

Assessing the Best Interests of the Child in a Risk-laden, Multicultural Context: Insights from Practice with Latino Families

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Abstract

As increasing numbers of families seek U.S. residency from virtually every corner of the globe, child welfare workers are challenged to determine what is in a child or family's best interest when the parents' cultural beliefs about good parenting are at odds with U.S. child welfare policies. In the absence of universally accepted definitions of risk, abuse and neglect, how can we avoid imposing ethnocentric determinations of what is in a child's best interest? This article examines research on the use of risk assessment protocols to improve child protection, and suggests some practice-based evidence as a way to move forward.

Introduction

As child welfare workers we are continually called upon to determine whether children are at risk of harm and in need of more protection than their families can provide. Trained as mandated reporters, social workers, teachers, therapists and health care workers must report suspected incidents of child abuse or neglect in the interest of providing basic levels of safety, and, even saving children's lives. The Illinois Abused and Neglected Child Reporting Act and our Professional Codes of Ethics presume that such reports are made in good faith, and only for the purpose of furthering the child's best interest (LeBlang, 2004; NASW, 1999). However, what specifically is in the child's best interest is not always easy to determine. In the context of enormous shifts in the nation's demographics to an increasingly multi-cultural society, how can we use our understandings of the cultural differences of the families we serve to fulfill our reporting duties in good faith?

A recent case illustrates the complexity of making accurate risk assessments in the context of cultural difference. While searching the literature on risk assessment and cultural difference, a colleague requested consultation (all identifying information in cases referred to here has been disguised in accordance with protection of privacy and anonymity guaranteed by statutes and codes of ethics). A very young pregnant teenager who had recently emigrated from South America presented at the agency for counseling

around the stress of having to parent before she felt ready. She disclosed that the baby's father was a young man from the same country, but that they were several years apart in age. Her family had welcomed the young man into their family. Even so, a hotline call had had to be made by the agency because of the young girl's age. My colleague explained that while she did not see this as an ideal situation for the young girl, it would be important for the Child Protective Service worker taking the hotline call to understand the family's cultural context. She explained how common it is for teen girls living in poverty-stricken rural areas of South America to leave home early and pair up with men who are at least old enough to ensure their economic survival. My colleague worried that the CPS worker taking the call might automatically classify the case as statutory rape, as had the agency staff person who made the hotline call. On a macro-level, my colleague worried that the girl's community would get word of the hotline call and that pregnant teens and their families would be hesitant to seek needed help, particularly in cases where they feared deportation.

In the context of the literature on children's competence to consent, what decision might each of us have made in this particular case? Were this child's rights violated in the sexual act that resulted in her pregnancy, in the hotline call made against her boyfriend, in the extreme poverty that pushes children out of their families prior to maturity, all of the above, or none of the above? This article seeks to provide the reader with an understanding of the importance and the complexity of evaluating the best interests of the child in high-risk and multicultural situations.

A Global Context for Assessing the Best Interests of the Child

The Impact of Cultural and SES Differences

The question of how best to perform culturally competent risk assessments has become a major concern of every child welfare agency serving an ethnically diverse client population. As ever-increasing numbers of immigrants from around the globe seek better living standards for themselves and

their families within U.S. borders, child welfare workers in the U.S. are obligated to come to terms with the fact that there exist no universally accepted optimal parenting standards (Korbin & Spilsbury, 1999; Small, 1998). Nor are there universally accepted definitions of what constitutes risk, abuse or neglect. In fact, there is much research demonstrating that parents of differing ethnic backgrounds vary in their interpretation of what they consider abusive or neglectful behavior (Ahn, 1990; Hong & Hong, 1991; Korbin & Spilsbury, 1999). Complicating matters further is the tendency in the United States to privilege the parenting and treatment practices of mainstream, middle-class white North Americans and Western Europeans, and to view other groups and their practices as inferior—a stance that is recognized as ethnocentric, but that nevertheless often goes unchallenged. In part the result of scrutinizing parenting practices of other groups through this North American middle-class lens, many immigrant and non-white families are routinely identified as having failed to protect their young. This is one factor resulting in a child welfare system that disproportionately targets and retains children of color (Courtney et al. 1996; McRoy, 2004; Roberts, 2002), and that overlooks white families even when their children are in need of protection (Jenny, et al. 1999; Lane et al., 2002).

Further complicating matters is the debilitating factor of poverty, widely recognized as a major contributor to stress and neglect at the individual, family, and community levels (Gabarino & Barry, 1997; Jones, 1997; McRoy, 2004; Roberts, 2002). Since immigrant families and other families of color are also disproportionately represented among the poor, the tendency has been to focus on a family's ethnicity or cultural difference as the key factor in identifying them as substandard parents or citizens. A common underlying and generally unspoken presupposition is that if the parents were more assimilated (e.g., would abandon their "otherness" and espouse mainstream parenting practices) that they would, by virtue of higher levels of assimilation, become better parents. Larger social narratives and discriminatory social policies often remain unexamined for their impact on family and community functioning (Korbin & Spilsbury, 1999; Pelton, 1989; Roberts, 2002). Our interpretations of the data we chose to collect, and where we choose to focus our interventions, whether assessing risk at the individual, family, community or societal levels, invariably involves human decision-making and problem-solving processes, standards around acceptable levels of safety, as well as cultural and class values.

Developments in Research

Prior research has shown that decision-making about the best interests of the child is highly variable (DePanfilis & Scannapieco, 1994; English & Pecora, 1994), even without the added variable of multicultural values. There have been intensified efforts to increase reliability through the use of standardized risk assessment protocols and instruments (Fuller, Wells, & Cotton, 2001). Most recently, there have been recommendations to improve reliability through risk management systems that use evidence-based practice (Chaffin & Friedrich, 2004; Gambrill & Shlonsky, 2001; Shlonsky & Wagner, 2005). The recent push for evidence-based risk assessment is an attempt to enable staff to make difficult and complex practice decisions based on best available, systematically considered research findings critically reviewed for relevance to the population and the purpose for which they have been investigated (Gambrill, 2003).

The EBP movement began in the field of medicine out of a desire to offer only those treatment interventions that had been shown to be effective based on empirical research. It was developed to counter a belief that treatment interventions were being recommended not because they were effective, but rather because they were popular with treatment providers, or had simply been the traditional service to offer for particular problems (Chaffin & Friedrich, 2004; Gambrill, 2003; Sackett, et al., 1996). The hallmarks of evidenced-based practice are "transparency of what is done to what effect in all venues of interest including practice and policy, research, and professional education. It is designed to make decisions and the reasons for them explicit. EBP involves sharing responsibility for decision making in a context of recognized uncertainty" (Gambrill, 2003, p. 10). It purports to involve clients as informed participants who take part in decisions, and whose values and preferences are compared with recommended services and their likely outcomes.

There has been an ongoing debate in child welfare as to whether actuarial or consensus-based risk assessments are most effective in assessing levels of risk to children (Baird & Wagner, 2000; Baird, Wagner, Healy, & Johnson, 1999; Cash, 2001; Wald & Woolverton, 1990; Rossi, Schuerman & Budde, 1996). Both consensus-based and actuarial instruments are constructed to improve the consistency and comprehensiveness of clinical judgment by attempting to identify situations where children are at risk, and to determine the appropriate type of intervention. Actuarial risk assessment instruments are used to estimate the probability of future maltreatment at the

point when CPS closes an investigation and must decide whether the case should be opened for services or closed (perhaps with a recommendation for service follow up in the community). However, researchers also point out that actuarial tools are limited in their ability to predict future maltreatment (Shlonsky & Gambrill, 2005; Shlonsky & Wagner, 2005). In addition, these instruments have a number of methodological problems, including differing definitions of outcome measures, (e.g., researchers do not agree on how to define key variables, such as neglect); concerns about validity and reliability due to changes in risk over time and the absence of base rate data, inability to predict at the level of individual clients, and inability to predict recurrence at acceptable levels of sensitivity (Shlonsky & Gambrill, 2005).

Another serious shortcoming with actuarial tools is their use of substantiation (e.g., cases where there has been a finding of abuse/neglect) as an outcome. Since decisions to substantiate are frequently tied to factors that are extraneous to family functioning, such as policy, law, or caseload, substantiation may not be the most valid measure of maltreatment recurrence (English & Pecora, 1994). Further, actuarial tools cannot be of assistance with key clinical decisions that involve assessment of family functioning, including identification of strengths, how best to engage a family and choice of appropriate interventions. Given its limitations, even researchers who tout its merits insist that it is not a substitute for professional judgment (Shlonsky & Wagner, 2005). Other researchers point out that often practitioners do not find actuarial risk assessments useful, because they are designed using an atheoretical framework, and as such do not provide the kinds of explanations for maltreatment that give meaning to the choices practitioners must make (Schwalbe, 2004).

Still another critical issue is the relevance of the research and the EBP movement to the work of practitioners in the trenches. How many of them use these insights in their practice decisions? Given that we ultimately must rely on professional judgment to make key decisions, it behooves us to understand how clinicians in high-risk settings settle on a course of action, and further, how such decision-making is impacted when clients are culturally different. In such situations, clinicians are frequently working with very complex family systems, under tight time constraints, with limited information, and uncertainty about family members' understandings of what constitutes minimum standards of child safety. These are not problems that can be resolved with "the laws of logic, the calculus of probability or the maximization of expected utility" (Gigerenzer, 2004, p. 62). This set of

environmental circumstances reminds us that in the "real world" human models of rationality are necessarily "bounded" due to the extreme complexity of the systems in which we practice (Simon, 1982; Gigerenzer, 2004). In situations such as these, practitioners use heuristics that are ecologically rational and domain-specific to simplify the complexity of the environment and arrive at reasonable solutions (Gigerenzer, 2004, p. 64).

Understanding that cultures create their own domain-specific heuristics, how should culture be taken into account in high-risk cases? Does cultural competence provide the answer? Different cultures would use variant criteria to determine what data should be collected, how that data should be interpreted, and would no doubt make different suggestions about what services to provide, as well as differing criteria to evaluate service effectiveness. Some researchers suggest that achieving cultural competence charts a path to more accurate and equitable decision-making, and have designed models to guide practitioners down that road (Fong, 2001; Korbin & Spilsbury, 1999; McPhatter, 1997; Pinderhughes, 1997). Others make equally plausible arguments that we can never really know another's culture sufficiently, and that we serve more effectively from an admitted stance of "not knowing" and approaching the family as students of the culture (Dean, 2001).

Researchers who have investigated help-seeking patterns of clients of color report that often parents avoid seeking help altogether due to fears of being judged or misunderstood, the loss of privacy, and a belief that help will be of little, if any real benefit (Keller & McDade, 1997). Certainly, in situations involving cross-cultural risk assessments, parents' fears of being misunderstood are likely to be higher, and justifiably so. As a result of the increasing need to find more effective ways to engage and intervene with families that are culturally different, research oriented towards practice suggests many helpful avenues, including:

- seeking knowledge of the ways in which cultural values influence beliefs about child rearing and discipline (Negroni-Rodriguez, 2003; Roer-Strier, 2001; Small, 1998);
- evaluating differences in terms of the ways that cultural values embody strengths,
- and developing clarity about the meaning of child welfare intervention from the client's cultural perspective (Fong, 1997; Korbin & Spilsbury, 1999).

Other important considerations include understanding that for recent immigrants, the impact of culture shock increases family stress exponentially, and will confound the picture parents present of their abilities (Fontes, 2002). Particularly with recent refugees, there is not only the experience of culture shock, but the family may also have undergone terrifying experiences that legitimately predispose them to distrust authority and to fear exposure (Segal, 2000). Reacting to such shocks, parents from any cultural background might temporarily seem more confused or irritable than they would be in their native cultural context. Of particular importance is the understanding that across cultures the goals of parenting are to socialize children to become successful, “adaptive adults” according to a particular cultural script (Roer-Strier, 2001; Small, 1998). “The image of the ‘adaptive adult’ provides the cultural rationale for a particular child-rearing strategy” as parents generally believe that the “good” child will ultimately become the successful adult (Roer-Strier, 2001, p. 238). Finding out what parents are trying to accomplish, i.e. their view of the ‘successful adult’ in their cultural value system, becomes a central priority for adequate determination of the parents’ capacity to meet the child’s developmental needs.

Families undergoing change in cultural contexts often lose traditional sources of support, and may suffer periods of unemployment or underemployment as they struggle to learn a new language and understand a different world view, all of which may impact family relationships. Furthermore, in the context of changing cultures, children are likely to be exposed to conflicting standards of socialization, with very different notions of how “good children” behave, as well as different expectations of what constitutes an “adaptive adult.” In situations of cultural transition, some ideas that parents bring from their homeland about how best to socialize children may work in the new culture, while other ideas may present value conflicts that are not adaptive in the new host country (Roer-Strier, 2001). The exposure to conflicting standards of child socialization is not limited to new immigrant populations, but may be seen operating under other changing cultural or sociopolitical contexts, such as that which occurred during the civil rights movement when the image of the adaptive African-American adult changed from an individual expected to be subservient for purposes of survival to an individual prepared to take her place alongside members of the dominant culture. During these periods of transition children may be expected to understand and integrate conflicting values of what it means to be a good child in both public and family contexts.

Clinical Applications

Case Example: Carmen

The following case illustrates some of the salient issues that may arise when attempting to assess the safety of family members who are culturally different by comparison with mainstream middle-class European-American families. The case is presented to stimulate consideration of factors to which social workers’ attention should be drawn when collaborating with these families.

Carmen is a 12-year-old 6th grade student, and the daughter of parents who first emigrated from Mexico several years ago. After eight years in the United States, her mother remains an undocumented resident. Carmen was also born in Mexico, but has been here for five years, is thought of as “fairly well” acculturated and speaks very good English. She has two younger brothers, ages two and five, both born in the United States. Carmen had been living in an apartment within walking distance of the school with her mother, father and younger brothers. Midway through the school year she started displaying symptoms in school that included wild exaggerations, increased anxiety around her male teachers, not wanting to go home from school, and most recently threatening to kill herself.

The family’s immigration history is important to consider in assessing Carmen and her family’s current level of functioning. When Carmen was two years old her father left the family in Mexico, entering the United States to seek better employment. He never returned. Her mother followed him when Carmen was three, leaving Carmen behind in the care of her maternal grandmother. On her journey across the border, Carmen’s mother was sexually assaulted at gunpoint, and she surrendered all of the possessions she was carrying, hoping her attackers would just take what she had and leave her alive. She never reported the assault to her husband out of fear that he would see her as “damaged goods” and blame her for the attack. Carmen’s mother never discussed this event with Carmen. Carmen’s mother and father worked hard and regularly sent money back to her maternal grandmother to help provide for Carmen’s care. When Carmen was seven she was brought to the United States to join her mother and father, whom she had not seen since she was a toddler. When Carmen arrived she discovered that she had a little brother, who was not quite a year old. Carmen spent the first couple of years in her new community adjusting not only to a new culture, language, and school system, but also to an entirely different family life, since she

had few memories of living with anyone other than her grandmother.

When the school social worker interviewed Carmen, the child told her that her father had been imprisoned several months ago, for reasons that were unclear to her. What she knew was that prior to her father's arrest, strange men had broken into their apartment one night looking for something. They ransacked her home, holding the entire family at gunpoint, and Carmen had been scared to death. Her mother had not tried to explain beyond saying that these things sometimes happen. Carmen never received any treatment following this incident, although she quickly began to show signs of growing anxiety that included nightmares and sporadic bedwetting. After her father's incarceration, Carmen's mother could not afford all of the household expenses on her tiny income, and she sublet one of the bedrooms in the apartment to two young single Mexican men who paid part of the rent. Carmen reported that she was often left alone with these men while her mother worked as a cleaning lady in a local hotel. Her mother made it clear that she expected Carmen to clean up after them and to have the apartment clean so that her mother wouldn't have to do more cleaning when she got home. Carmen complained that the young men drank heavily every day after work; that they would routinely become boisterous and out of control, and that one of them had recently begun to make suggestive comments and gestures toward her that made her feel unsafe. When she tried to explain the situation to her mother, her mother downplayed Carmen's fear, telling her that they were nice men who paid on time and that she was exaggerating. Carmen told the school social worker that her mother really didn't know these men well at all, other than that they had regular work and were willing to help pay the rent.

The worker called the home to request that mother come in to discuss the child's fear of the men and the constellation of symptoms that were obstructing her academic progress. When mother got the message she was extremely annoyed with Carmen and could not understand why her daughter would tell the worker anything about the men who were subletting. She also did not understand the social worker's complaint about her daughter's academic problems, when she knew that her daughter had already completed more years of schooling than she ever had, and also that her daughter was achieving at much higher levels and was learning about subjects she had never been exposed to. She told Carmen that she would not get paid if she took off work and that she could not afford to go up to school.

When Carmen subsequently complained to the social worker that one of the men had tried to touch her when her mother was at work, and she was too nervous to sleep at night, the social worker called home a second time. This time when her mother failed to respond, the school social worker left a message for her mother saying it was urgent, and then another one saying that she was going to have to call the hotline if she did not hear from her. When she did not hear from Carmen's mother, she called the hotline and reported Carmen at risk of harm. She also called Carmen's home again and informed her mother about the report. With that action, the two boarders, who were also undocumented, immediately left the apartment. The allegation of risk was subsequently unfounded.

After the hotline call Carmen's mother agreed to meet with the worker. She was relieved that the worker was Spanish-speaking, but she was still very suspicious that the worker might want to report her to the immigration authorities. She listened anxiously to the worker, and when she was finished she told the worker that neither she nor her daughter understood how hard it is for her to meet her family's expenses without her husband, and that without the money from the boarders she would probably lose the apartment. At this point, she burst into tears and said her child is just spoiled and that she had no idea what it means to be unsafe. She proceeded to tell the worker that she had come to this country completely alone, without her children or her husband; that she had been assaulted at gunpoint, and forced to surrender her money and possessions, and that she had had to continue moving on anyway. She had arrived and started working in any job she could get immediately so that she could save up and send for Carmen. She said that she had had nightmares ever since the attack, but she could not let this stop her from working, and she doesn't think her daughter appreciates how much safer it is where they live now compared to what she went through to make it possible for her family to be here. From a clinical standpoint, we can understand that this mother had had to suppress her daughter's fear just as she had had to suppress her own fears and other aspects of her post-traumatic stress response. The mother's openness and grief-stricken tears with the worker represent an important effort to mourn what had happened to her, and, potentially, the mother discovering in herself a deeper capacity for caring for herself and her daughter. Yet at the same time, consider how traumatic the hotline call was for this mother, a trauma that was arguably exacerbated by the departure of her boarders and her deepened poverty, and then the irony of the decision that the report would not be substantiated. Finally, it seemed

the only benefit to Carmen from the entire process was the knowledge that at least one person had cared about whether she was being neglected or not, but the worker remained very frustrated that more resources could not be brought to bear to assist Carmen and her mother.

In addition, an obvious practical issue that comes up when considering the topic of cross-cultural risk assessment is whether we should be asking different questions, considering different matters, taking different actions, or *being* different in some way when working with families whose culture we do not share.

Uncommon Stressors

These families experience a wide range of stressors that may be foreign to the individual assessing risk; and wherever stressors are completely absent in the workers' experience, they will tend to be either unrecognized or undervalued as having an impact. It therefore behooves workers to expand their awareness of the range and severity of stressors, and of the ways in which these might impact the individual's ability to parent. Aside from the obvious need to speak the family's language (a need that is not always met due to the shortage of bilingual, bicultural service providers), workers need to consider that the family's first language is the language of their emotions and they are likely to be less highly defended when allowed to tell their story in a language that is close to their hearts and that they feel they own. Along these lines it is important to understand something about stages of acculturation and assimilation, and how the losses inherent in these socialization processes impact family functioning. Researchers have identified numerous acculturation-related stressors, and have found that family cohesion, adaptability and environment all vary according to the family's level of acculturation. Moreover, differences between children's and parents' acculturation stages can be significant sources of family conflict (Miranda, Estrada, & Firpo-Jimenez, 2000). These stressors are compounded when added to other real and symbolic losses that are part and parcel of relocation. Such intense losses of homeland, language, extended family, community, culture, social networks, and key attachment figures are bound to erode parents' ability to remain emotionally available to children, particularly when children experience the acculturation process in a completely different way.

Indeed, the parent's experience of children's more willing and rapid acculturation may be felt as a betrayal, particularly when children break traditional family rules or ignore cultural values. Given

significant differences in children's instrumental skills at navigating foreign landscapes, parents rarely develop the kind of dual perspective that would help them to see the new community from their children's point of view. Moreover, children's easier English language acquisition often upsets the traditional hierarchical power structure whenever children need to translate for parents. Miranda et al. point out that differences in language ability also mean that children invade parents' privacy in ways that violate traditional rules of respect when they must be included in transactions with non-Spanish speaking adults (2000, p. 343). In part due to this experience of a cultural landscape turned upside down, parents may feel so dependent upon the family as one of the few remaining sources of structure that over-reliance on family to provide the missing sense of familiarity and safety can push parents to become more rigid than they otherwise would be. The motive behind the rigid behavior may be to preserve their children's safety, or to preserve the Latin value of *familism*, but when parents feel threatened by their children's exploration of arenas that they believe to be dangerous, the rigidity may cross the line into abusive behavior.

These stressors associated with migration and the immigration process may be overlooked by mainstream social workers thinking that for parents immigrating voluntarily, the fact that they wanted to be here in the first place mitigates the strains of relocation. Consider for example the experience of being treated as a criminal for entering the country undocumented. Parents who are undocumented have an ongoing sense of personal uncertainty and a fear of being noticed or caught that increases their level of anxiety, and would certainly predispose them to be distrustful of anyone coming to question them about anything. Most mainstream members of society have no experience with having their survival strategies identified as criminal behavior, and so would not consider how being viewed as a criminal could impact all aspects of life, including one's ability to parent. In addition, traumatic incidents that took place during migration and the impact of being cut off from cultural supports all conspire to create a sense that one's identity is under assault. Multiple daily cultural cues that help individuals feel a coherent sense of identity are lost when families migrate, and the strong demand for acculturation is experienced as stressful even when families immigrate voluntarily (Casado & Leung, 2001). Giving up preferred cultural practices and having to learn new ways of socializing or parenting can evoke grief reactions that require mourning in order for parents to move forward adaptively (Casado & Leung, 2001; Ward & Styles, 2003). Individuals undergoing this process may feel estranged not only

from their homelands, but also from themselves. Some researchers point out that migration can be the source of losses so painful that healing requires not only a mourning process, but also a reinvention of identity (Ward & Styles, 2003). How parents mourn these losses will depend in part on what has been effective for them in the past. The worker may see behavior ranging from compliance to oppositional defiance, depending upon the parent's defense structure and social supports.

When experiences of trauma are added to the foregoing, we might suspect that the combination of a disoriented sense of self and role, loss of cultural supports and unprocessed trauma would likely impair parents' ability to attend to children's needs. We know that a majority of parents who become involved with the child welfare system have histories of significant personal trauma, and that in many cases they have received no prior treatment. We should also consider the parents' fears about aspects of the host culture that they perceive negatively, and how those might impose stress and affect parents' judgment and decision-making. For instance parents who are apprehensive about new expectations to adopt a more democratic family structure where the parent/child hierarchy is attenuated, and children are allowed to have more of a say in a range of family matters, may react by becoming more authoritarian, particularly if they notice families where this ideal has gone awry and children have been given more control than they can handle. Further, the tendency in some families toward parental autocracy would likely be increased when truly negative aspects of the host culture knock on the family's door (e.g., adolescent experimentation with illegal drugs, earlier forays into sexual activity, or gang culture, materialism, etc.). Parents experiencing this combination of psychosocial stressors are likely to interpret their decision to "lay down the law" with a child as simply being protective, as was explained to a CPS worker, who investigated reports on several Mexican fathers who had aggressively slapped their teenage daughters in response to an interest in boys the fathers perceived to be premature. Matters are further strained when adolescents discover that even young children in U.S. families are permitted to question and negotiate boundaries that would not be negotiable in their homeland. These kinds of intergenerational stressors may make parents feel displaced in their own homes, and cause some parents to question their role and their ability to parent, as depicted by the parent who complained to an investigator, "You won't let me do what I need to do to raise this child, so it will be *your* fault when he is out on the streets and out of control later."

These issues of immigration stress and role disorientation are not equally pressing for all Latino families. Clinicians and researchers emphasize that there is tremendous diversity amongst Latino families, not only between families from different countries, but also between families coming from the same country (Hurtado, 1995; Ortiz, 1995). There are significant educational and class differences, differences between families from rural and urban regions, and significant differences in the way families assimilate. Degrees of acculturation may vary widely between parent and child, between first and second generation immigrants, and between families that may have immigrated at approximately the same time. In addition, workers need to consider that the *same* individual may be differently acculturated in different contexts, an important fact likely to go unrecognized by workers who are not bilingual or bicultural. This means that individuals can be both high and low acculturated at the same time, and may adopt one set of behaviors in a professional setting, for example, but a different set of behaviors in a family or community context.

Other matters to be considered include the workers' own acculturation stage, which will also influence how the family is viewed and approached. Workers will need to have some awareness of their own process with regard to the issue of acculturation, since the degree to which workers are comfortable with aspects of their personal identity that were sacrificed to acculturate will affect the engagement process and all the work that follows. Professionals who have successfully reflected upon and integrated their own losses will be more likely to speak and relate to families using terms and values that have meaning for the family. Ideally, this will facilitate an interaction that makes more sense to the family, and that conveys the impression that the worker wants to work with them and not against them. Consider, for example, a parent who does not take a sick child to the doctor in part because historically doctors and the money to consult them were not readily available to the family. Instead, the parent may have a history of consulting a traditional healer who used herbal medicine because that was the care that was available, affordable and culturally accepted.

System Constraints

The viewpoint adopted in risk assessment is inevitably impacted by the fundamental conflict between our role as an agent of the child protection system and our role as caregivers for the family. Caring for the family means listening to family members' concerns from their perspectives, and

respecting their cultural heritage. The roles of agent of the child protection system and family caregiver intersect when workers need to educate parents about differences in the way safety is assessed in the United States. All practitioners involved in this work point to the importance of the role of education, and the differences with which families are open to new ideas and to new ways of parenting.

The way in which we approach our role as educators is likely to be influenced by our own motives for engaging in this work in the first place, and the degree to which we are aware of those motives. Workers who come to this work with strong motives to save children in danger may be predisposed to seeing parents as dangerous threats to children's safety and may approach the parent from an accusatory one-up stance that is backed by culture-bound assumptions of what normal, healthy parenting looks like. Workers unaware of their own cultural biases are unlikely to recognize how they might denigrate other caregiving choices, and may even close the door on the parent's efforts to work collaboratively.

Consider for example the difference in how one might approach a woman whose need to stay in an abusive relationship has gotten to the point where this decision has compromised not only her safety, but also that of her children. A mainstream approach would focus quickly on encouraging her to see herself as independent, capable of leaving the relationship and taking her children with her. Alternatively, a culturally sensitive approach would start with understanding how family violence is typically handled in her culture, as well as the implications of leaving her husband from within her cultural tradition. The worker might conclude it is important to try to connect with her need to keep her family together by staying, and would recognize the way in which her identity revolves around being a married woman with children in an intact family. Telling her that it would be best for her to leave may make no sense given the strong cultural and religious bias against divorced women in Latino communities. She may already be anticipating the social isolation of being viewed as "damaged goods" and a threat to the marriages of other women in her community. If the client's identity is based primarily on being a married woman with children in an intact family, then suggesting that she leave immediately is likely to be perceived as more threatening than supportive. Helping her to consider an alternative but culturally dissonant perspective means the worker will first have to demonstrate an ability to communicate with the client about her situation and her identity through the client's lens. That said, clinicians all agree that safety supercedes

cultural issues, and that this is the bottom line regardless of the parent's immigration status, class, education or acculturation level, identity integration or perceived role strain, etc.

Standardized risk assessment protocols have typically been developed in order to improve child protection and minimize the uncertainty and complexity of the risk assessment process (e.g., the CERAP, Fuller, Wells, & Cotton, 2001). Of course the push for "what works" in all risk assessment is driven in part by our immediate and legitimate concern to achieve unequivocal safety for the party at risk as quickly as possible. Toward this end standardized risk assessment protocols are designed to take the "wobble room" out of safety assessments, so they do not invite workers to ask questions that consider other cultural points of view. However, the downside of such standardized protocols is that almost by definition they cannot adequately take into account families' profound cultural variations.

Furthermore, the standardized risk assessment protocol is designed to hold the individual parent responsible for a discrete incident and to correct a discrete constellation of behaviors surrounding that incident. While this may achieve a short-term behavioral goal, it does not encourage us to consider the multiple systems that gave rise to the problem in the first place. These systems are cultural, political, historical and economical, and while recognizing how these systems interact will not change the fundamental decision the worker must make, heightened awareness may suggest a difference in how the worker approaches a family. An interesting example came from a child protection investigator who pointed out how differences in U.S. immigration policy toward different Latino groups meant that some groups have been invited into the country and offered federal funds for resettlement and business start-ups, while others have been denigrated and criminalized, resulting in diametrically opposing views of these groups' abilities to be seen as valued contributing members of society. This worker pointed out how policies with which groups have been either greeted at the door or refused access continue to impact economic opportunities down the generations, as well as all subsequent aspects of social assimilation.

In Carmen's case, her mother did not understand her own or her daughter's psychological symptoms, and she had a genuine lack of awareness about how treatment could be helpful for either of them. She also had a view of outside intervention as intrusive and threatening to her family's safety, and as something that would increase her anxiety rather than help her to manage it. Furthermore, her lack of insurance, low

income, and the demands of being a single parent cut off from her extended family had predisposed her to believe that she would have to make it on her own. In this case the school social worker helped her to understand her child's symptoms as expected sequelae of the break-in and fear of the intrusiveness of the boarders that had been allowed into their home. The worker also helped Carmen's mother to see her own ongoing nightmares and anxiety as expected, given her history of trauma and the ongoing fear of being caught and deported. She referred them to a bilingual, bicultural therapist who was able to offer short-term treatment to address their trauma-related symptoms. In addition, the school social worker created a short-term parent support group for Spanish-speaking parents where she addressed parents' concerns about ways to keep family members close, and concerns about children's more rapid acculturation and interest in some of the threatening aspects of U.S. culture. In this group Carmen's mother met other Spanish-speaking parents with similar concerns, and took steps to build a new social support network that felt more culturally familiar.

Implications for Intervention

In assessing risk cross-culturally, we must increase our understanding around differences in the ways that families traditionally seek and use help. We need to be continually curious about how people's cultural traditions and values allow different responses to stress and loss, and different cultural beliefs determine what kinds of relationship experiences are psychologically healing. Many questions remain critically important for practitioners to consider:

- Does the client come from a culture where "opening up" is viewed as adaptive, or do their beliefs support internalizing and remaining silent as more helpful?
- Is there a cultural predisposition to develop somatic symptoms such that people may be unlikely to recognize psychological distress when it occurs?
- We should also assess clients' readiness for exploring new ways of looking at old problems. Are they open to combining a new method with a traditional one? Or do they experience suggestions to try something new as a threat to their fundamental sense of self?

- Are they able to create new social supports when they have been cut off from old ones, and are they willing to reach out and make use of them?
- What strategies do they typically use to mourn difficult losses?
- Do they tend to rely on solitary strategies, or social ones?
- And what coping strategies do they advocate for their children?

Ideally, we want to have a conversation with parents about how they want to parent their children, *and* about how to increase their children's safety. Few parents would not be interested in improving the welfare of their children and most Latino families can be engaged around the value of maintaining close family ties. But it is important to assess the degree to which they recognize safety or abuse issues as such.

Parents and children in cultural transition are often caught between disparate socialization messages and culturally variant definitions of abuse and neglect, and this cultural netherland may contribute to distorted family practices. "Unpacking the cultural variable" (Korbin & Spilsbury, 1999) in order to arrive at more accurate risk assessments means arriving at an understanding of parents' images of what constitutes an "adaptive adult" in their native culture and the cultural values behind parenting practices intended to get children to that point (Roer-Strier, 2001). This stance applies not only to work with families in cultural transition, but to any situation where cultural values are not shared. Adopting this stance means returning to a touchstone of good social work practice: within and across cultures we must still start where the client is. But it also means professionals concerned with the welfare of children need to engage in a similar exploratory process that involves turning the mirror toward our own faces with the intent of participating in more enlightened comparisons of what is adaptive across cultures. The willingness to engage a more critical stance becomes increasingly important as the country becomes more diverse, with parents importing childrearing practices from around the globe. We can only hope to do this well by creating the kind of spacious environment where parents and professionals can dialogue about their parenting ideals and devise ways together to accommodate cultural differences and optimize child and parent well-being.

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