question about receiving services for alcohol or other drug problems. Of these, 98 were missing data on either the alcohol or other drug question or the covariates, resulting in a total sample of 420 for this analysis. Only those who were 14 or older at both waves (n=197) were included in the analysis of whether they received independent living services. There were 38 of these individuals who were missing data, resulting in a final sample of 159. For those who had not received services from child welfare between the time of the wave 2 and 3 interviews, this variable indicates the type of services received between the initiation of the case and the wave 2 interview.

Percent of Needed Services that Children Received. Caseworkers reported whether the children needed any of the services listed above (under number of services children received). This information was used to compute the percent of services that the child needed that were received over the period of the study. For those who had not received services from the child welfare system between the time of the wave 2 and 3 interviews, this variable indicates the percent of needs met between the initiation of the case and the wave 2 interview.

Research Question 19

Variable Definitions

Case Outcomes. Using reports of the caseworkers, court records, and indicators of where and with whom the child lived as of each of the interviews, the analysis team calculated whether the child's case had been closed, whether the child had ever been removed from his/her primary caregiver's care from the time of the investigation to 18 months after the investigation's close, how long the child had been in contact with the child welfare system (for those whose case had closed), whether new reports of abuse against the child had been filed. The team also

calculated the child's current status for those who had been removed from care (i.e., whether they had been reunified with their primary caregiver, were living with kin, or were referred for adoption). For those whose case had closed, this indicates the final status of the child's case. For those whose case was still open, it indicates their status as of the wave 3 interview, 18 months after the investigation was closed. In calculating the length of time in care, the sampling variables in some cases indicated that the child had not received services from child welfare since the time of the last interview (or start of the study), yet no data on a case closure date was available. In these instances, the analysis team estimated the case closure date as the day after the last interview with the caseworker (at which point the case was still opened). Also included in the analysis was a dummy variable indicating whether this estimate was used.

Battelle Development Inventory (BDI). The instrument is designed to evaluate five domains of development for children birth to 8 years of age: cognitive, adaptive (self-help), motor, communication, and personal-social. For this study only the cognitive domain was administered. The cognitive domain measures skills and abilities that are conceptual in nature. There are four subdomains: perceptual discrimination, memory, reasoning and academic skills, and conceptual development. Raw scores were used for this measure. Responses were scored as follows: 0=incorrect, 1=partially correct, 2=correct. Analysis of this measure included children who were under age 4 at both NSCAW wave 1 and wave 3.

Kaufman Brief Intelligence Test (KBIT). The KBIT is a brief, individually administered measure of verbal and nonverbal intelligence for children, adolescents, and adults. Verbal items assess word knowledge and verbal concept formation. Matrices (nonverbal) items assess ability to perceive relationships and complete analogies. A sum of standard scores for these two domains was used. Responses were scored as follows: 0=incorrect, 1=correct. The KBIT analyses include children who were over age 4 at both wave 1 and wave 3 of the study.

Preschool Language Scale-3. This scale measures language development of children from birth to 6 years of age. The *Auditory Comprehension* subscale measures precursors of receptive communication skills with tasks focusing on attention abilities. The *Expressive Communication* subscale measures precursors of expressive communication skills with tasks that focus on social communication and vocal development. A *Total Language* score combines these two subscales. The PLS-3 was standardized with a sample of 1,200 children aged 2 weeks to 6 years, 11 months, with equal percentages of males and females in each age group. Representative sampling based on 1980 U.S. Census data and the 1986 update was stratified by parent education level, geographic region, and race (Zimmerman, Steiner, & Pond, 1992). The analysis of this measure includes children who were under age 6 at both wave 1 and wave 3 of the study. In addition, children's wave 1 scores on the two subscales were included in the models, since no total score was available for wave 1.

School Engagement. NSCAW asked all children over the age of 6 to answer a series of questions about their involvement in school. Children were asked how often they enjoyed being in school, completed their homework, tried to do their best work, found classes interesting, listened carefully in class, and got along with teachers and other students. There were 11 items about school engagement and possible response were: 1=never, 2=sometimes, 3=often, 4=almost always. Scores on the summary measure could range from 11 to 44. The analysis of this measure included children who were 6 or older at both wave 1 and wave 3 of the study.

Woodcock-McGrew-Werder Mini Battery of Achievement (MBA). The MBA is a standardized test of academic achievement. Two subsets were used: reading, which measures sight identification, vocabulary, and comprehension, and mathematics, which includes calculation, reasoning, and concepts. The MBA is a brief, wide-range test of basic skills and knowledge, including tests of reading, mathematics, writing, and factual knowledge (science, social studies, and humanities). NSCAW utilized the MBA with children aged 6 and older and administered only the Reading and Math tests.

Because the MBA is a subset of the WJ-R, Woodcock-Johnson MPsycho-Educational Battery-Revised (Woodcock & Johnson, 1989) norms for the MBA are based on data from the normed WJ-R sample. This normed sample included 6,026 individuals aged 4 to 95 years, from 100 geographically diverse U.S. communities. Subjects were randomly selected within a stratified sampling design controlling for 10 community and individual variables. These data were gathered throughout the school year from September 1986 to August 1988 (Woodcock, McGrew, & Werder, 1994). Responses were scored as follows: 0=incorrect, 1=correct. Age standardized composite scores were used in this analysis. The analysis of this measure included children who were 6 or older at both wave 1 and wave 3 of the study.

Children's Depression Inventory (CDI). The CDI measures depression by asking various questions of children aged 7 to 17 about their engagement in certain activities or their experience of certain feelings (e.g., sad, enjoy being around other people). The CDI contains 27 items, each with a 3-point Likert-type scale (0=absence of symptom, 1=mild symptom, and 2=definite symptom) that addresses a range of depressive symptoms as indicated by five factors: Negative Mood, Interpersonal Problems, Ineffectiveness, Anhedonia, and Negative Self-Esteem. Children ages 7 or older at both wave 1 and wave 3 were included in the analysis of this measure.

Child Behavior Checklist (CBCL). The CBCL was “designed to provide standardized descriptions of behavior rather than diagnostic inferences” (Achenbach, 1991, p.iii) about competencies, problem behaviors, and other problems. Items are on a 3-point Likert-type scale (0=not true, 1=somewhat or sometimes true, and 2=very true or often true). The CBCL contains

100 items for 2 to 3 year olds and 113 items for 4 to 18 year olds. The problem scale is composed of eight syndromes (Withdrawn, Somatic Complaints, Anxious/Depressed, Social Problems, Though Problems, Attention Problems, Delinquent Behavior, and Aggressive Behavior) and an Other Problems category (26 items for the 2 to 3 year olds and 33 items for the 4 to 18 year olds). Behaviors are also categorized as externalizing (Delinquent and Aggressive Behavior syndromes) or internalizing (Withdrawn, Somatic Complaints, and Anxious/Depressed syndromes).

This analysis utilizes the total problem percentile score, derived from the total of the syndromes and Other Problems items as reported by caregivers (Achenbach, 1991a). The problem syndromes were normed by gender and age, using a nationally representative sample of 2,368 children aged 4 to 18 years old who had not received mental health services or special remedial school classes in the previous 12 months (Achenbach, 1991a). Children ages two or older at both wave 1 and wave 3 of the study were included in the analysis of this measure.

Conflict Tactics Scale-Parent Child (CTS-PC). The CTS-PC was developed to assess the use of discipline. There are two versions: one in which the children report their experience of disciplinary actions and one in which permanent caregivers report their use of those disciplinary tactics with their child. The “disciplinary” actions are more than those ordinarily considered part of parental discipline and range from time out to burning a child. The underlying assumption is that much maltreatment is justified by parents as discipline and understood by children as discipline. The CTS-PC’s theoretical basis is conflict theory, which assumes that conflict is an inevitable part of all human association, whereas physical assault as a tactic to deal with conflict is not.

CTS-PC uses an 8-point Likert-type scale (1=not in the past 12 months, 2=never, 3=1 time, 4=2 times, 5=3 to 5 times, 6=6 to 10 times, 7=11 to 20 times, 8=more than 20 times) to measure frequency and extent to which a parent has carried out specific acts of physical and psychological aggression (Straus, Hamby, Finkelhor, Moore & Runyan, 1998). This analysis includes the Psychological Aggression and Physical Assault subscales. There were 40 items on this measure. The analysis of these measures included children who were 11 or older at both wave 1 and wave 3 for children’s reports and children of all ages for the measures based on caregivers’ reports.

Trauma. The trauma measure was adapted from the Trauma Symptom Checklist for Children-PTSD. Children responded to ten items regarding trauma symptoms they are currently experiencing, such as having bad dreams or nightmares, feeling lonely, crying, wanting to hurt other people, and feeling like I did something wrong. Responses include: 1=never, 2=sometimes, 3=lots of times, and 4=almost all the time, with valid scores ranging from 10 to 40. Children

who were 8 or older at both wave 1 and wave 3 of the study were included in the analysis of this measure.

Violence Exposure Scale for Children-Revised (VEX-R). The VEX-R was used to assess frequency of exposure to violence and criminal events in children ages 5 and older. The VEX-R is a 23-item child self-report measure in a cartoon format that has been previously administered to minority, inner-city children and elementary school children in Israel (Stein et al., 2001). Children are shown cards depicting violent and criminal acts and are asked to respond on a 4-point scale (never, once, a few times, lots of times) regarding their experiences. Children ages 5 years or older were included in the analysis of this measure.

Future Expectations. This measure was adapted by NSCAW from a measure in the Adolescent Health Survey. Adolescents responded to six items indicating their expectations for the future, including “What do you think are the chances you will live to be at least 35?”, and “What do you think are the chances you will graduate from high school?” Responses were provide on a 5 point Likert scale ranging from 1 (“no chance”) to 5 (“it will happen”) The analysis of this measure included children who were 10 or older at both wave 1 and wave 3 of the study.

Funded by the David & Lucile Packard Foundation
January 20, 2004