

Translating Risks to Positive Outcomes

continued from page 23

ation among the providers regarding their observations of progress was clearer.

Implications

Establishing client outcomes from risk assessment information creates a treatment plan clear in its purpose. Service provision is less subject to a trial-and-error approach, where each "error" is a lost opportunity for a family. Working with maltreating families is often challenging and overwhelming. CPS workers and other providers have frequently lapsed into measuring compliance with services as their primary approach to case management and treatment provision. This practice has been ineffective in promoting or evaluating change

Managerial and clinical benefits result from outcome-oriented case practice. Translating risk information to client outcomes establishes accountability to casework practice similar to outcome measures applied to agencies and programs. In addition, the approach enables CPS to more effectively carry out its responsibility: to seek ways to provide opportunities for change.

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SELECTED MULTICULTURAL GUIDELINES FOR CHILD MALTREATMENT RISK ASSESSMENT

—by

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Cultural competence in child welfare practice has received increasing attention over the past few years. A disproportionate number of children and families served in child welfare programs are people of color (Children's Defense Fund, 1978; Stenho, 1982; Jenkins et al., 1983). Competence in risk assessment requires knowledge of particular cultures and how those cultures affect the families within them. Failure adequately to understand and take into account cultural factors might result in errors in judgment of risk.

For example, CPS professionals may make value judgments about the level or effects of poverty in a community without sufficient knowledge (see Korbin, this issue). They may misinterpret certain customary practices (e.g., coin rubbing as an Indochinese healing ritual) as detrimental, causing unnecessary child placement because of a lack of experience with the particular ethnic group. Unless one is from a specific culture, however, the kind of knowledge necessary for competent assessment and intervention is difficult to obtain.

Numerous articles discuss cultural competence and cultural differences, but relatively little empirical research has addressed the issue of cultural factors associated with child abuse and neglect. Further, although literature on multicultural issues in social services delivery has been growing (for an

excellent review, see Stevenson, Cheung, and Leung, 1992; for information about the use of "culturagrams" see Congress, 1994), relatively few resources have been developed that adequately summarize the critical multicultural issues that child protective services (CPS) professionals need to consider in assessing the risk of child maltreatment.

This article, based on practice guidelines from *Multicultural Guidelines for Assessing Family Strengths and Risk Factors in Child Protective Services*, summarizes selected practice principles for examining multicultural influences on risk factors. In addition to "Multicultural Guidelines," the project, which was conducted over several years by a committee of multi-ethnic social service experts, developed two other resources: 1) a strengths checklist for use in conjunction with the commonly used approaches to risk assessment in the United States; and 2) a risk assessment matrix that more explicitly addresses multicultural issues and family strengths.¹

Specialized training and supervisory support

To improve their risk assessments, multidisciplinary professionals must first make a commitment to develop ethnically sensitive practice (Nguyen, personal communication, 1991). They can then improve their risk assessments by the following means.

continued on next page

Selected Multicultural Guidelines

continued from page 24

A CPS professional should be aware of whether a particular family member should be addressed first, and should understand the need for appropriate eye contact, tone of voice, and questioning techniques.

Develop interviewing skills

Use of culturally appropriate interviewing techniques is essential to build rapport and maximize the amount of useful information gathered. Although unlikely in light of current financial and other constraints on practice, ideally CPS workers would be formally trained and supervised by specialists in ethnographic interviewing to help them understand the meaning of cultural differences, practices, and norms. More realistically, community resources and consultants should be available to CPS staff to supplement interviewing skills and to provide advice about ethnically sensitive issues. For example, how and where one should sit when interviewing must be considered: whether permission of clients should be requested, what distance from clients is appropriate, and what body position is most acceptable. In addition, a CPS professional should be aware of whether a particular family member should be addressed first, and should understand the need for appropriate eye contact, tone of voice, and questioning techniques.

Assess language skills

CPS professionals should be equipped to assess the literacy and oral comprehension skills of parents, whether the families are native English speakers, non-English speakers, or have limited English-speaking ability. The case planning process should then be adapted to reflect the English-language skills of the parents. This adjustment will go a long way to enhance communication between caseworkers and parents, increasing case plan effectiveness.

Learn family's strengths and resources

Strengths and resources, sometimes called "protective factors," can originate with the individual, the family, or the community. Although researchers and practitioners have traditionally developed client treatment strategies in response to problems, deficits, and maladaptive behaviors, over the past 15 years some researchers have begun to study why certain children are able to withstand and grow in environments with severe abuse or deprivation, while other children are unable to do so (Rutter, 1990; Garnezy, 1985; Rae-Grant et al., 1989)

¹ The complete project report was developed by the Multicultural Advisory Committee of the Washington Risk Assessment Project (Shirley Caldwell, Diana English, Alretta Foote, Vanessa Hodges, Quynh Nguyen, Peter J. Pecora, Diane Pien, Zarah Stallings, Char Tong, Diane Vendiola, Vickie Ybarra) For further information or complete reports, please write to either Peter Pecora, School of Social Work, JH-30, University of Washington, 4101 15th Ave. NE, Seattle, WA 98195; or Diana English, Washington State Department of Social and Health Services, Children, Youth and Family Services Administration, Office of Children's Administration Research, 1602 N E 150th, Seattle, WA 98155. We gratefully acknowledge the funding support of the NCCAN Center (Grant Nos. 90-CA-1456/01 and 02)

Protective factors are defined as those strengths or processes that seem to modify, ameliorate, or alter a person's response to some environmental danger considered to predispose that individual to maladaptive outcomes (Rutter, 1985). While they may be present, protective factors have no impact in low-risk situations; the protection occurs only in the interaction with the risk factors (Rutter, 1990).

For ethnic minority families, cultural protective factors may include an active extended family to provide material resources, child care, and emotional support (Wilson, 1984); strong racial pride, which may take the form of affiliation with ethnic clubs or political groups; and an attachment and commitment to the ethnic community, with easy access to ethnic resources such as merchants, social services, and media (e.g., newspaper).

In addition, CPS professional competence requires an understanding of the issues associated with acculturation and assimilation, including awareness of how individuals may vary in the degree to which they are able to adjust to the mainstream culture. Staff should not assume that behaviors or characteristics stemming from a particular ethnic background are found without exception in all families of that ethnic group; each family must be evaluated on an individual basis. CPS staff must also be aware of how their own cultural and personal biases affect their ability to deal with cross-cultural issues. These concerns need to be directly addressed through in-service training, ongoing workshops, case staffings, supervisory training, and specialized consultation. Administrative leadership is essential for effective implementation.

Obtain cultural knowledge specific to each community of color

To offer effective and humane service to families, a CPS professional must understand how a family system is organized: what the "family" member roles and expectations of each other are, including parents, extended family members, clan/village members, and designated nonbiological family members; what the family dynamics are; and how families eat, sleep, socialize, and discipline their children. For example, when should a home health care remedy be viewed as potentially dangerous behavior requiring CPS intervention? When does a method of discipline endanger a child severely enough to warrant CPS intervention? (Korbin, 1981b.)

In addition, understanding an ethnic community's expectations regarding appropriate and inappropriate child-rearing practices at each developmental stage (e.g., when children are considered able to take responsibility) will greatly help the risk assessment process.

Further, cultural differences in what are assumed to be universal normative behaviors must be

continued on next page

Selected Multicultural Guidelines

continued from page 26

understood. For example, fear of strangers is not a universal behavior and may not be present in some cultures.

Understand variations among ethnic communities

In addition to the differences between the mainstream culture and a particular ethnic culture, significant variations may exist among the cultures of groups that on the surface appear related or similar (e.g., Mien and Laotian communities, rural and urban African Americans, refugee and nonrefugee families from the same ethnic group). Sensitivity to these variations, which could be as important as the more apparent differences between an ethnic culture and the culture at large, is key to competent practice.

Understand ethnic community resources and attitudes

An ethnic community may contain helpful resources for solving family problems that the mainstream community may be unable to provide (e.g., healers, service organizations, religious/spiritual groups). CPS professionals should explore these resources and call upon them when appropriate to help deal with child maltreatment issues within that community.

Further, a particular ethnic community's attitudes toward such institutions as the police, or toward CPS workers themselves, are important to assess. Of these resources, which are considered to be beneficial and which are considered to be threats? Understanding these attitudes could help determine a CPS professional's approach to a particular family's case, increasing the effectiveness of the intervention.

Measure the impact of limited financial resources on family interaction

Limited financial resources may affect parents' ability to provide adequate medical care, basic needs, and adequate supervision, and to protect children from physical hazards in the home. This does not necessarily mean, however, that the parents do not want to provide their children with proper care. The lack of economic resources does not always indicate poor parenting. This distinction must be remembered in assessing the risk for maltreatment within a particular family.

Multicultural guidelines for assessing a major risk factor

In the full project report, practice guidelines and cautions were included for each risk element clustered under the following five risk factors:

- 1) Child characteristics
- 2) Severity of child abuse or neglect
- 3) Caretaker characteristics

- 4) Parent/child relationship
- 5) Social economic situation

To demonstrate how multicultural training guidelines can be applied to risk factors, analysis of the first risk factor is provided here. Cultural influences are considered for each risk element and characteristic listed, to provide guidance for assessing a major risk factor in multicultural terms.

Child characteristics

Physical/mental/social development

In assessing risk to a child with a physical or mental disability, several factors must be considered. Is the developmental disability itself placing the child at higher risk? Is the way the family perceives the disability placing the child at higher risk? Severely retarded children may be less able to defend themselves or report an incident of abuse. Ethnic minority families may be less likely to place children and more likely to use social or family supports to care for them. A caseworker must try to assess how the family members perceive a disabled child and the child's place within the family. Are the resources available sufficient to maintain a supportive environment for the child? Disabled children have been found to be more abused across the board; however, some research indicates that certain cultures are more likely than others to abuse disabled children because they are viewed as "less desirable." Simplistic forms of support will be unlikely to change the level of risk that a disabled child faces in such a situation.

Behavioral problems of children

Some children may be misdiagnosed as hyperactive when they are actually simply capable of attending to more than one activity at a time. A child who seems unable to focus on one thing is not necessarily hyperactive. Lack of "impulse control" or a "poor attention span" can be functions of a child's age and cultural background. 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. Cultural background and family structure must be considered before behavior can be assessed.

Self-protection

A child of a minority ethnic background in need of protection may be more likely to turn to a member of his or her informal support system than to ask a Caucasian authority for help. In some cultures or families, young women may tend to act passively and endure maltreatment as they try to adhere to traditional family roles, which have been functional in other situations. For example, a Japanese-American child may be more likely to defer to teachers and parents because that culture tends to stress obedience to authority (Nagata, 1982, p. 86).

CPS staff must also be aware of how their own cultural and personal biases affect their ability to deal with cross-cultural issues.

continued on next page

Selected Multicultural Guidelines

continued from page 27

Many ethnic groups have a historic distrust of outside authority figures that may be apparent in a child interviewed in a school environment.

Fear of caretaker or home environment

A child afraid of returning home or afraid of parental notification may be less concerned about possible retaliation from the parent and more worried about shaming the parent. Many ethnic groups have a historic distrust of outside authority figures that may be apparent in a child interviewed in a school environment. Fear of a caretaker may be a sign of physical or psychological abuse; children who are sexually abused, however, often feel a kind of closeness or bond with the abusing caretaker, and thus will not show fear.

A child normally considered at risk in dominant culture families with the mother's boyfriend present may not be at risk in certain Native American groups. In such groups, children may be readily accepted by the mother's boyfriend or nonbiological father—many Native American men do not deny paternity (Horejsi, 1987).

Conclusion

This is a brief example of how multicultural factors can be taken into account when assessing particular risk factors. While the complexity of these influences and the difficulty of establishing their existence on a reliable, measurable basis are daunting, the historic and current effects of institutional racism and the dynamics introduced by differing levels of acculturation and assimilation make it imperative for CPS professionals to consider multicultural issues when assessing the risk of child maltreatment in families.

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ASSESSING RISK FACTORS FOR CHILD ABUSE: GUIDANCE FOR MEDICAL AND NURSING PROFESSIONALS

—by

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As mandated reporters of child abuse and neglect, physicians, nurses, and other health care providers are key in identifying and assessing the risk of maltreatment. They might see a child before, during, and after child protective services (CPS) involvement, thus providing a vital link in efforts to protect children.

Like most medical practitioners, we don't make use of formal risk assessment instruments (RAIs) in our practice. Still, faced with the need to determine whether children are at risk in a clinical context, we have become aware of many of the risk factors associated with child abuse, including, among others, whether a child is disabled, blind, chronically sick, or hyperactive; whether the family has experienced financial stress, alcoholism within the immediate family, divorce, or social isolation; and whether the parent is a teenager, is mentally ill, has had previous children removed from home by state agencies, or has a personal history of violent behavior (Vandeven & Newberger, 1994; Cicchetti &

Carlson, 1989; English & Pecora, 1994; Newberger, 1990).

Yet child abuse practitioners agree that the vast majority of parents with some or even many of these risk factors do not abuse their children. One intensive study showed that the predictive accuracy of risk factors for child abuse was only 30% to 48% (Strauss, Gelles, & Steinmetz, 1980); thus, most checklist diagnoses would mislabel 52% to 70% of certain families as "at risk for child abuse."

We have worked in the pediatric department of a busy inner-city neighborhood health center for over 20 years as a doctor-nurse practitioner team delivering pediatric care to a working-class and lower-class neighborhood. About one-third of the families in the practice live below the poverty level, and many have experienced several or many of the previously identified risk factors. A very small proportion abuse their children.

continued on next page