Cultural Considerations for Families Involved in the Child Welfare System: A Focus on Middle Eastern and North African (MENA) Families

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Abstract

This article aims to examine cultural factors that impact ethnically diverse families who come into contact with the child welfare system and, more specifically, to highlight limitations regarding applications with Middle Eastern and North African (MENA) families. Much of the existing literature is focused on Latinx and African American/Black families in the United States. For this reason, researchers first aimed to highlight some of the specific, unique barriers that non-English speaking and non-Spanish speaking ethnically diverse families face when interacting with the legal systems. Many of these are first- or second-generation immigrant families whose native cultures and languages are not widely represented in the United States. Then, using a case study based on a first-generation immigrant family from North Africa, we provide an exploratory analysis of the additional disparities that MENA families may face outside what is commonly known to affect all ethnically diverse families. The case study is based on an interview completed with a social worker who was directly involved in the case. It underscores the need for more inclusive resources, including but not limited to interpretive services; doing due diligence to limit separation, when possible, in dependency cases; the need for more comprehensive cultural education for providers; and the need for additional research aimed at supporting these families.

Keywords: child welfare, dependency, culture, acculturation, immigrant families, cultural parenting practices, MENA, Middle Eastern, North African, Arab

Introduction

In 2021, Netflix, a media production company, aired a short series, Maid, which documents a young White woman, Alex, navigating the dependency system. Viewers learn that Alex is a victim of intimate partner violence, which she slowly learns to recognize herself only as the show goes on. In her efforts to shield her daughter from the violence, she stumbles into family court and is accused of unlawful removal of her daughter. From here, a custody battle ensues and Alex quickly has to learn what it takes to "prove" to the Court that she should be reunited with her daughter.

Although the series is a fictionalized representation, it portrays the harsh reality for many, along with the numerous catch-22s (i.e., situations in which the solution is also the cause of the problem) in the series. For example, Alex has to find employment quickly to demonstrate that she can provide financially for her daughter but does not have the funds to pay for daycare so that she can work. While seeking stable housing, she is met with barriers such as long waitlists for Section 8 housing, or landlords refusing to accept her housing aid. Like many who find themselves interfacing with social services, Alex struggles with poverty and homelessness, while battling her own mental health issues and the effects of inter-generational trauma.

In considering the series' rising popularity, the question has been raised, would this show have been a hit if Alex was Black? What if she was Latina or of Asian descent? The question begs us to take a step back and recognize that the plight of Alex, while difficult, has its advantages: Alex is a White, English-speaking, United States native with a high-school education and at least some access to social supports. In one episode, Alex sits in Court and attempts to make sense of the legal jargon being exchanged between her ex-partner's attorney and the judge, while she is *pro per* and has no legal background. All she hears is "legal, legal, legal."

Now, imagine you are Alex, but you cannot speak English, or it is not your native language. In another scene, Alex finds herself seeking assistance at the social services office and imagines her case worker calling her "White trash." Alex is easily able to snap out of it. Now, imagine if she was a Latina immigrant who had internalized a stereotypical bias of being perceived as "milking the system." Although the show does employ a number of characters representing people of color to subvert race-based realities that exist outside of the television series, these realities nonetheless exist.

Ethnically diverse families in the United States have long-faced disparities in the child welfare system. Even so, there are differences when comparing these disparities among different ethnically diverse groups navigating the child welfare system. For example, there may be advantages to being a person of color navigating "the system" when one is Black, or Latinx, compared with individuals who are non-English or Spanish-speaking immigrants, such as many Middle Eastern and North African (MENA) immigrants. More often than not, for a Black person in the United States, one's native language is English. This is not the case for many individuals of MENA descent living in the United States. While this is just one simple example of a potential advantage, it provides insight into some of the challenges that MENA families might face at the outset upon becoming involved with Child Welfare Services.

Of note, for the purposes of this article, the words *African American* and *Black* as well as *Child Welfare Services* (CWS) and *Child Protective Services* (CPS) will be used interchangeably. In addition, although there exists controversy around the term, *Middle Eastern* will be used interchangeably with *MENA* to describe people whose backgrounds are from the various Middle Eastern, West Asian, and Arabic-speaking North African countries (e.g., Egypt, Libya, Morocco, and so on), including but not limited to the Kurds and Assyrians, as well as immigrants from modern-day countries of the Arab world, Iran, Israel, Turkey, and sometimes Armenia.

Racial and Ethnic Distribution in the United States

Before one can begin exploring the specific challenges that MENA families may face upon coming into contact with CWS, it is important to first provide context about the demographic makeup of the United States. U.S. Census data from 2020 reveal that the White population remained the largest racial or ethnic group in the United States with 204.3 million people identifying as White alone. The Black or African American population, at 46.9 million, was the second-largest race alone or in combination group (outside of the "Some Other Race" alone or in combination group, which surpassed the Black or African American population at 49.9 million; Jones et al., 2021). Meanwhile, the Hispanic/Latinx population, which includes people of any race, was 62.1 million in 2020.

It should be noted that the aforementioned statistics may be misleading and inaccurate due to the way in which U.S. Census data are gathered and reported. Although beyond the scope of this article, some important considerations regarding U.S. Census data are that different terms (e.g., *Hispanic*) mean different things to different people, and historically, there have been advantages to claiming whiteness on the Census (e.g., due to segregation and discrimination, and efforts to avoid racialization; Demby, 2014). In

other cases, identification with "whiteness" could be a result of cultural assimilation.

Furthermore, the legal definitions of these race categories often differ from the social definitions, and the Census does not make a distinction between the terms *race* and *ethnicity*. According to the American Psychological Association (APA) (2020), *race* refers to physical differences that groups and cultures consider socially significant; *ethnicity* refers to shared cultural characteristics such as language, ancestry, practices, and beliefs. As such, these statistics fail to accurately account for individuals who may perceive themselves as being of one racial group but of a different ethnic identity (e.g., a person who racially identifies as Black and ethnically identifies as Hispanic). Similarly, many individuals of Latinx descent may check off "White" on the Census rather than Hispanic (e.g., because they do not speak Spanish and identify as Latino rather than Hispanic). However, they may not actually identify as White in their day-to-day life. This is apart from individuals who identify as mixed or multi-ethnic, or whose personal preferences on how they self-identify do not align with the categories offered by the Census, even when a "check all that apply" option is given.

To add an additional layer of complexity to the matter, the U.S. Census Bureau defines *White* in a way that differs from the colloquial use of the term. Specifically, the Bureau defines *White people* to be those "having origins in any of the original peoples of Europe, the Middle East, or North Africa." Therefore, based on U.S. Census data alone, it is unknown how many individuals of Middle Eastern or North African descent actually reside in the United States. On one hand, many MENA individuals do not self-identify as White. On the other hand, counting MENA individuals in the "White" category may serve to overrepresent the group colloquially thought of as "White" (e.g., individuals living in the United States who are of European descent).

Efforts have been made to trace the number of MENA immigrants (i.e., individuals who are foreign-born and later emigrated) in the United States, and these efforts may provide a more accurate picture of the number of individuals who claim MENA descent. The first wave of migration from MENA regions dates to the late 1800s, though estimates of how many immigrants resided in the United States at that time vary. As of the 1920s, it was estimated that between 50,000 and 123,000 immigrants from MENA countries resided in the United States (Harjanto & Batalova, 2022). Since the 1800s, two major waves of immigration occurred: the first, from 1948 to 1966, was triggered by political instabilities in the region such as the Arab-Israeli war (Harjanto & Batalova, 2022). In 1965, the Immigration and Nationality Act ended the national-origins quota system, which gave preference to migration from northern and western Europe, resulting in the third wave. It is estimated that in 1980, there were about 224,000 MENA immigrants living in the U.S. (Gibson & Jung, 2006). In comparison, between 2000 and 2019, the MENA immigrant population doubled from 596,000 to 1.2 million, with about 68% immigrating from the Middle East and 32% immigrating from North Africa (Harjanto & Batalova, 2022). Although immigration increased, as of 2019, this population still represents less than 3% of the U.S. foreign-born population of 44.9 million (Harjanto & Batalova, 2022). Based on the 2019 American Community Survey (U.S. Census Bureau, n.d.), the highest proportions of MENA immigrants originate from Iraq (20.7%) and Egypt (17.1%). When looking beyond the immigrant population to the total number of Americans of MENA descent (i.e., beyond first- and second-generation immigrants), some Arab-American organizations place the estimate at 3.7 million Americans (Arab American Institute, n.d.).

Cultural Considerations: Working With Ethnically Diverse Families

Rogers and Bryant-Davis (2020) wrote,

> *"Community support is the outgrowth of collectivistic values, and when these values are disregarded and disrupted, Black people experience another form of historical trauma; the systematic destruction of Black families and communities has been observed from the capture and enslavement of African people to contemporary policies that economically penalize families with two parents living in the home. (p. 14)"*

Based on the population of the United States, the systematic destruction of Black families is evident, as African American children disproportionately enter CWS at higher rates and exit at slower rates. Research has indicated that ethnically diverse families are more likely to be reported for child maltreatment compared with White families (Child welfare practice to address racial disproportionality and disparity, 2021). Black children continue to be taken from their homes, remain in foster care for longer periods, and are less likely to receive comprehensive services and reunify with their families compared with White children. Rogers and Bryant-Davis (2020) attribute these disparities to environmental and educational gaps in access to resources and opportunities as well as correlations with poverty and single-parent homes. Research further supports these assertions because when class and other risk factors (e.g., home and social environment, caregiver capability, and patterns of maltreatment) are controlled, Blacks have lower rates of abuse and neglect than Whites (Rivaux et al., 2008). However, high-poverty neighborhoods still exist due to governmental policies that purposely kept and still keep Black incomes low, which results in smaller disposable incomes and fewer savings that ultimately pose barriers to accumulating wealth (Rothstein, 2017). Without accumulating wealth, poverty will continue to be a leading cause of the systematic destruction of Black families.

Another rationale for the systematic destruction of Black families is that CWS was not originally designed to serve the Black community. Child Welfare Services was developed toward the end of the 19th century along with the settlement house movement to serve the needs of thousands of poor and working-class White families who had emigrated from Europe. Due to this, the Black community had to develop its own social welfare agencies to care for the poor, aged, and dependent. It is notable that in the 19th century, the Black Church became the major catalyst for the creation of numerous institutions such as credit unions and banks, homes for the elderly, homes for unmarried mothers, orphanages, hospitals, schools, and colleges (among free Blacks during slavery and after slavery ended; Hamilton, 1986). Many of the developed resources were destroyed as a result of racial conflicts, such as in the Greenwood District. On May 31, 1921, a Black man was arrested for riding in an elevator with a White woman, which led to a confrontation at a courthouse in Tulsa, Oklahoma. This led to the White residents, some armed by the city, killing hundreds of Blacks and destroying the Greenwood District, which then was one of the wealthiest Black communities in the country (Hannah-Jones, 2021). The Greenwood District was known as Black Wall Street. In addition to tragedies such as the Greenwood District that occurred all over America, the ending of segregation, which led to the integration of various institutions, also contributed to the demise of many social welfare agencies. Furthermore, while CWS was not originally designed to serve the Black family, societal trends and institutional policies have inadvertently resulted in disparate impact on racial minorities (i.e., discriminatory effects).

In recent years, Latinx communities' involvement with CWS has steadily increased (Detlaff, 2008). Similar to Black children, Latinx children experience

different case outcomes and have lower rates of reunification than their White counterparts. Exploration of the factors that Latinx children face is essential to the literature since they are the largest ethnically diverse population in the United States. Recent research has noted that the proportion of Latinx children with substantiated reports of maltreatment has more than doubled in the last 20 years, the population of Latinx children in foster care has similarly risen, and substantiated reports were higher than for Black children (Davidson et al., 2019). However, one thing to note is that Latinx children are more likely to be placed with relatives than White children. Substantiation rates are relatively comparable between Latinx children and White children, though Latinx children are slightly more likely to have a report substantiated. Latinx children tend to be younger than White children when they are removed from their homes, and female Latinx children are more likely than Latinx male children to have abuse reports substantiated by CPS workers (Davidson et al., 2019). Furthermore, the researchers evinced that Latinx children spend less time being assessed due to being removed in a shorter period of time, and more time in out-of-home placements (Davidson et al., 2019).

Another factor of consideration for Latinx families in the context of social services is their immigration status. Latinx children whose parents are immigrants are more likely to live in poverty, which impacts risk of entering the system. However, immigrant families and especially those who have undocumented or noncitizen members have very low utilization of public services, thus limiting their interaction with mandated reporters. This could be related to beliefs that they are ineligible for services, fear of consequences due to their immigration status (e.g., deportation), and federal/state policies that prevent them from using those services. Several studies show that language barriers and factors related to immigration status also impact the experiences of Latinx families throughout their interactions within CWS (Davidson et al., 2019). Language barriers put Spanish-speaking Latinx children at higher risk of removal and termination of parental rights, chiefly

in areas with non-Spanish-speaking providers. Moreover, even in areas with Spanish-speaking reunification services, they are limited, and bilingual providers are scarce. In addition to a limited number of providers, there is a limited number of bilingual investigators. The limited number of bilingual investigators means that misinformation often occurs at the time of initial investigation. Investigators may rely on neighbors or their children to interpret, hindering the ability of caseworkers to make accurate decisions and provide services that will benefit the families. Lastly, immigrant families often experience high stress levels because of issues such as struggling with acculturation, difficulty obtaining jobs, and language barriers, which often are not considered when a case is developed.

Cultural Considerations for Non-English and Non-Spanish Speaking Families

Non-English- and non-Spanish-speaking families have concerns similar to those of Black and Latinx families, such as the systematic destruction of families via poverty, lack of cultural sensitivity, and immigration status. However, they are compounded with the finite investigators and providers who speak their native language, as well as a lack of information or misinformation about these families' cultural beliefs and practices. This is evident even in the current literature, which is limited with respect to non-native U.S. families who immigrate from counties outside of Latin America or Asia. These units are the minority group of ethnically diverse families who receive services. Thus, discussing and addressing the disparities they face is vital.

While the majority of families who come into contact with CWS are White, many are of other racial and ethnic backgrounds (Puzzanchera & Taylor, 2020). According to the Child Welfare Information Gateway, in 2019, American Indian and Alaska Native children made up 1% of the child population but accounted for 2% of the foster care population, while African American children accounted for roughly 14% of the child population and 23% of the

foster care population (Annie E. Casey Foundation, 2020; U.S. Department of Health and Human Services [USDHHS], 2020). White children made up half of the child population but represented only 44% of the foster care population. Latinx children were overrepresented in 20 states in 2018, despite having historically been underrepresented in foster care at the national level (Puzzanchera & Taylor, 2020). Meanwhile, some racial and ethnic groups are underrepresented in the child welfare system, though it is unclear whether underrepresentation is due to a lower occurrence of child maltreatment among these populations, or if it is caused by underreporting driven by either cultural norms or cultural perceptions that others (e.g., mandated reporters) have about these groups (Cheung & LaChapelle, 2011; Maguire-Jack et al., 2015).

A landmark study published in 2012, which compiled the first national data available concerning the involvement of children of immigrants in CWS, reflected that most children are of Hispanic/ Latinx descent (approximately 67.2%), followed by non-Hispanic White (14.8%), non-Hispanic Black (10.0%), and non-Hispanic Asian (7.5%; Dettlaff & Earner, 2012). These children were categorized as "living with a foreign-born parent" and comprised 8.6% of all children who came to the attention of child welfare agencies in the United States at that time (i.e., due to various allegations of abuse or neglect). It should be noted that, among these children, 82.5% were born in the United States. No information was available with respect to other ethnic groups, such as those of Middle Eastern descent, potentially due to their small numbers at a national level, or due to the ways in which race and ethnicity are categorized and reported, or both. Although there is some research specific to immigrant families of Asian descent (Hou et al., 2016; Maiter & Stalker, 2010; Rhee et al., 2008; Chang et al., 2006), most of the literature groups together all immigrant families or primarily focuses on Latinx immigrants, as this group comprises a majority of ethnically diverse individuals who are not of the majority population in the United States.

This is important to highlight, as immigrant families represent one of the largest and growing populations in Western societies (Budiman et. al., 2020), but information regarding specific sub-groups is scarce. Although there are overlapping factors that likely apply to families immigrating from all parts of the world, and from which data can be extrapolated, there are some clear limitations to these findings in the literature as they might apply to families from less-studied backgrounds (i.e., non-Latinx, non-Asian American families) who nonetheless come into contact with the child welfare system, even if it is to a lesser degree. Many of the considerations, including risk and resiliency factors, highlighted in the literature may not be generalizable. Moreover, ethnically diverse populations are often grouped into a single ethnic group, instead of investigating different nationalities separately (e.g., Chinese or Korean, vs. Asian; Lebanese vs. Middle Eastern). Such grouping leads to overgeneralization while overlooking the influences of distinct cultural norms and attitudes (Huisman, 1996).

Similarly, stereotypes regarding their cultural beliefs and practices stemming from the media or current cultural sensitivity trainings may be misapplied or overgeneralized to families whose cultural practices are less known, leading to additional cultural barriers and even subconscious dehumanization at times. Some examples include preconceived notions and perceptions of Middle Eastern culture that have been shaped primarily by political relations between the Western world and regions that make up what is known as the Middle East (i.e., the Levant, North Africa, Iran, and Turkey; Shaheen, 1985). Such perceptions may include preconceived notions about religious beliefs, conservative values, cultural dress, and phenotypic presentation that, in reality, vary immensely from country to country, region to region, and from one family to another.

More broadly, assumptions may be made about certain cultural practices or beliefs that do not apply to all families of any one cultural or ethnic background. Thus, a family may not be viewed as a unique set of individuals, but rather categorized

under a label. Above and beyond harmful stereotypes, there is also an increasingly hostile public attitude toward immigrants (Dettlaff & Earner, 2012), which can result in further isolation and the development of a protective sense of fear and paranoia. This is above and beyond racial biases, such as those based on phenotype, which the research has demonstrated to impact the treatment and outcomes of ethnically diverse families involved in child welfare.

For immigrant families in particular, a number of risk factors exist that can lead to elevated risk of involvement in the child welfare system, such as traumas sustained in the home county (e.g., due to political or religious persecution), and other difficulties associated with migrating to another country, including separation from loved ones. However, it is important to recognize that most immigrants choose to leave their countries because the financial, social, or political situation in their own country has left them with no other options (Segal & Mayadas, 2005). More often than not, parents are in search of better prospects if not for themselves, then for their children and later generations. Professionals who work with these families should thus work to build up the family unit while providing support and education about the practices of the host culture. This strategy seeks to avoid dismantling the family unit and causing further traumatization for immigrant families already under stress.

Additional risk factors that are often faced by immigrant families include financial challenges, including lack of employment opportunities and inadequate financial resources, the loss of previously established support systems, loneliness and isolation, and language barriers (Finno et al., 2006; Maiter et al., 2009). These factors fall into the larger umbrella term of *acculturative stress*, which results when individuals lack the skills or means necessary to interact with—and flourish in—their new environment (Berry, 2006; Lakey, 2003). In addition, increased parenting stress has been observed in immigrant parents, who may no longer feel that they are in control (i.e., in the parental role) and have lost a sense of closeness to their children. This can be a function

of differences between the majority culture (to which the children often more easily assimilate and adopt, to a degree) and the culture of origin, or as a result of other stressors (e.g., mother figures who traditionally would not work being required to obtain employment, etc.).

Immigrant families in the United States, especially those whose native language is not Spanish, also often face the added challenge of interpreting the laws and social norms of the majority population or host country, which often differ in important ways from their native culture (e.g., parenting norms). Moreover, they must do so with limited support and resources, even those as simple as the translation of materials into their native language. Oftentimes, parents rely on their children to translate important information, which can be viewed negatively by the host culture as contributing to parentification or, at the very least, as developmentally inappropriate. Another risk factor that has been well-established in the literature and is associated with increased risk for involvement is poverty (Bywaters et al., 2016). In many Western countries, immigrant families live far below the poverty line. For many, this can result in allegations of neglect and children's removal from their natural homes (Miller et al., 2012). Due to the struggle with poverty, the family system can be dismantled instead of being supplied with resources.

An additional challenge is that child-rearing practices that are deemed acceptable and non-abusive by the host culture are socially constructed. In many Western cultures, Eurocentric ideals may be so widely accepted that they are adhered to as the standard, rather than as one of many acceptable approaches to child rearing. Meanwhile, many families who come into contact with CWS are of other backgrounds, although the majority of families who continue to come into contact with CWS are White (Puzzanchera & Taylor, 2020).

Moreover, legal mandates are often vague with the intent of allowing for case-by-case decision making and intervention. However, in practice, the effect is oftentimes that more punitive measures are taken, and a one-size-fits-all approach is applied based on

precedence, rather than on cultural responsiveness. This is especially true for legal mandates related to the use of physical discipline or corporal punishment. For example, in California, *child abuse* as classified under Penal Code 273d occurs when a person willfully inflicts upon a child any cruel or inhuman corporal punishment or inflicts an injury resulting in a traumatic condition. However, the research indicates that immigrant families involved with child welfare hold varying cultural values and beliefs about child rearing (Fontes, 2005; Earner, 2007; Dettlaff, 2010; Reisig & Miller, 2009). Thus, what is regarded as an appropriate form of discipline in one culture may be labeled as inappropriate or even abusive in another, and vise-versa. Families for whom there is limited information or knowledge about their respective cultural practices, such as immigrant parents, are then at risk for having their parenting practices categorized as abusive by the mainstream culture, which holds predominantly Eurocentric child-rearing values.

Specifically, with respect to corporal punishment, which is the most prevalent allegation in ethnic minority families that come to the attention of CWS, some researchers question whether or not the institutions responsible for identifying cases of abuse hold biases that lead to this overrepresentation (e.g., Maiter et al., 2004). This is because the same proportion of cases (i.e., allegations of physical abuse) are ultimately substantiated in the immigrant compared with the non-immigrant/native population. Even in the literature, while it is noted that different ethnic and cultural groups hold varying beliefs about the use of corporal punishment, such practices are categorized as "violent" in nature and painted negatively. This is not to discount or negate the potential harms associated with exposure to such practices, which are well-established in the literature on trauma and physical abuse (Malinosky-Rummell & Hansen, 1993; Putnam, 2006); however, it highlights the need for understanding and education for both families involved with child welfare as well as the professionals who are charged with identifying and substantiating cases of true

abuse. For example, in some cultures that use corporal punishment, the focus may be more on the intent of use as a protective disciplinary practice, rather than on inflicting harm or stemming from anger. Unfortunately, misunderstandings about the extent to which corporal punishment is viewed as normative in a certain sub-culture and the degree to which it is used can then lead to increased child welfare involvement and subsequent family disruption, as appears to be the case for one of the two families described. This effect is compounded when there is a lack of training and education within the system on how to serve families in a culturally responsive way, as well as a lack of cultural representation within the network of professionals who are available to serve these families.

Additional factors that the current literature highlights are as follows: the taboo of disclosing information about the family to people outside of the family or immediate social support network (e.g., high conflict in the home, maladaptive parenting practices, the presence of intimate partner violence, etc.), stigma against seeking professional help, a lack of trust in professionals who represent the mainstream culture (or who are simply from a different background, i.e., "other"), and cultural values of loyalty to the family and the importance of the family unit, which may look different for non-Westernized cultures (Maker et. al., 2005). In addition, other cultural values may reflect a hierarchical or authoritarian style of parenting that emphasizes obedience and respect from children, while simultaneously placing strong value on closeness, protection, and interdependence within the family (i.e., fostering intra-familial, communal bonds versus independence and individualism, the latter which are more reflective of Western cultural values; Ma et. al., 2013). Although these values are often considered risk factors within the literature, some researchers suggest that they be viewed as sources of resilience to be used in a strengths-based, individualized approach to intervention rather than a generalist approach.

Cultural Considerations for MENA Families

The International Organization for Migration (IOM) defines the *MENA region* as including Algeria, Bahrain, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco (and Western Sahara), Occupied Palestinian Territories, Oman, Qatar, Saudi Arabia, Sudan, Syria, Tunisia, the United Arab Emirates, and Yemen. Despite many shared values, it is important to note that these countries differ vastly in terms of racial and ethnic composition, religious composition, and economic development. While most MENA individuals identify as either Muslim or Christian, Jews, Hindus, and other religious groups are also represented in MENA countries, though in much smaller numbers (Haboush, 2007). Traditionally, identification with one's religious background often precedes identification with one's nationality, and religion affects all aspects of life, including child-rearing practices and views regarding mental health services (Haboush, 2007). Thus, it is important to assess for and consider a family's religious identification as well as their degree of observance of their faith in order to provide culturally sensitive intervention (Haboush, 2007). Furthermore, it is just as important for practitioners to develop an understanding of the religious background from which a family comes in order to adapt their practice to align more with a family's cultural intersects and demonstrate respect for the family's faith (O'Leary et al., 2020).

In terms of additional cultural values, it is also important to consider that MENA culture is largely patriarchal and authoritarian with an emphasis on family honor (Al-Krenawi & Graham, 2000; Erickson & Al-Timimi, 2001; Haboush, 2007). Similar to Latino, Asian, and Native American cultures, MENA culture is also more collectivistic than individualistic. That is, where Western culture emphasizes individual achievement and autonomy, MENA culture emphasizes community and its interests, or the collective good (Haboush, 2007). However, the extent to which MENA individuals residing in the U.S. may identify with collectivistic

versus individualistic culture can vary depending on a number of factors, including their immigration history and level of acculturation. For example, such ties to an individual's country of origin may be different for a first- or second-generation MENA immigrant compared with a third- or fourth-generation immigrant. This is because families who have immigrated more recently are believed to move through several "stages of acculturation" in which they may alternately accept and reject parts of their own and the dominant culture before establishing a more integrated cultural identity (Erickson & Al-Timimi, 2001). In the United States, the majority culture is Westernized and historically has been described as being composed of individuals who identify racially as White (Ortiz & Flanagan, 2002).

Thus, when considering immigrant populations from the MENA region, it is also important to consider personal history of immigration in some depth, as it provides a contextual framework for potential risk factors for entry into CWS as well as important treatment considerations (Maker et. al., 2005). Moreover, it is important to consider a potential history of personal as well as intergenerational trauma. Since the late 1880s, many MENA families have immigrated to the United States as a result of political instability or war in their country of origin, or due to religious conflict or persecution. More recently (i.e., since the 1990s), the Gulf and Iraq Wars, as well as the Arab Spring rebellions, have resulted in increased immigration from MENA countries to the United States. These families may arrive with symptoms of posttraumatic stress disorder (PTSD), have lower levels of education, fewer economic resources, and maintain closer ties to their country of origin (i.e., remain less culturally assimilated; Erickson & Al-Timimi, 2001; Nassar-McMillan & Hakim-Larson, 2003). Thus, there are varieties of reasons for which an individual or family may leave their country of origin and immigrate to the United States, ranging from individuals who immigrate as refugees to those immigrating with a high level of educational achievement and financial resources in pursuit of better opportunities in the United States. Because individual experiences can

impact functioning in a multitude of ways, especially those related to traumatic experiences, it is important to obtain a detailed narrative of the circumstances under which immigrant families came to reside in the United States when initiating contact.

As previously indicated, immigrant families are often faced with a number of psychosocial stressors, related to experiences both in their country of origin and upon immigrating to a new country. Research indicates that individuals perceived as being of Arab descent have experienced significant racism and discrimination since the 1980s, largely due to media coverage of crises such as TWA Flight 847, a flight from Cairo to San Diego that was hijacked by terrorists in 1985, as well as the 9/11 terrorist attacks on the United States in 2001 (Abraham, 1994; Abeulezam et al., 2017). Stereotypes of Arab or MENA populations have also developed as a result of such media coverage and have also been influenced by concerns of religious fundamentalism and Islamic radicalization; other stereotypes stem from association with terrorist conflict in recent decades (O'Leary et al., 2020).

To assess the potential impact of psychosocial stressors, including experiences of trauma and discrimination, on a family's functioning, it is therefore important for providers to take the time to obtain a thorough psychosocial history. It is just as important, if not more important, for providers to challenge such stereotypical discourses in society at large and to address their own potential biases to dismantle prejudice (O'Leary et al., 2020). To that end, it can be helpful for practitioners to focus on identifying convergences rather than divergences between Western practices and traditional MENA practices (i.e., to focus on similarities and shared views on child protection; O'Leary et al., 2020).

Even though there is still limited research with respect to how to work clinically with MENA families in general, much less when coming into contact with CWS, the existing literature indicates the need for culturally sensitive counseling that conveys respect for the family's values, even when they may differ from the provider's personal values

(Haboush, 2007; O'Leary et al. 2020). For example, although a provider may be uncomfortable with the patriarchal aspects of traditional MENA culture, the provider should acknowledge their worldview and potential biases to effectively and respectfully collaborate with the family. Furthermore, the provider should be concerned with maintaining family cohesion and stability in ways that are culturally congruent, including avoidance of interventions that may threaten family unity (e.g., direct challenges to parental authority), as such interventions can lead to breaches in the working alliance, lead to family disengagement, and potentially result in the family terminating contact (Dwairy & Van Sickle, 1996).

Meanwhile, hospitality is strongly emphasized (Haboush, 2007). As such, providers taking extra steps to express interest in a family's culture, such as offering tea (*shai*) upon initial contact can ensure families feel welcomed and thereby facilitate rapport. Along with such strategies, due to cultural values emphasizing respect for authority, providers should not assume that simply because a family appears to be comfortable in the working alliance that they will outwardly voice any disagreement with proposed interventions (Al-Krenawi & Graham, 2000). It is important for providers to adopt a more assertive, educational role in the provision of services, as this will align more closely with family values and potential expectations while assessing for levels of compliance or agreement in other ways. In other words, providers might rely more on other information (e.g., communication with community members or religious leaders, nonverbal signs, etc.) to help determine a family's level of comfort and compliance with an intervention plan.

Finally, in traditional MENA culture, emotions are not as openly expressed, with the exception of anger in males (Al-Krenawi & Graham, 2000). Above and beyond outward emotional expression, certain topics are generally considered taboo and are not openly discussed, let alone with individuals outside of the family unit. Such topics include violence in the home, as well as topics related to sexual issues (e.g., sexual orientation, contraception, and sexual

abuse). Therefore, interventions that encourage open expression of emotions and discussion of such topics may alienate more traditional families (Haboush, 2007; Dwairy & Van Sickle, 1996). Moreover, when such topics are central to treatment or are the reason for which the family is coming into contact with CPS, it is important to establish strategies to account for potential fallout within the family (e.g., shame and rejection of the child who has made a disclosure about abuse, which can further traumatize the child; Abu Baker & Dwairy, 2003). It is common in MENA culture to look to the ethno-religious community, especially religious leaders (i.e., priests or imams), as well as relatives for social support and advice (Abu Baker & Dwairy, 2003; Nassar-McMillan & Hakim-Larson, 2003). On this basis, one strategy suggested in the literature is to establish alliances with religious figures in the community who may be able to facilitate communication between providers and the child's family, including extended family, to mitigate complications as a result of rejection of the child (Abu Baker & Dwairy, 2003).

Methods

Researchers conducted an interview with a social worker, Mr. Mina Youssef, who was directly involved in the following case. Mr. Youssef is a Licensed Clinical Social Worker (LCSW) in the state of California who was employed by CPS in three counties between 2012 to 2020. Mr. Youssef is of Coptic (Egyptian) heritage and reported being one of three social workers in the region who was Arabic-speaking and of MENA descent out of approximately 300 social workers.

Mr. Youssef had three primary roles within CPS, which he described as investigative social worker, case-carrying social worker, and placement-finding social worker. In the course of his employment in these specific roles, he estimated having worked with approximately 500 families from a broad range of cultural backgrounds, only a small minority of whom were of MENA descent. He was unable to provide estimates of the demographics with which he worked most due to being assigned to different

regions with varying demographic makeup, but he indicated the majority of his clients were of Latinx backgrounds. At times, he would be asked to assist other social workers working with MENA families because of being bilingual in English and Arabic and due to his own MENA heritage (as applies to the case outlined next). Additional information regarding Mr. Youssef's credentials and experience may be provided upon request.

It is important to note that this case remained open and active as of the dates on which Mr. Youssef was interviewed in November 2021. His interview was conducted via a video-conferencing platform over two sessions and was recorded with his permission. No identifying information was provided directly to the authors, due to the ongoing nature of the case. Thus, all information provided here was received second-hand, and the authors of this manuscript did not directly interact with the family involved. Mr. Youssef further indicated he was not the primary social worker on the case but was asked to assist due to his experience in the field and shared cultural background with the family.

Case Background

The following case study places into perspective a number of the aforementioned risk factors and barriers that MENA families, as well as other non-English and non-Spanish speaking families, may face when coming into contact with the child welfare system in the United States. This case involves a Coptic family that recently immigrated from Egypt to the United States. The family, consisting of a single mother and three children (ages 11, 6, and 5), was referred to Child Protective Services due to allegations of physical abuse. The mother did not speak English, and English was a second language to the children. No additional demographic information was made available to the authors.

The case was referred to CPS by the school after "Michael," an 11-year-old boy, told his teacher he did not want to go home because he was afraid his mother would hurt him. When CPS workers arrived, they discovered a mark on his chest and

the child reported his mother had "stabbed" him. The mark did not look like a stab wound but rather was a very small mark, which Mr. Youssef described as "something little to nothing." However, Michael reported his mother hits him when they are at home, as well as his 6-year-old brother and 5-year-old sister. When the other children were interviewed, they denied any physical abuse. Similarly, when the mother was interviewed, she denied any history of physically disciplining the children. It was noted that she appeared to respond in the negative (i.e., answered "no" to all questions) when asked about any form of inappropriate disciplinary practices.

Based on the discrepancy between the mother's and Michael's reports, a case was formally opened. A non-Egyptian, non-Arabic-speaking worker was assigned to the case. Michael eventually recanted his statement, saying he made up the accusation that his mother had stabbed him. However, he stated his mother did use corporal punishment, such as with a sandal, which is very common in Egyptian culture. The mother's adamant denial of any and all allegations led to problems between herself and the case worker and raised questions about the credibility of her statements. Based on Mr. Youssef's report, the mother did not view any of the practices in which she was engaging as potentially physically abusive, but rather as normative disciplinary practices. Overall, the mother's stance that she would never harm her children led to difficulties acknowledging that, by child welfare standards, her disciplinary practices were harmful and warranted intervention. Ultimately, CPS determined the allegation to be substantiated, which resulted in the removal of all three children from the home. It should be noted that Mr. Youssef indicated that he believes the mother's practices, while potentially problematic, were not warranting of a substantiation of physical abuse and subsequent removal (i.e., based solely on the minor injury of his chest). Furthermore,

he stated that, were the mother able to speak the same language as the case worker, she may have been able to advocate for her family's needs and explain their cultural values and practices.

The court ordered for the case to be open for 6 months from the day of Jurisdiction Disposition, approximately 9 months since removal. The children were placed in a resource home together because the mother did not have any relatives living in the state, and she was unable to identify any other supports who could house the children. The mother was eventually granted supervised visitation with the children. During visitation, the social worker noted that the mother appeared to be making references to the school or the court in Arabic and advised her that she could not speak to the children about the case. The mother indicated that she was not talking to the children about the case and explained she was telling them when she might pick them up, and so on. However, similar events took place during subsequent visitations and the social worker requested an amendment to the family's plan to include a restriction for the mother to speak to the children only in English.

At a subsequent visitation, the mother slipped and spoke to the children in Arabic. It should be noted that Mr. Youssef indicated the mother did not speak to the children about the case, but simply spoke to the children in their native language by accident. Nonetheless, the social worker recorded the interaction as being in violation of the court mandate and reported it to the Court. The case was further prolonged as a result, and relations between the parties involved in the case became increasingly negative. For example, although the mother continually requested for the children to be placed in a Coptic home, minimal efforts were made to accommodate the mother's request. To date, the children have not been placed in a culturally congruent home.

Key Issues:

- Language barrier between the mother and professionals involved in the case.

- Limited availability of case workers with a cultural background similar to the family's.

- Limited knowledge within the Agency regarding normative cultural parenting practices and cultural values, including discomfort in sharing private family matters with individuals outside of the family unit.

- Minimal efforts to locate an appropriate resource home for the children (i.e., a Coptic family) to maintain ties with the mother and maintain the same ethno-religious structure for the children (e.g., attending Coptic services on Saturdays and Sundays, using the Arabic language in the home with the children, etc.).

Discussion

The key issues highlighted in the preceding case study demonstrate a number of limitations to effective intervention with ethnic minority families when interacting with the dependency and delinquency system. The most obvious limitation in this case was the linguistic barrier between the assigned case worker and the mother. Although attempts were made to mitigate the impact of the language barrier, via consultation with Mr. Youssef, who could relate to the family on a linguistic and cultural level, these efforts were inadequate. The lack of understanding on the part of the assigned social worker in terms of the mother's ability to effectively and naturally communicate with her children in a language she could not speak proficiently had clear consequences for the family. Moreover, had the social worker assigned to the case been able to understand the mother from the outset of the family's involvement, they may have been able to develop a working alliance and mutual understanding. Rather, this case was prolonged and complicated by the lack of a working alliance between the family and the professionals involved.

Several additional factors that resulted in the potentially unnecessary separation of the children from their family and broader community may have been avoided had the assigned case worker better reflected or understood the cultural norms and values of the family to which they were assigned. The obstacles this family faced in interacting with CWS also highlight the need for providers to take and maintain a stance of cultural humility, or an openness and eagerness to learn about other cultures and the intersectionality of those cultural identities, rather than a stance of authority. Based on this case, it appears the case worker involved made limited efforts to understand the mother's perspective, resulting in an increasingly negative relationship and likely prolonging the reunification process. Moreover, although the mother was eventually granted visitation, there are clear indicators of a lack of cultural sensitivity and responsivity in the manner in which visitation was executed. For example, the mother was forced to interact with her children in a way that was unnatural to her during visitation by being barred from speaking to her children in both her own and their own native language. In addition, the children were removed from their Coptic ethno-religious community and their home only shortly after immigrating to the United States themselves. Had ancillary efforts and measures been taken, a family from their own community might have been recruited to foster the children after all efforts were made to maintain the family intact.

Moreover, on a policy level, the legal mandates leading to the substantiation of the allegation of physical abuse did not, and do not, account for ways to address the differences in child-rearing practices among families of immigrants from cultures that condone the use of corporal punishment. One such intervention for this family may have been to educate the mother regarding the legal mandates of her state and the use of corporal punishment first, prior to asking about the use of inappropriate disciplinary practices. This may have resulted in more openness and understanding on the mother's part, rather than defensiveness, and ultimately would have strengthened the alliance between the case worker and the parent.

MENA Families

Although it was not explicitly raised as an issue in the case study above, an additional cultural consideration that can come into play is when a cultural gap exists not only between the family and the providers involved in service provision but also within the family itself. As with many immigrant families, there may be differences between the host country's norms and values, the parents' native country's norms and values, and those of the children who are often caught in the middle and share values passed down by their parents and those that they may adopt from the "host" culture.

Overall, this case highlights the need for increased cultural responsiveness from the outset of contact between ethnically diverse families, particularly those who may be unfamiliar with the societal norms of the majority culture (e.g., due to recent immigration and the existence of language barriers). It also emphasizes the need for broader representation in the stakeholders who create and implement policies that impact families who come into contact with CWS to reflect the people being served. By encouraging broader cultural representation and engaging culturally diverse individuals in creating policies, the child welfare system can more adequately and appropriately address safety concerns in a way to preserve the family whenever possible, rather than separate them. Finally, this case highlights the lack of appropriate interpretive services, whether it be due to limited resources or availability or lack of due diligence on the part of CWS.

A number of important limitations apply to this case study and the conclusions extrapolated in our review. First and foremost, the researchers had only second-hand knowledge of this case and relied exclusively on the respondent's self-report of his involvement in the case. Given that he was not the primary social worker, this poses a potential limitation to the reliability of his report. For example, the researchers were unable to corroborate his narrative of the case as well as the extent of his involvement in the case. Further, it is unknown if there were additional measures taken in the comprehensive assessment and service provision with this family (or that have since been taken) to more sensitively and adequately provide for their unique needs. Nonetheless, although the exact details of the case could not be confirmed, the conclusions the researchers have drawn from the case are valuable and highlight important clinical considerations that are consistent with the literature. In addition, while this case study may not be fully representative of families from other cultural and ethnic backgrounds, and the issues raised are not exhaustive, they suggest a need for more inclusive resources, including but not limited to interpretive services, extra steps taken to limit separation when able in dependency cases due to unforeseen ramifications (e.g., removal from a safe community and cultural practices), and more comprehensive cultural education for providers.

Conclusions

While exploratory, this review of the literature and the preceding case study involving an Egyptian immigrant family highlight a number of challenges that both ethnically diverse families who come into contact with the dependency systems, as well as the providers charged with offering the best care to these families while maintaining children's safety face in many Westernized countries such as the United States. Families whose native language is not English and whose native customs do not reflect those of westernized countries experienced obstacles that may not exist, or that may exist to a lesser degree, for other families such as White, Black, or Latinx. Where language barriers exist, options for self-advocacy and access to resources and education are limited. Furthermore, languages that do not have a dominant presence in the United States (depending on geographic location), including even written materials, may require translation. This exposes the additional barrier of finding interpreters who not only speak the language but are certified to act as interpreters, which often leads to individuals relying on family members or even their own children to translate. For the family discussed in case one, access to a parenting class or widely distributed parenting resources may have been limited if not available in

the mother's native language, Arabic, and in her own dialect. Depending upon parents' level of education and socioeconomic status, there may be additional added layers limiting accessibility and resulting in greater disparities in outcomes.

With respect to implications for practice, first and foremost, the authors suggest a framework of cultural humility and prioritizing the best interests of the children involved, keeping in mind that Western values of "best interests" may be different than those of the families who are stakeholders in cases similar to those described above. With respect to real-life implications, the authors also highlight the importance for providers to meet families where they are at and treat them as the experts on their own needs, which are unique to each family. As it stands, CWS in the United States, despite noble intentions, often causes more disruption and traumatization to families than it does good. While the authors do not opine on how reform may benefit the system, some helpful direction can be taken from efforts made to improve upon child welfare involvement with indigenous peoples, namely through the Indigenous Connectedness Framework (Ulrich, 2019), which promotes adaptation to a culture's history, customs, and ways of life while emphasizing familial and communal relationships. For collectivistic cultures, such as the ethno-religious minority families described above who are also immigrants to their host nation, such efforts to focus on maintaining relational continuity—whether it be through extra measures to avoid removal from the home, measures to ensure connectedness to important religious and cultural institutions and customs, or efforts

to maintain cultural congruence when possible between providers, resource families, and the client family—can have a profound impact and reduce traumatization in these families. The literature has shown that placement with family can often benefit children, barring significant safety concerns (i.e., immediate harm), by allowing them to preserve familial ties. Furthermore, children in kinship/relative placements have fewer behavioral issues and fewer placements while in foster care than children in non-kinship/non-relative foster care.

It is also important that agencies and policymakers seek to increase the representation of various cultures through outreach to the community and increased education. With increased representation, families who are overrepresented in the child welfare system may feel it is safer to engage in services rather than to fear or reject them. For groups that are underrepresented, efforts to increase representation and thereby make available more culturally congruent providers may allow space for families to advocate for themselves when they need assistance and resources. In many families, instead of teaching children to "keep quiet" about disciplinary practices or even violence within the home when speaking to educators or healthcare providers, there may be a shift to an openness to ask for help with parenting or to seek out services and education. Overall, this research, although exploratory, highlights the need to conduct more specific investigation into how to honor and meet the unique needs of various sub-cultures, and to avoid the generalizations cited in the literature that can have negative real-life implications for vulnerable families and children.

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MENA Families

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