

**SELECTED MULTI-CULTURAL GUIDELINES
FOR RISK ASSESSMENT****

Developed by the

**MULTI-CULTURAL ADVISORY COMMITTEE OF THE WASHINGTON RISK
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SELECTED MULTI-CULTURAL GUIDELINES FOR RISK ASSESSMENT

INTRODUCTION

This document presents selected multi-cultural guidelines for examining risk assessment data for certain risk elements or factors. The risk elements chosen for this document are commonly found in many risk assessment matrices used throughout the United States. Unfortunately, with the exception of a few outstanding books (e.g., Korbin, 1987; Scheper-Hughes, 1987) and a series of reports produced by Horejsi (1987); Horejsi and Pablo (1991), and Horejsi et al (1992), few resources have been developed that summarize some of the critical multi-cultural issues that should be considered when child protective services, medical, law enforcement and other family services staff members become involved in assessing the risk of child maltreatment.

While few CPS specific readings in this area are available, there is a growing literature on multi-cultural issues in social services delivery. (For an excellent review, see Stevenson, Cheung, and Leung, 1992.) Some of this literature is cited throughout this brief summary, while selected other references are listed in the Supplemental Bibliography.

After a brief discussion regarding training, this document presents a summary of some multi-cultural issues that should be considered when assessing the risk of child maltreatment

The Need for Specialized Training and Supervisory Support

Multi-cultural guidelines and a risk assessment matrix are only as useful and valid as the attitudes, knowledge, and skill of the person responsible for gathering the information used in the assessment rating and analysis. There are at least three areas of competence that a person should have (Quynh Nguyen, Personal Communication, September 19,1991; Stevenson et al, 1992).

A. Worker attitudes and commitment to ethnically-sensitive practice. While this aspect of training is the most difficult to change, it forms the foundation for application of knowledge and skills (e.g., Horejsi, 1982; Mizio and Delaney, 1981). Staff members must be encouraged to examine various attitudes towards working with various cultural groups (See Stevenson et al, 1992, for examples of self-examination questions across major phases of casework practice.)

B. Knowledge of the culture and how it affects the family within it. For this competency area, staff members need to know some of the major traits of the cultural group they are working with, along with being able to learn from the family and other experts regarding the following aspects of the family:

- How the family system is organized
- Family member roles and expectations of each other
- Family dynamics (e.g., how families relate to each other in certain situations)
- Lifestyles that are expected (e.g., how do families eat, sleep, socialize, and discipline their children?)

These are essential areas of knowledge for effective and humane service to children and families. For example, when should what appears to be a home health care remedy be viewed as potentially dangerous behavior requiring CPS intervention? When does a method of discipline endanger a child in a manner severe enough to warrant CPS intervention? (See Korbin, 1977.)

Being culturally competent also requires knowing the issues associated with acculturation and assimilation, as well as being aware of how individuals may differ along these dimensions. In all instances, the practitioner should determine the extent to which the guidelines are true for the current family. Staff members should not assume that these conditions are true simply because the family is a member of a specific ethnic group.

In addition, child welfare staff need to be grounded in their own culture and personal biases before being able to fully understand cross-cultural issues. Staff members need to be aware of how organizational culture affects their values and practice. Finally, merely making the multi-cultural guidelines available to staff members will be insufficient for assuring effective practice. These issues need to be addressed through in-service training, ongoing workshops/ case staffings, supervisory training, and specialized consultation. Administrative leadership is essential for effective implementation.

C. Intervention Skills. Caseworkers need to be able to approach and interact with family members in culturally appropriate ways. These are actually both knowledge and skill areas that are expressed through specific behaviors. For example, how and where does one sit (i.e., requesting permission of clients, sitting an appropriate distance from clients, being aware of body position, etc.) What family member should be spoken to first? What is appropriate eye contact, tone of voice, and use of questions? It is essential to use culturally appropriate interviewing techniques for both client rapport-building and for maximizing the information gathered.

Finally, while attitude, knowledge, and skill form the foundation for effective practice, consultation and Community Resources are important factors as well. Staff members need to have someone readily available that they can consult with for advice about family situations and dynamics. Each caseworker should be aware of resources for ethnic-sensitive counseling, as well as other community resources.

In conclusion, the availability of various risk assessment instruments does not constitute a substitute for providing staff members with the essential training, supervision, and consultation. (See Figure 1 on the next page.) Staff members should be cautioned to avoid stereotyping the families they work with as all families vary in the degree of acculturation and assimilation.

Figure 1
Use of the Risk Assessment Matrix with Families of Color

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In order to appropriately use the Risk Assessment Matrix with families of color, child welfare staff must have the following knowledge and training:

1. Formal training and supervision by specialists in ethnographic interviewing in order to understand the meaning of cultural differences, practices and norms.
2. Accurate assessment of the literacy and oral comprehension skills of parents, and ability to develop case plans that are appropriate to these skills. This applies to English-speaking, non-English speaking and limited English-speaking families.
3. Knowledge of the family's strengths and resources. This includes what should be considered strengths and resources within the family's culture. See #7 for discussion of community resources.
4. Cultural knowledge specific to each community of color. This knowledge should include knowledge of community expectations regarding appropriate and inappropriate child rearing practices at each developmental stage, community view of stages of child development and children's ability to take responsibility, community view of roles of "family" members including parents, extended family members, clan/village members, and designated non-biological family members who are considered to be as close as family.
5. Knowledge of cultural differences in what appear to be universal normative behaviors. For example, fear of strangers is not a universal behavior and may not appear in some cultures. Attachment to a primary caretaker is not universal. Multiple attachments can be equally strong and are not necessarily indicative of poor parenting.
6. Knowledge of the variations within ethnic communities such as differences between Mien and Laotian communities, rural and urban African Americans, refugee and non-refugee families.
7. Knowledge of community resources available within the specific ethnic community. This includes healers, service organizations, religious/spiritual groups, etc.
8. An understanding of how the community views public service institutions such as police and CPS. Which institutions are thought of as community resources and which are considered to be threats?
9. An understanding of the impact of limited economic resources on the provision of adequate medical care, basic needs, adequate supervision, and physical hazards in the home. The lack of economic resources is not necessarily indicative of poor parenting.

MULTI-CULTURAL GUIDELINES

This section presents selected multi-cultural guidelines for certain risk elements commonly assessed in child welfare. Practice guidelines and cautions are included for each risk element clustered under the following five risk factors:

- I. Child characteristics
- II. Severity of child abuse or neglect
- III. Caretaker characteristics
- IV. Parent/child relationship
- V. Social and economic factors

I. CHILD CHARACTERISTICS

Physical/Mental/Social Development

When assessing situations where children may have a physical or mental disability, but the child may not be at higher risk, is it the developmental disability itself, or more the way the family perceives the disability that places the child at higher or lower risk? Severely retarded children may be less able to defend themselves or report the incident. Ethnic minority families may be less likely to place children and use more social or family supports to care for the child. However, carefully assess how the family members perceive the child and his or her place within the family. Are there resources necessary to maintain a supportive environment for the child?

Behavioral Problems of Children

Some children may be misdiagnosed as hyperactive when they are actually capable of attending to more than one activity at a time. In some families, individuals pay attention to many activities at the same time. So for a child to not be able to focus on one thing does not necessarily mean he/she is hyperactive. Lack of "impulse control" or "attention span" is dependent upon child's age and culture. Special education experts have also noted that physical health problems such as poor vision, learning disabilities, and intestinal worms can be factors in producing restless behavior in children.

We need to take into consideration culture and type of family before behavior can be assessed. Children who are raised in certain more traditional homes may be socialized to be very quiet, to not be outspoken, and to not question adults. Yet other children may be taking on more mainstream values and behaviors that may produce child-parent conflict. With regard to sexual aggression, consider whether a child's behavior is due to different sexual norms or more child exposure to sexual situations.

Self-Protection

Recognize that a child of color is highly unlikely to go to a Caucasian person in authority, but would turn to a member of their informal support system first. In some cultures or families, young women may act passively and endure maltreatment as these women try to adhere to the traditional family roles that have been functional in other situations. So the risk level may be

high, but do not blame the young woman or man for not being more assertive regarding self-protection. For example, since Japanese-American culture stresses obedience to authority, the child may defer to teachers and parents (Nagrta, 1982, p. 86)

Fear of Caretaker or Home Environment

This may be difficult to assess. The child may feel less concern about retaliation and be more worried about shaming the parent. Children may fear returning home or parent notification due to the embarrassment that might befall the parents. The child's behavior may vary somewhat if interviewed in the school environment. There is historic distrust of workers in authority by many families of color. The fear of caretaker may only apply to physical abuse because children who are neglected or sexually abused often feel a kind of closeness or bond with the abusing caretaker.

A child normally considered at risk in dominant culture families with a boyfriend present may not be at risk in certain Native American groups. Children may be readily accepted by the boyfriend or the non-biological father in the family. For many Native American men, there is no denial of paternity (Horejsi, 1987).

II. SEVERITY OF CHILD ABUSE OR NEGLECT

Dangerous Acts

What is helpful to keep in mind is that child discipline methods may vary, but these methods should not place a child at serious risk of injury or lasting damage (e.g., loss of hearing due to being hit on the ear with a wooden spoon).

The language used in certain cultures may sound more threatening than it is, especially when the term is used to get a child's attention (e.g., "I'm gonna knock your head off."). Become aware of the common language used in each culture. Take the tone in which comments are said into consideration. Ask the parent what they meant by a particular remark.

Fasting in certain cultures may be appropriate in some circumstances for children. In traditional Hispanic folk remedies, some parents may give their children cayenne pepper which is actually beneficial, but can cause physical damage if used too much or for too young a child. In other folk treatments, a drug may be used which is harmful to children because it contains lead. (This drug is banned in the U.S., but is still sold in Mexico.) In some cultures, alcohol can be given to children as an aid in healing.

Domestic violence, however, can be a dangerous act irrespective of the culture. If a father is physically violent with the mother with the child present, it is emotional abuse. There is also the fear that children may become involved directly in the middle of the violent argument

Extent of Physical Injury or Harm

The laws in many states allow "temporary marks" and "transitory pain," but these are often not

defined specifically. Minimal standards of parenting must be established. For example, recognize Mongolian spots as birth marks rather than as evidence of child abuse. These spots are more common with children of color. Recognize that anemia can also be due to other medical conditions not related to CA/N.

It is important to understand the origin and context for certain methods of child discipline:

"Historically speaking, physical abuse, neglect and sexual abuse of children was rare among Native Americans. The extended family system common to the culture served as a child protection function. Traditional methods of child rearing were non-violent. Shaming was used as punishment but hitting was not. Unfortunately, exposure to Anglo culture introduced spanking and hitting into some Native families. Many of today's Native American parents and grandparents were introduced to severe physical discipline and other forms of abuse when they attended BIA or church-related boarding schools. These schools worked hard at teaching the native child the ways of the dominant Anglo society and in the process ridiculed and devalued the child's language, religious beliefs and traditions. Recent studies of the boarding school experience suggest that child sexual abuse was widespread within these institution-like environments. This should come as no surprise since we now know that sexual abuse is a common problem in many institutional settings. However, it does serve to explain how the problem was introduced into the tribal cultures.

Individuals that spent many of their formative years in these schools were exposed to child rearing methods that involved hitting and emotional abuse. Those who never attended these schools or attended for only a short period of time retained more of their tribal traditions and learned the non-violent and respectful methods of child care that are part of Indian culture. Thus, when assessing risk, it is important to determine if the parent or caretaker has a history of long exposure to the boarding school environment (Horejsi & Pablo, 1991, pp. 5-6).

If the above conditions are present, the risk may be higher than if the parent was raised in a more traditional manner. So consider the particular family you are working with to assess both family strengths and limitations.

In some African-American families, punishment plays a large role in child rearing and child care practices. Married parents reported punishing their children more frequently than unmarried parents. Physical punishment was used less often than other forms; however, lower income and lower educational level is correlated with higher frequency of punishment (Billingsley, 1979). In other families, spankings are used as a method of discipline, but do not escalate into severe abuse.

Extent of Emotional Harm

The expression of acceptance and affection varies from culture to culture. Verbal or physical positive praise may not be used. Make sure any assessment of child depression is accurate; in some cases the child will be withdrawn and not play with other kids because of the amount of responsibilities he/she has in the household. Child "depression" may be due to the child's stresses

or quiet behaviors related to the effect of trying to live in two or more cultures. These behaviors are not necessarily a sign of depression.

Adequacy of Medical Care

Every culture has an established concept about appropriate medical care and who provides that care. The lack of adequate medical care may be related to the lack of culturally appropriate service providers. This has implications for intervention planning. Within the culture there may be variations and exceptions. Some common non-traditional medical practitioners may include Shamans, medicine men or women, herbalists, chiropractors, hypnotists, or religious leaders (Minority Initiatives Committee, 1988, p. 2). For example, Native Americans may use Shamans or Medicine Men to help. Some believe that certain illnesses are caused by their gods or actions of the person who is ill. Some ethnic groups believe in forms of "Folk-Medicine." Some religions specify the use of certain medical practices. Christian Science is one religion that does not believe in modern medical technology (English, 1990, p. 2).

Ethnic and cultural beliefs about what causes illness may vary greatly from the majority culture's beliefs. "Regular medical care" may not include scheduled trips to the doctor or dentists. Parents may choose not to immunize their children or subscribe to other commonly accepted medical practices. Important questions would include: Is the child at risk due to medical practices and procedures? What is the cultural norm? Does the family's practices and procedures fall within acceptable community norms? (Minority Initiatives Committee, 1988, p. 2),

Provision for Basic Needs

The realistic basic needs of a child should be considered. What conditions are due to poverty? For example, many families do not have one bed per child in a household, or a "bed" may not be the standard bed frame, mattress and box springs (Minority Initiatives Committee, 1988). Furthermore, there are many families who live without running water or modern plumbing, such as a toilet. If you were assessing such a home, would you consider this a health risk because the parent is not providing for the basic needs of the child? Do children need to have a bed to sleep in? If a child comes to school so dirty that teachers and other students complain to DCFS, is this not meeting basic needs?

The worker needs to look at all of the factors - What are the community standards regarding this area? Even if parents are not meeting the standards, does that really put a child at risk? Is there a real health risk for the child? Given that most of the world has or is living without running water, plumbing, daily baths and clean clothes, are these basic needs or a cultural norm? If their cultural norm is interfering with the child's education, must we help families change this norm? (English, 1990).

Critical factors in making an assessment of basic need should therefore include:

1. What are the community standards and practices in the area?
2. Practitioners need to be aware of their own values and whether they are judging families based on these values.
3. If the family's facilities do not meet community standards and practices, would other

alternatives to the family's facilities place the child at equal or greater risk? (Minority Initiatives Committee, 1988)

Adequacy of Supervision

In certain cultures, children may appear to have little supervision, when actually neighbors and extended family members are observing the children and are able to help in an emergency situation and, in some instances, provide discipline. The extended African-American family provides family members with leadership, security, sense of family, and a sense of group direction and identity (Martin and Martin, 1978). In other cultures, younger children are socialized and taught at an early age how to care for younger siblings, including safety skills and who to contact in an emergency situation. The child's ability with respect to protection, available supervision, and the surrounding environment must all be considered.

Some ethnic groups in the U.S. expect more responsible behavior of their children at an earlier age than the majority culture. For example, some families may have come from farming cultures where it is normal and acceptable for young children to care for themselves, do chores, and care for younger siblings.

Increasingly, low income and single parents require children to care for themselves before and after school. Children who appear to live in a single parent or nuclear family may, in reality, have an extended family network which is available on demand when needed. When making assessments, workers should address the abilities of the particular child in question, the cultural expectations of the family, the child's ability to handle an emergency, younger siblings, etc. Most importantly, the focus should be: is the child in danger from what is expected of him/her? (Minority Initiatives Committee, 1988, p. 1). For example, some families will often train the oldest child in a family to learn child rearing responsibilities when the child is very young. It is not uncommon to find young grade school age children given the responsibility to care for toddlers without direct adult supervision. This by itself does not place a child at high risk.

Children within many Native American tribes are allowed to fully learn from their actions. This means the children are allowed to experience the consequences of their decisions and behavior. There is very little limit setting in child rearing in most tribes. Because of the extended family structure that is common in many families, it is usually not of concern that a child is cared for by a "parent substitute," unless that parent substitute is unrelated to the child, not a member of the extended family, and has little personal investment in the child's well-being (Horejsi, 1987).

In some large families, children become accustomed to having many people meet their physical and emotional needs. In families where there is parental dysfunction, even more of the needs may be met by siblings. Interdependence among siblings is encouraged and valued in certain cultures. It is expected that older children will help with the younger ones and that brothers will protect sisters (Hegar & Rodriguez, 1982).

Physical Hazards in the Home

An evaluation of the home's structure and physical condition must be placed within a socio-

economic context. As a group, some families of color are often economically poor. In fact, poverty is a pervasive problem on reservations and for most Indian families that have moved to urban areas in search of jobs. People with little money are forced by circumstances to live in "low rent" housing which is often poorly constructed and poorly maintained. The water, heating, laundry facilities and sewage systems may be in a state of poor repair. Such realities are beyond the control of the renter. By definition, neglect is an act of omission. A finding of neglect presumes the parent/caretaker can make needed changes but chooses not to do so.

Given the value placed by tribal cultures on hospitality and on sharing what you have with other family members, it is common for Native American families to welcome relatives and friends into their home for long or short term stays. This can, of course, result in overcrowding and a shortage of food, but it must be understood that these problems result from an act of compassion and from a means of economic survival, not an act of neglect" (Horejsi & Pablo, 1991, pp. 7).

Sexual Contact

Physical contact between family members may not be abusive, depending on the nature and purpose of the contact. In some cultures, siblings or cousins may share a bed up to a certain age. The Japanese infant/child co-sleeps with his parents for a longer period of time than the American child. In general, a person in Japan can expect to co-sleep as a child, as well as later as a parent and as a grandparent (Caudill & Weinstein, 1969).

III. CARETAKER CHARACTERISTIC

Substance Abuse

Some families with substance abuse will exhibit instability and increasingly pathological parenting patterns. Alcohol abuse is only one of the problems—the breakdown of cultural traditions associated with rapid change in family interaction and child rearing may often precede alcohol or drug abuse.

Alcohol is a substitute for the cohesive and satisfying kinship relationships that have been lost. Families of abused and neglected children are characterized by high rates of unemployment, divorce and alcohol abuse (Hauswald, 1987).

History of Abuse or Neglect as a Child

Some abusive parents were abused themselves and lacked nurturing. The parent may attempt to establish a symbiotic relationship with the spouse. When that spouse fails to respond, the parent may seek nurturing from the child, or may become jealous and see him or her as a rival and attack him or her (Justice & Justice, 1976). Yet, it is important to note that less than 30% of parents maltreated as children later abuse their own children. (See Pecora, Whittaker, and Maluccio, 1992, p. 158; Zigler & Hall, 1989, pp. 52-53, 63-64.)

Parenting Skills and Knowledge

Clearly, methods of parenting vary from culture to culture. Roles and expectations, which form the basis for parenting behaviors, range from meeting basic needs to extensive personal interaction. These roles vary by family size, composition, or other factors. This area of assessment is extremely subjective, and worker bias can skew any risk rating unless care is taken to be an objective observer during assessment (Minority Initiatives Committee, 1988, p. 2).

Some Japanese parents and their children are emotionally tied and are not differentiated from the psychological unity of the whole family. The child's conduct has a direct impact on the parents. Parents experience a child's behavior as if they themselves were responsible for it (Wagatsuma, 1981).

Nurturance

For some cultures, accomplishments are not praised but are expected as normal achievements. Some families may emphasize the group accomplishment and not the individual accomplishment.

Many groups do not value parent participation in child focused activities, but rely on older siblings to help with child independent play activities.

Cooperation with Agency

Cooperation with the agency is extremely difficult to assess and must be viewed carefully. A variety of issues may be important to consider, such as past exploitation and how one relates to persons in authority:

"More often than the Anglo parent, the Native American parent/caretaker may exhibit dysfunctional behavior when confronted with a complaint of child abuse or neglect. It is important not to misread this behavior. For historical and cultural reasons, the Native American parent may be extremely fearful of "social workers" and state child welfare authorities. Most middle aged individuals experienced the days of "child snatching" by BIA social workers when so many children on reservations were removed from their families and placed in boarding schools or in off-reservation foster homes. Within the past 25 years there were BIA policies to the effect that once an Indian child was placed in foster care, the child was not to be reunited with his or her family. Stories concerning families disrupted by placement are known to all Native people, even young parents.

Given their natural reticence and reserve in interpersonal interaction and a tragic history of excessive child placement, some Native parents/caretakers will be terrified, emotionally distraught and functionally incapacitated when confronted by a CPS investigation. It is important not to mistake what may be a temporary and situational immobilization as a feature of the caretaker's personality. It is critical to gather information from persons who know the parent/caretaker, before drawing conclusions. If it is learned that the person functions at a higher level in non-threatening situations, the dysfunctional behavior seen by the CPS worker may be an incapacity caused by a fear of

CPS and placement (Horejsi & Pablo, 1991, pp. 3-4).

However, many Native American parents who are familiar with the court system may be very much aware of the difficulty that CPS has in removing children from the home or the reservation. So there may be less parental incentive to cooperate with the agency staff members. Yet, some cultures place an emphasis on harmony and amity in interpersonal relations; their members tend not to be assertive in social interaction. They are not direct in communication; and they are not confrontive. Some adults and children may be shy and deferential, especially when in the presence of someone they perceive as an authority:

"In assessing a caretaker's level of cooperation, it is important not to interpret reticence as a lack of interest or an unwillingness to cooperate. This passivity may be more of a cultural style than an indicator of motives and attitude. In order to properly assess the Native American parents/caretakers level of cooperation, it is helpful to know if the parent was raised in a more traditional manner or if they are on the assimilated end of the bicultural continuum. If traditional, the parent will probably be non-assertive, non-communicative and passive when confronted by an authority figure when they care deeply about their child and are eager to correct the situation. On the other hand, an apparent lack of concern by a culturally assimilated Native American may indeed be a lack of motivation to correct the problem." (Horejsi & Pablo, 1991, pp. 4-5).

Caseworkers may be individually personable and have successfully built rapport with clients, but the fact that they represent the department of social services and wield commensurate authority should be a factor in assessing cooperation. Historic distrust of the government and people of the majority affects client response. Knowing the power lines within a client family is essential to gaining cooperation: Does the worker need to address the eldest male? Involve extended family? What are indicators of active cooperation? Workers will need to adjust their interventions to adapt to the client's norms (Minority Initiatives Committee, 1988, pp: 2-3).

In addition, what behaviors indicate that a family is cooperating with a service plan? Just the fact that they do everything that is in the plan? In recognition that workers represent the majority culture by the fact they work for the child welfare agency (even if they are not so themselves) we need to understand how people of ethnic backgrounds may react to you. For example, in many cultures respect of authority is very strong and high priority is placed on conflict avoidance (Minority Initiatives Committee, 1988). The client may nod their head and agree to show their respect. That does not mean they actually agree or will do what has been requested.

Some parents may be distrustful of what you are telling them. They may question you or look for hidden meanings even if there is not one. Cultures vary as to who have authority to make family decisions. It may be necessary to involve extended family members in the case planning process. Older male clients may have trouble receiving direction or guidance from a woman. Similarly some woman clients will feel a need to agree, on the surface, with male workers. Some groups believe that the family is the property of the adult male, and that no outsider has the right to interfere with their family or other theories of non-interference in family matters.

At what point is the client not cooperating versus handling their cultural norms in an appropriate way? Did the previous worker try to understand the culture? Did the worker involve the family in

the case planning? Has there been an attempt to find culturally appropriate resources? Are the members of the family who have the authority being included? Are we requiring clients to adjust to our or the agency's culture on all items but not adjusting to theirs (English, 1990, p. 3)?

Hmong parents may not understand that severe physical punishment may be prosecuted as child abuse, regardless of the original intent of the punishment. The American legal system may intervene more quickly and more decisively than the Hmong parents expect. Lack of cooperation of parents with protective services may stem more from misunderstanding and fear than resistance (McInnis, 1991, pp. 576-577).

A Native American family's access to the power structure will affect how the parents will be treated by the tribal court, tribal policy and tribal agencies. The access to power could affect a CPS investigation. A parent could look to a powerful relative to stop an investigation or the relative may try and use the CPS agency as a tool in an ongoing family feud (Horesji, 1991).

Certain traditional family structures encourage domestic affairs to be kept within the family. For example, socially, members of the Chinese family were taken care of by family members. The strong element of interdependence in the Chinese family structure may negate any need for the Chinese to seek organized relief outside of the home (Cheng, 1944).

IV. PARENT/CHILD RELATIONSHIP

Response to Child's Behavior or Misconduct

Parents' reactions to a child's misconduct will vary depending on the parent's expectation of the child and his/her perspective on authority or authority figures. Some parents expect children to excel in their societal interactions and to conform to majority cultural norms. Other parents encourage their children to be more verbal and assertive in their interactions with authority figures and support their children's non-conformity. Without assessing cultural norms, a child's risk of abuse or neglect can be skewed by the worker's interpretation of an over- or under-reaction by the parents (Minority Initiatives Committee, 1988, p. 3).

Furthermore, what is overreaction? Or what is underreaction? The definition varies culturally for what is serious misconduct of a child and what reaction it deserves. For example, some families may encourage their children to be assertive and stand up for themselves. The teacher may see this as undisciplined, rude, etc. and expect a reaction by the parents to curb this behavior. Other families might expect their children to exceed in everything they do (school, sports, music). When a child shames the family by not getting the grades expected or getting into "minor" trouble at school their reactions may be extreme. Is this a problem that puts a child at risk of maltreatment, or is it a cultural issue where parents may need to explain what the consequences are for the child (English, 1990, p. 4)?

In some families, the behaviors of females (children and adults) are more closely regulated and deviations more harshly sanctioned than was similar behaviors by males (Baptist, 1987, p. 237). In others, the child's behavior is viewed as being reflective of the family as a whole (Wagatsuma, 1981).

Attachment and Bonding

Recognize that this is a difficult area to define precisely, but the child development literature does describe some basic indicators. In many ethnic families, children will bond strongly to a number of family or non-family adults who provide primary care or emotional support to the child. Workers will need to look beyond the nuclear family for adult-child bonding patterns. Workers will need to discern the appropriate cultural behavior patterns which distinguish between children who have or have not bonded with an adult caregiver (Minority Initiatives Committee, 1988, p. 3).

In Japanese and some other families, co-sleeping helps an individual gain a comforting security and is an indicator of positive intimacy in the family (Caudill & Plain, 1966). Co-sleeping is used in Taiwan as it is in Japan to insure a sense of interdependence in the child in relation to other family members (Wu, 1981).

Child's Role in Family

Children have familial roles that vary from culture to culture. Depending on the culture, a child may be viewed as a gift from God, a link in an ancestral chain, or as a working contributor to the family's well being and success. Some children are valued more or differently from their siblings which may be acceptable in the cultural norms, When is the child's role inappropriate? At what point should the worker note that risk or actual maltreatment is present (Minorities Initiative Committee, 1988, p. 3)?

Different cultural groups define the role of the child very differently. For example, some parents may see children as gifts from God, and that they have wisdom from the god to share with adults. Asians may see their children as all important in the chain of generations - their role as a part of the family is highly important, as is their role to help care for the elderly parents in the future. Some cultures see their children as possessions, as workers, or as less than adults. Other groups are more concerned with having male children than female children.

The term "appropriate role" does not define what is appropriate. Society at large has not defined this. At what point is a child truly harmed by the role their family has asked them to fulfill (English, 1990, p. 5)? Children were considered an economic asset by the Hmong—necessary to an agrarian lifestyle. In the United States, the Hmong learned that children are an economic liability. Large families are difficult to support on public assistance or low wage jobs (McInnis, 1991, p. 575). If the child's role shifts, what is considered harmful?

Children in China belong to a wide network of individuals rather than just the nuclear family. These individuals share in the responsibility and task of child care. There is no conflict between schools, child care facilities and the parents in the socialization of the children (Korbin, 1977). In the traditional Chinese family, the oldest son usually has to assume many special roles. He must provide the major emotional support to his mother and grandmother; he may be used as a pawn in the power struggle between an over-involved mother and a detached father, or as an intermediary to link uncommunicative members. In addition, the oldest son may have to take care of the educational and character development of his younger siblings, as well as bring honor

to the family by being a good student and financial supporter. Among many ethnic minority families, "generational stake" (i.e., filial obligation across generations) is very important. Birth order may affect filial obligations (Lu, 1982, p. 538).

V. SOCIAL AND ECONOMIC FACTORS

Stress on Caretaker

Some cultural groups may trust in and depend upon other peoples' benevolence. There have been cases of individuals who, realizing their own inadequacy as parents, abandoned a child with the hope that someone much better qualified would find the child and be better parents (Wagatsuma, 1981).

Social Support for Caretaker

Social supports take many forms in different cultures, from extended family to clan members to more informal supports, such as neighbors or friends. A family may initially appear as isolated, lacking both social and economic support. Yet, upon closer examination, a number of essential resource persons may be already involved with the family or able to be engaged as a support.

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