



# People of Color Leadership Institute

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## POCLI NEWS

### DENVER CONFERENCE ACTIVITIES

—by Cheryl Rust

Denver, Colorado, was the host city for the Ninth National Conference on Child Abuse and Neglect and the site of several activities sponsored by the People of Color Leadership Institute. On September 13, 1991, POCLI held its first project Advisory meeting. This meeting was successful in bringing together POCLI staff, subcontractors, consultants, and Expert Task Force members to review project materials and to develop strategies for implementing the various project components.

POCLI sponsored several workshops at the Ninth National Conference to share resources and highlight information regarding service delivery to children and families of color. On Saturday, September 14, POCLI hosted four roundtables to allow professionals an opportunity to express their concerns, recommendations, and strategies for improving child welfare services to communities of color. The four roundtables highlighted critical child welfare issues in the African American, Latino, Asian, and Native Ameri-

can communities.

Each roundtable focused on identifying gaps, problems, and deficiencies in child welfare service delivery to children and families of color. Participants had an opportunity to verbalize their frustrations and develop policy recommendations to improve child welfare services to communities of color.

The roundtable conversations were rich with ideas and energy, and a myriad of critical issues surfaced during the discussions. Participants expressed the need to include community representatives in decisions regarding service delivery. Concern was raised about how families are currently being defined and how this definition affects decision regarding out-of-home placement of children of color. The roundtables were successful in outlining strategies to address the identified problem areas. Participants provided the following policy recommendations to improve service delivery to communities of color:

1. Expand the definition of "family" to include extended family members that serve as vital support systems in communities of color.
2. Provide financial support to extended

family members in order to facilitate placement of children in these settings.

3. Incorporate traditional healing practices in treatment models.
4. Involve tribal leaders in the Native American community in case management decisions.
5. Integrate services and enhance cooperation between social service agencies.
6. Develop policies that ensure that agency staff is culturally competent.
7. Develop strategies to keep children at home and support the strengths within families.
8. Increase intervention efforts and re-evaluate interventions that are punitive in nature.

In summary, the roundtables were successful in providing an abundance of ideas and strategies that will serve as a guide for POCLI's activities and policy agenda. POCLI staff will use the ideas to develop formal policy recommendations and establish project priorities.

For further information regarding POCLI's participation in the Ninth National Conference, please contact staff at 202-544-3144.

## FEATURE

### PSYCHOSOCIAL STRESS AND CHILD ABUSE: AN HISPANIC CULTURAL PERSPECTIVE

—by Luis H. Zayas

*POCLI presents the following article to heighten awareness and stimulate discussion about life experiences that influence case management decisions involving Hispanic immigrants. For additional information to clarify or expand on the issues raised in this article, please contact POCLI staff at 202-544-3144.*

There is considerable literature on the influence of social stress and negative life events on parents' tendency to abuse their children. Most of this information, however, assumes comparability of psychosocial stressors across racial-ethnic groups. When we consider recently arrived Hispanic people, however, it is essential to view psychosocial stress as not simply originating in a demanding but stable situation, but rather as a longitudinal process that encompasses conditions associated with the decision to migrate, migration itself, and adjustment to a new culture. By definition, the process is unstable

and unpredictable.

In this brief communication, the stresses commonly faced by recently arrived Hispanic immigrants are reviewed, in the effort to help child welfare professionals recognize the presence, multiplicity, and complexity of these stresses. Hopefully, the clinician will integrate this understanding in formulating a comprehensive assessment and treatment plan.

Two caveats are crucial at the outset. One is that Hispanic immigrants represent diverse populations. They differ in race, national origin, and cultural traits. What may be said of one Hispanic group may not apply to another. However, their overarching similarities, such as language, similar family values, and often economically impoverished immigrant status allow some discussion of Hispanic emigres as a group. The other caveat is that not all Hispanic parents who experience the stressors reviewed here abuse their children. Most immigrant families function well and raise happy children. The discussion of psychosocial stressors is intended to offer potential etiological factors to consider in families who do abuse.

The accumulation of psychosocial stress often associated with immigration, poverty, and discrimination can contribute to child abuse. Stressful life events that en-

sure and are intense, whether sequential or concurrent, often dramatically impair a family's capacity to deal with strains, changes, and challenges in survival. For Hispanic immigrants, the stresses are often multiform and chronic, beginning before they leave their country and persisting through their time of adjustment in the United States. As we present the three phases of immigration stress—pre-immigration, immigration, and post-immigration—please bear in mind that they often overlap: the emotional effects of one stage can still play a part in individuals' psychosocial functioning during a subsequent phase.

#### Pre-immigration stresses

Pre-immigration stress refers to the numerous strains immigrants experience in their country of origin—those strains that motivate the decision to emigrate in the first place. Since emigration, even when desired, is dangerous and distressing, the conditions that motivate it have to be extreme. Dominican, Mexican, Central American, Salvadoran, and other Hispanic immigrants cite a combination of factors as motivation for their often life-threatening journeys. The search for economic opportunities is the reason most often given for emigration. Most immigrants suffered from unrelenting pov-

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**ZAYAS** (continued from page 19)

erty in their country of origin. Many have endured governmental instability or political oppression and persecution, sometimes including torture and other atrocities.

Living in those conditions is extremely difficult, often physically and emotionally damaging. In addition, contemplating a flight from such conditions entails traumatizing decisions about separation and responsibility. Saving oneself may mean leaving family and friends behind; it may feel like abandoning them without protection in a brutalizing country. Deciding to bring them along may mean exposing them to a life-threatening trip. Uncertainties about the future—how the trip will be accomplished, what it will be like, what one's adopted country will be like—cause prospective immigrants anxiety for their own and for their loved ones' safety.

The pre-immigration ordeal may manifest itself in symptoms ranging from depression and hopelessness to symptoms associated with post-traumatic stress disorder. These symptoms include extreme anxiety, hypervigilance, paranoia, sleeping disturbances and nightmares, and impaired interpersonal relations characterized by extreme mistrust and wariness.

**Immigration stresses**

Immigration stress is the immediate, short-term difficulty involved in moving oneself from one sociocultural system and geography to another. The immigration process can be extremely traumatizing. Many immigrants have to traverse harrowing terrain to complete their journey. Guatemalans must travel through rural Mexico, then find passage across the Mexico-U.S. border; Dominicans have fled to Puerto Rico on rafts and poorly equipped boats over turbulent waters. Many Hispanic immigrants have died in the process of immigrating, and all immigrants know that death is a possibility. Think of it: *vacations* are listed as stressors in most mental health inventories. The dangerous journeys of immigrants can be emotionally exhausting.

**Post-immigration stresses**

Post-immigration stress begins immediately upon arrival in the host country. Immediately, differences in language, culture, geography, and climate are evident. Within days, discrimination may be felt. The immigrant's difficulties with the language may be exacerbated by the impatience of natives with the foreigner's halting speech.

Non-verbal communication is another source of confusion. In some Latin American cultures, for example, eye contact is seen as a sign of aggression or disrespect. For Americans, in contrast, eye contact is a sign of firmness and directness. Many embarrassing and even dangerous misunderstandings can occur as a result of this difference. Americans and Hispanics tend to view time differently as well. Whereas Americans tend to be very business-oriented and time-conscious, almost to view time as an adversary, Hispanics tend to view time much more calmly, to see it as something they can't standardize or control. These and many other cultural differences can create confusion, disorientation, anger, and fear in the His-

panic immigrant.

These differences can also contribute to the Hispanic immigrant's inability to get or hold a job. Even while immigrants may be feeling great anxiety about making enough money to help bring their loved ones to join them in the States, they may be chronically plagued by unemployment, underemployment, job instability, substandard working conditions, victimization by their employers, and, of course, poverty. Housing is often substandard; homelessness is a palpable threat. The neighborhoods in which immigrants live are often unstable, full of crime, violence, substance abuse, and hopelessness. These economic disadvantages create barriers to health care, education, and recreation. In some cases, lack of legal documentation of immigrant status increases the barriers and the stress.

***We cannot cite cultural factors as rationalizations for child maltreatment.***

When they need help most, Hispanic immigrants may find it least. The familiar social support systems of their country of origin may be absent or limited. Without these supports, disruption and fragmentation of personal and family life may ensue.

Breakdown of the family may be hastened by particularly divisive factors about the new situation. For example, the wife may be more employable than the husband. If so, that part of the man's sense of worthiness and pride which derives from being the family's principle breadwinner may be diminished or destroyed. In addition, children often acculturate more quickly than their parents. When an adolescent girl wants to dress, use cosmetics, and date like her American peers, but her parents want her to retain the traditional, modest behaviors of women in her culture, powerful parent-child conflicts can ensue.

All of these stressors can lead to cognitive disorientation and low self-esteem. Unfortunately, public and private sector services are seldom adequately prepared to serve disenfranchised populations. Service providers are not always sensitive to or familiar with the language and cultures of their Hispanic clients. Access to the services that are available may be limited due to hours of operation that conflict with daily work schedules. Most Hispanic immigrants' jobs do not offer flexible leave policies: time taken from work to take advantage of available social services may result in the loss of wages, even the loss of a job.

Some Hispanic immigrants respond to these complex multiple stresses by turning to alcohol and other drugs. They may respond to the dissolution of their families by employing culturally acceptable approaches to child and adolescent discipline, which may include corporal punishment. It is all too easy, when drugs are being used, for corporal punishment to escalate into abuse. Whether disciplinary behavior is abusive or not, however, it may be interpreted and reported as such by others. Well-intentioned

professionals such as social workers, teachers, and physicians, may act within the guidelines of mandated reporting laws, which lack flexibility in making culturally sensitive assessments of whether abuse actually occurred. The reasons a family may be identified are many, but often it is the individual professional's or the bureaucratic system's failure to understand the values that govern childrearing in the Hispanic cultures. Whether or not abuse has in fact occurred, reports inevitably initiate a labyrinthine process of involvement in the local child welfare system, which is very often culturally insensitive and perpetuates rather than solves the family's problems.

**Conclusions and clinical implications**

We cannot hide family and parental deficiencies behind descriptions of culture and what the culture prescribes. We cannot cite cultural factors as rationalizations for child maltreatment. Further, it is inaccurate to focus on environmental factors as the only determinants of child abuse; to a certain extent it is also unfair, since the majority of people who experience maximum stress do not abuse their children. There are, after all, aspects of individual psychology and psychopathology that lead to child abuse and neglect.

We do, however, have a responsibility to take into consideration the cultures from which immigrant Hispanic families emerge and the trials they have undergone, both before and after their decision to immigrate to the U.S.

An understanding of the immigration process and the associated social stresses must be combined with our understanding of individual psychology. The clinician must look for the expression of loss and yearning among persons who have migrated, and understand the immigrants' sometimes intense attachment to their language or culture as an attempt to maintain closeness to family and friends they have left behind.

To begin to integrate knowledge of the Hispanic immigrant family, the clinician should approach each family with a desire to elicit from them a narrative history of their family life, including pre-immigration experiences. Asking families about how their specific culture views childrearing and parents' and children's rights will give the clinician a chance to better understand the suspected abuse or neglect situation. It is essential that the service provider respect the family structure and engage immediate and extended family members in the case management decisions.

The clinician must be aware that a family may misreport traditional cultural practices to exonerate excessive physical violence. But frequent inquiries about parenting behaviors and values of the culture of origin will gradually provide the clinician with a broad understanding from which informed and sensitive decisions can emerge.

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