CULTURE
A Rationale for Cultural Competency

—by Veronica D. Abney and Karen Gunn

Introduction

Within many segments of human services, cultural competency has been acknowledged as a critical element of professional expertise. Many professionals remain confused, however, about some of the basic assumptions underlying thequest for cultural competence and terms used to address the issues. In this first article in an ongoing series on the topic of cultural competence to be published in *The APSAC Advisor*, we will take a brief historical look at various cultural perspectives in the social sciences, define the meaning and usefulness of terms such as "race," "ethnicity," and "culture," address the rationale for cultural competency, and offer a description of cultural competency at both the clinical and organizational level.

Historical overview

Historically, the role of culture has been viewed from various perspectives. Early theories based in the biological sciences focused on the purported genetic inferiority of non-white peoples. This "scientific racism" (Thomas and Sillen, 1972) has been widely espoused: the distinguished American psychologist, G. Stanley Hall (1904), contended that Africans, Indians, and Chinese were members of "adolescent races" and not fully mature; Lewis Terman, adapter of the Stanford-Binet Intelligence Test, claimed in 1916 that Spanish-Indians and Mexicans were ineducable; recently, Arthur Jensen (1969) and William Shockley (1966) have argued that African Americans have genetically lower IQs.

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The "cultural deviance" model takes as normative the patterns and values of white middle-class culture and sees any digression from those norms as pathological (Gibbs, 1991). In the 1960's, this model evolved into the "cultural deprivation" model, in which cultural differences are ascribed to the effects of oppression, poverty, and discrimination. A well-meaning effort to reject these deficit models and to focus more on human similarities than on cultural differences is seen in the argument that we should be "color blind" (Thomas and Sillen, 1972). Unfortunately, this "cultural equivalence" model is insensitive as well (Karno, 1966), insofar as it blinds people to important cultural features related to historical, social, and political experiences—features which are essential to seeing the world from another's point of view.

The "cultural variant" model (Allen, 1978) helps us approach the worldview of a particular culture from within a broader cross-cultural base (Korbin, 1981). It avoids ethnocentrism by not taking any one culture as the standard against which others are judged: it sees different cultural practices as belonging to a unique context which is best understood from within. Yet it avoids cultural relativism as well (the perspective that *any* value judgement about cultural practices is ethnocentric) by acknowledging that some cultural practices—such as infibulation, foot binding, and coining—are destructive. Cultures legitimately vary in their means of meeting universal human needs, such as those for food, clothing, shelter, affiliation, safety, order, procreation, and attachment. Yet value judgements can be made based upon how well or poorly certain practices address these universal human needs. In addition to cultural variations, individuals within any culture may deviate from cultural norms and behave in ways which are clearly harmful to children. By combining an appreciation of legitimate cross-cultural variations in nurturing child-care practices with a theoretical basis for making value judgements that protect children from harm, the cultural variant model is the core of cultural competence.

"Race," "ethnicity," "culture": What's what?

The terms "race," "ethnicity," and "culture" are often used interchangeably, and are defined in various ways by anthropologists, ethnologists, psychologists, sociologists, and the people the terms are meant to describe. This confusion impairs communication, and needs to be addressed directly. Racial classifications (i.e., negroid, caucasoid, and mongoloid) refer to common ancestry and genetic physical characteristics (e.g., skin color, hair type, eye shape and color, lip shape). These three categories, while broadly useful, may "ignore or obscure considerable internal diversity within each group" (Yetman, 1991, p. 9) which arises from interracial breeding.

"Ethnicity" is a term that has gained more frequency in recent years. The common definition of "ethnic group" is a sociological one, "a group of people of the same race or nationality who share a common and distinctive culture" (Random House, 1968). However, in common usage "ethnicity" is frequently used to refer only to race, nationality, and land of origin, ignoring the important variable of culture. The U.S. Census Report classifies the population by both race and ethnicity using the following categories: African American, Asian/Pacific Islander, Hispanic, Alaskan/Aleutian and White. These classifications mute the cultural "subgroups" with various religious, linguistic, and historical backgrounds. For example, the category of Asian-Pacific Islander includes Filipinos who, as a result of colonization by Spain, may have Spanish surnames and practice Catholicism. Some argue that although this group resides in the Pacific Islands, they require a separate category which better distinguishes their unique language and lineage. Such important distinctions are what bring us to considerations of "culture."

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guage, worldview, dress, food, styles of communication, notions of wellness, healing techniques, child rearing patterns, and self-identity. Racial and ethnic classifications *might* tell us what someone looks like and where they are from, but tell us nothing about the important cultural factors we need to consider when trying to diagnose and treat child abuse and neglect.

A final term that must be addressed is "people of color." This term has largely political significance, and is meant to unite all non-white people. It focuses on color as a significant social factor in the U.S. because most people of color have experienced oppression throughout the history of this nation. This fact has an impact on virtually all of our cross-cultural interactions, and the term "people of color" highlights this political and social reality.

Rationale for cultural competency

In brief, cultural competence is the ability to share the worldview of your clients (or peers) and adapt your practice accordingly. If that sounds familiar, it should: cultural competence is, at base, the ideal of good social work practice. In order best to help people, professionals must understand the world from their clients' point of view, provide the help that is really needed, and provide it in a form in which it can be used. The contemporary urgency about cultural competence is a response to three major factors now at work in the U.S.: (1) the increasing cultural diversity of the U.S. population, (2) the underrepresentation of professionals from diverse backgrounds in the helping professions, and (3) inadequate delivery of social and mental health services to maltreated children of color. Before more specifics about these factors are offered, an important caveat must be aired: cultural competence is not just for those from the majority culture. Few professionals of *any* color are adequately trained to work cross-culturally.

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The increasing cultural diversity in the U.S.

The United States has experienced a tremendous increase in diversity over the last decade, as immigration from Asia, Europe, and Central and South America has increased and birthrates among some groups have risen rapidly. The 1990 U.S. Census reveals that nearly one in four Americans are people of color, reflecting the largest change in racial and ethnic composition in any one decade during the 20th century. By some estimates, between now and the year 2000 the Latino population will increase by 21 percent, the Asian-Pacific Islander population by about 22 percent, the Black population by almost 12 percent, and Whites by a little more than two percent (Henry, 1990). Given this rate of growth in U.S. diversity, if our policies and clinical practices are not culturally sensitive, the needs of maltreated children will not be well served.

Underrepresentation of professionals from diverse backgrounds

While people of color are overrepresented in the criminal justice and child protective service populations (see below), professionals of color appear to be underrepresented in those workforces. Statistics on this matter are unavailable, but professional consensus based on observation and experience is that professionals of color in these systems are scarce, particularly at upper levels. This shortage may reflect a number of factors: undergraduate and graduate programs in relevant areas may not adequately recruit and retain students of color; hiring and promotion practices are still discriminatory in some areas; and qualified candidates of color may be being lured away by increased opportunities, since the 1960s, to enter a wider range of professions.

The relative scarcity of professionals of color in these fields is not a problem that can be solved easily or quickly. It is also, however, not the whole solution. Although there will always be clients who desire an ethnic match, this is not always feasible nor is it always a client's choice. The idea that being a member of a particular ethnic group makes one automatically cognizant of and sensitive to cultural issues is a myth. Within each cultural group, there is much heterogeneity resulting from varying levels of assimilation, acculturation, and socio-economic status. The match or fit which we must aim for is one that derives from expanding our worldview and increasing our empathy for those who are different from us. The bottom line is that, as increasing numbers of people of color enter the social service system, an increasing percentage of professionals serving them must be able to respond to their needs in a culturally informed and sensitive manner.

Inadequate delivery of social and mental health services

The failure of professionals to be culturally competent is reflected in a number of ways in the delivery of social and mental health services. One consequence of this failure may be the overrepresentation of children of color in the child protection system. The American Humane Association (AHA) national data for 1990 on substantiated reports of child maltreatment indicate that the ethnic diversity of children in the system is far greater than that found in the nation (Working Paper Number 1, 1990) (see Table 1). For instance, African-Americans and Native Americans represent 12% and 0.8% of the American population, respectively, yet represent 24% and 1.7% of substantiated child abuse reports—double their representa-

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tion in the general population. In sharp contrast, Whites and Asian/Pacific Islanders represent 80% and 3% of the population, respectively, but only 56% and 0.8% of substantiated child maltreatment reports. Hispanic children are about equally represented in substantiated reports and in the general population. These substantiation rates may be affected by many factors, including sampling biases and other research limitations, and the behavior of those being reported, as well as professionals' perceptions. Racial and ethnic stereotypes, poverty, drugs, and social factors such as the use of physical discipline may leave African Americans and Native Americans more vulnerable to reporting and subsequent substantiation. In contrast, lower rates of substantiated reports for Asian American children may not be due just to a lower incidence of child abuse in these communities but to professionals' stereotypes regarding Asian "passivity" and the view of Asians as the "model minority" (Sue & Sue, 1990, 192).

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While not definitive evidence by any means of cultural stereotyping, this disproportionate substantiation rate raises concerns about the cultural competence of professionals in the field of child protection. This concern is only reinforced by data on the delivery of social and mental health services.

As child abuse professionals, we are all concerned that social and mental health services be delivered in the most efficacious manner. Unfortunately, there is much evidence indicating that services for clients of color are inadequate.

Table 1

Comparative rates of substantiated child abuse reports and US population by ethnicity, 1990

Percentage	African American	Asian Pac. Islander	Nat. American	Hisp.	White	Unknown Other
US Census Report *	12.10	2.9	.80	9.00	80.3	4.00
Substantiated Reports AHA	24.44	.81	1.65	8.45	55.91	8.74

* Total exceeds 100% due to an individual's possible inclusion in multiple categories

In a series of research studies done by Sue and associates in 1974 and 1975, it was revealed that 50% of people of color terminate treatment after just one contact with the mental health system as compared to a rate of 30% for whites (Sue & Sue, 1990). The primary reasons cited were the lack of non-white staff, the traditional way in which services were delivered, poor response to education and vocational needs of clients, and an antagonistic response to culture, class, and language variables (Sue & Sue, 1990).

Reviewing the evidence on the fate of families of color in public social service systems, one researcher concluded, "Once children and families of color enter child welfare systems, there is evidence which indicates differential treatment with regard to what services are provided, both in terms of quantity and quality" (Harris, 1990). A 1980 study indicates that assessment and intervention is "harsher" for families of color (Close, 1980). Another study cites higher rates of out-of home placements for children of color than for Anglo children, different and more restrictive referral and diagnostic patterns for African American children, and a disproportionate number of these children in less desirable placements (Stehno, 1982). In Los Angeles County the rate of African American children going into the system is four times higher than that for whites (Swinger, 1993). Nationally, 50% of children in out-of-home care are children of color, although they comprise only 20% of the population (Keys, 1991).

Poverty may play as great a role as child maltreatment in affecting these disproportionate numbers, for people of color are also disproportionately poor. Impoverished people are more dependent upon publicly funded social and mental health systems which, when not culturally competent, can result in their being over-scrutinized and misunderstood. Additionally, poor people are often powerless to deal with these massive governmental systems.

Aspects of cultural competency

To be fair to their clients, the systems meant to protect American children should be culturally competent. Systematic cultural competence means that culture and its influence are respected, understood and taken into account at all levels of service delivery, from the individual practitioner to the program, agency, organizational, and legislative levels. At each level, three aspects of cultural competency to be attained are **value base, knowledge,** and **methods.**

A sensitive **value base** regards cultural

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compentency as a critical focal point for professional development. It respects the following:

- That difference is not synonymous with pathology or deviance.
- That cultural difference creates dynamics that can, handled well, produce entirely positive learning experiences for all parties involved.
- That individual and institutional biases systematically affect perceptions, and that myths and stereotypes may control our interactions with others.
- That empowerment for the disenfranchised is a goal.

Knowledge is the second key aspect of cultural competency. Culturally competent professionals and systems must have a phenomenological understanding of the following factors:

- The influence of culture on perceptions, behaviors, interactions, expectations and modes of communication.
- The history of racism and oppression and the individual's response and adaptation to it.
- The client's culture (e.g., child rearing practices, sex roles, family structure, religious beliefs), community characteristics, and level of acculturation or assimilation.
- The impact of social class on the client's experience.

The contemporary urgency about cultural competence is a response to three major factors now at work in the U.S.: (1) the increasing cultural diversity of the U.S. population; (2) the underrepresentation of professionals from diverse backgrounds in the helping professions, and (3) inadequate delivery of social and mental health services to maltreated children of color.

In addition, professionals must have access to unbiased theories and data sets pertaining to child maltreatment in communities of color, and must be familiar with universal criteria of child abuse that take into account the physical and emotional harm done to a child, the parent's intentions, and socialization goals of the culture (Korbin, 1981).

The **methods** used in professional practice, research, and the development of human resources comprise the third aspect of cultural competency.

- Professionals must develop the ability to diagnose, determine and adapt clinically to culturally based values, viewpoints, attitudes and behavior patterns.
- Researchers must push to improve and expand current research practices and data bases.
- Professionals must work together toward the development of resources at all levels for clients of color and the practitioners, administrators, and private and federal funders who work with them.
- Professionals should work with communities to create and build on indigenous systems of support.
- Professionals should insist that cultural competence be an integral part of professional training programs and practice standards.
- Professionals need to develop tools to assess cultural competence at all levels.

Conclusion

Social service delivery for children and families of color has suffered from a lack of cultural awareness, acceptance, and competence. The increasing diversity of the U.S. population is a challenge and an opportunity for every American. The challenge is to incorporate so many dramatic demographic changes in so short a period of time. The opportunity is to derive maximum benefit from the richness of perspectives and experience that diversity provides. If we seize the opportunity presented, we can create positive, essential change in our effectiveness as individuals and systems. Cultural competence must be regarded as a standard professional skill, supported by valid theoryand knowledge base. By embracing the need for cultural competence in our workplace, professionals in the field of child maltreatment can be in the vanguard for the nation as a whole as we strive to make our increasing diversity a gift to all.

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Veronica Abney, MSW, is a psychotherapist at the UCLA Neuropsychiatric Institute and a member of APSAC's Board of Directors. Karen Gunn, PhD, is a psychologist in private practice and President of Gunn Consulting Group. Dr. Gunn has been an active Board member of CAPSAC.