Multi-Cultural Guidelines for Assessing Family Strengths and Risk Factors in Child Protective Services

Edited by Peter J. Pecora and Diana J. English and Developed by the Washington Risk Assessment Project

1993

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MULTI-CULTURAL GUIDELINES FOR ASSESSING FAMILY STRENGTHS AND RISK FACTORS IN CHILD PROTECTIVE SERVICES

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IMPROVING THE ACCURACY AND CULTURAL SENSITIVITY OF RISK ASSESSMENT IN CHILD ABUSE AND NEGLECT CASES

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ACKNOWLEDGMENTS

This document is the result of a joint effort between the Washington Department of Social & Health Services, Management Services Division, Children's Services Research Unit; the School of Social Work, University of Washington; The Casey Family Program Corporate Headquarters; and a group of social service professionals with expertise in working with families of color — the members of the Multi-Cultural Advisory Committee.

The Project team was aided by a number of important persons and groups. Although we are fully responsible for any errors that may have been made in this document, we would like to thank the following persons:

Professor Charles Horejsi and Joseph Pablo graciously allowed us to quote from their pioneering reports regarding risk assessment and the Native American community. Terry Cross provided important documents and advice about the limitations of risk assessment methodology. The DCFS Cultural Advisory Committee reviewed early drafts of the matrix and related materials. Their recommendations enabled us to make some essential improvements to the report.

Judith Nelson and the staff of the Children’s Bureau of Los Angeles provided an example of how to build in more opportunities to rate child and family strengths. We appreciate their permission to include some descriptive statements from certain scales from their latest edition of the Family Assessment Form. In the risk assessment matrix, Richard Wong helped review some of the major literature in this area that was critical to completing some of the final additions to the multi-cultural guidelines. Finally, special thanks to Melanie Valentine of The Casey Family Program, who provided editing and word processing support for the many revisions.
MULTI-CULTURAL GUIDELINES FOR ASSESSING FAMILY STRENGTHS AND RISK FACTORS IN CHILD PROTECTIVE SERVICES

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I. INTRODUCTION

Peter J. Pecora

Overview

This report presents an alternative approach to risk assessment that builds upon our knowledge of ecological approaches to child and family assessment, and advances in multi-cultural practice. This risk assessment approach:

- Incorporates sections for rating and analyzing the presence of child, family or community strengths and resources in two ways: (1) areas of child and family strengths are now included on the matrix itself; and (2) a separate checklist of strengths and resources for use by staff members is provided.

- Helps workers differentiate limitations in child, parent or family functioning that may be caused by poverty or the environment, versus those due to family conditions or behaviors.

- Includes specific multi-cultural guidelines that should be considered in assessing each risk factor.

This last feature of the design may be used to highlight areas where additional resources need to be made available to meet the most pressing needs of the family and for the agency to meet the "Reasonable Efforts" standards of P.L. 96-272.

This report is divided into seven chapters: The first chapter (Introduction) provides a rationale and overview of the report and the modifications to the Washington Risk Matrix that were developed by the Project staff and the Multi-Cultural Advisory Committee. Chapter II reports some preliminary findings from a literature review of protective factors and family strengths conducted by Dr. Vanessa Hodges. In Chapter III (Checklist for Child, Family or Community Strengths and Resources) a checklist is presented that can be used for training or condensed for case assessment.

Chapter IV discusses issues from the research literature regarding assessing risk with families of color. Chapter V presents multi-cultural practice guidelines by risk area, while Chapter VI contains the complete risk assessment matrix with selected multi-cultural guidelines and other modifications. Finally, Chapter VII contains a set of
“Summary Assessment Forms” that are designed to help CPS staff members record, analyze and summarize data about family strengths, resources and risk factors.

**Why Assess Family Strengths and Resources?**
Professional education and in-service training approaches to child welfare practice frequently do not emphasize an important component of assessment that is essential for analyzing risk assessment information and formulating effective case plans--family strengths and resources. This is especially important for families of color as their strengths and resources may not be as readily apparent to the caseworker if that worker is from another culture, and has had little experience with various cultural groups in a social services setting.

A list of common family strengths to look for and community resources that may be present is useful for encouraging staff members to consider these aspects when assessing a family situation for level of risk and needed services. The list also helps workers frame situations in a more hopeful and empowering manner by building upon family strengths to address the situation rather than focusing on just the negative aspects. That is why we have recommended that some form of strengths assessment be conducted first before staff members complete a risk assessment matrix.

The section that includes list of strengths and resources represents a beginning effort to capture these components, along with identifying some critical protective factors that may be present in certain ethnic groups that can be nurtured or enhanced to protect children.

**Limitations of The Current Risk Assessment Matrix and Approach**
While the Committee and Project staff believe that the multi-cultural guidelines and strengths list will help improve the effectiveness of this approach to risk assessment, a number of important limitations discussed by Pecora (1991), Wald and Woolverton (1990), and others should be identified:

- Limitations in current risk assessment research. Risk factors vary in terms of their significance for specific ethnic groups and types of maltreatment; these differences have not yet been addressed by this and other risk assessment approaches. Risk
factors may also be different for certain geographic regions. Furthermore, current risk assessment approaches do not address interactive and threshold effects where certain factors may interact to produce explosive combinations (Holder & Corey, 1987) or build up until a certain threshold level is reached (Howing et al., 1989).

The matrix items or "risk factors" that are listed will need to be revised based on recent empirical studies of what predicts various types of maltreatment. Interaction effects based on ethnicity, age, gender and other factors must be assessed and incorporated into the assessment guidelines. Much more predictive criterion research is necessary to more firmly establish which risk factors are the most important for predicting future serious child maltreatment. Therefore, the risk factors included on this risk matrix must be viewed as a preliminary set until further research is undertaken. Agencies may need to consider other approaches to risk assessment, depending upon their practice needs and philosophy.

- **No predictive or concurrent criterion validity.** Not all of the risk factors currently included in the matrix have been tested for their ability to predict future maltreatment at a moderate or severe level. It is feasible that when the data analyses for this project and other projects have been completed, that the list of major risk factors could be reduced and refined. In fact the field has much work to do in terms of distinguishing between substantiation of a case (i.e. child abuse and neglect has occurred), the likelihood of recurrence of some form of maltreatment, and the severity of any future maltreatment (Personal communication Grant Reid, February 24, 1993). All three aspects of case assessment are important.

- **The scale structure needs to be validated.** The Washington risk assessment scales have not been subjected to any of the standard procedures for scale construction to determine if the levels of seriousness correspond to the rating levels. (I.e. does the scale description for a level 3 fit the “moderate” scale anchor, and does the description for low risk fit the rating for that level?) For example, this type of validation work has been conducted for the Child Welfare League of America “Child Well-Being” (Magura & Moses, 1986) and other scales, so there are some precedents to follow in this field.

- **Professional analysis and synthesis is essential.** A narrative analysis remains essential to make sense of the information and ratings, so that the issues of
interacting factors, ethnic differences, counter-acting family strengths and the availability of resources can be documented.

For example, why was a case able to be closed where a ten-year old Native American girl supervises her four-year-old brother for hours at a time? The answer might be the existence of a number of supportive relatives in the neighborhood that the child is able to turn to for assistance, the fact that one neighbor does provide supervision, and the child's level of maturity regarding hazardous situations and emergency procedures.

**Conclusion**

This next chapter of the report presents a brief summary of the emerging literature on family strengths and protective factors in families of color. A Checklist for Child, Family or Community Strengths and Resources is then presented in Chapter III. It should be emphasized that the multicultural guidelines that are discussed in Chapter III represent a sample of the pertinent issues and need to be supplemented with more extensive knowledge and skill-based training.

**References**


CHAPTER II

ASSESSING FOR STRENGTHS AND PROTECTIVE FACTORS IN CHILD ABUSE AND NEGLECT: RISK ASSESSMENT WITH FAMILIES OF COLOR

Vanessa G. Hodges

Introduction
Over the last 15 years, child abuse and neglect researchers and practitioners have explored the use of various risk assessment methods for identifying, categorizing, and predicting physical injury of children referred to child protective services for possible abuse and/or neglect. Many of these risk assessment methods consist of rating scales that assist in practitioner judgment for determining the type and severity of potential harm or injury of children in dangerous or potentially dangerous environments (home, school, child care center). Data for these risk assessment processes are generally collected through practitioner observation, interviews with parents and other caretakers, reviewing case record reports, and prior history and involvement in child maltreatment. These data are then analyzed using professional knowledge and judgment.

Assessing for risk of child abuse and neglect offers special challenges to practitioners who are unfamiliar with the diversity in culture of families of color. Families of color often have different family structures (Mindel, Habenstein, & Wright, 1988; Lynch, & Hanson, 1992), child rearing practices (Mindel, Habenstein, & Wright, 1988; Lynch, & Hanson, 1992), gender and family roles (Mindel, Habenstein, & Wright, 1988; Lynch, & Hanson, 1992), and relationships to community (Mindel, Habenstein, & Wright, 1988; Lynch, & Hanson, 1992). Failing to accurately assess for these cultural differences might yield an incomplete assessment of the family especially as it relates to family strengths. Lack of resources related to poverty might also obscure a practitioner's ability to identify strengths. Misunderstanding a cultural norm or a consequence of poverty as evidence of abuse or neglect could lead to removing the child from the home, and the accompanying social and emotional losses for the child and family. Furthermore, most risk assessment methods do not explicitly consider family strengths and resources. This paper explores the importance of understanding the role of strengths or protective factors while simultaneously identifying risk factors when
conducting child abuse and neglect investigations. Special attention will be given to those factors that are especially relevant for families of color. Protective factors include the constellation of individual, family, and community characteristics that positively alter a person’s response to a predisposed maladaptive outcome (Rutter, 1985).

**Relationship of Risk Factors to Strengths**

By virtue of the title, risk assessment, attention is focused on personal, family, and community characteristics that place children in jeopardy of abuse and neglect. The evaluation of risk, however, can not be conducted in a vacuum as if no other variables impinge on the family and their environment. Figure 2.1 on the next page provides a model for reconceptualizing risk assessment to include both characteristics that place children in jeopardy as well as characteristics that may provide resources and supports to families. For example, while drug trafficking and gang activity might place a neighborhood at risk of violence, stable, long term residents and a tight informal support network can also exist in the same neighborhood and should be identified as strengths. The challenge here is to determine how to integrate and interpret strengths to increase the accuracy of assessments of families of color, particularly as it relates and interacts with data collected on the risk and vulnerability of families.
While the identification of strengths plays an important role in intervention planning for families, empirical research is still needed to determine if, and to what extent, strengths offset, mediate, or neutralize risk factors. One alternative for organizing, interpreting, and utilizing culturally specific information in CPS investigations is concurrently (with risk assessment) assessing for strengths and protective factors.

**Protective Factors**
Protective factors represents the constellation of personal, family, and environmental factors that enable children to survive and thrive in the face of adversity (Rutter, 1990). Invulnerability was the first term used to describe those children who were subjected to a tremendous amount of abuse and neglect but did not seem to suffer psychological or physical
harm as a result of the abuse. This term quickly came under criticism because it suggests that the invulnerability comes solely from personal characteristics (as opposed to familiar or environmental). Secondly, invulnerability suggests a static state. Once invulnerable then always invulnerable. Resilience soon emerged as the preferred term to describe children who were exposed to high risk environments and who survived and emerged from those environments healthy. Resilient children are those who possess an array of personal, family, and community protective factors that through interactions with risk factors, immunizes them from latter pathology.

**Defining Protective Factors**

Historically, researchers and practitioners have emphasized and studied treatment of client problems, deficits, and maladaptive behaviors (Garmezy, 1983; Rea-Grant, Thomas, Offord, & Boyle, 1989). Over the last 15 years, more emphasis has been given to children who live in environments that are stressful and dangerous and not only survive the adversity but also develop healthy coping and behavioral responses (Garmezy, 1981). These studies have focused on understanding why some children are able to withstand and grow in environments with severe abuse and deprivation while other children are disabled and consequently fail to achieve normal emotional and social development (Rutter, 1990; Cowen & Work, 1988; Garmezy, 1985; Rae-Grant, et al., 1989). Protective factors are defined as those factors or processes that seem to modify, ameliorate, or alter a person's response to some environmental danger that predisposes that individual to maladaptive outcomes (Rutter, 1985). These factors, while present, have no impact in low risk situations, the protection only occurs in the interaction with the risk factor (Rutter, 1990).

Although research on protective factors is relatively new, several studies have outlined general factors which differentiate resilient children from those who have serious adjustment problems. Protective factors appear to fall into three general categories (Rutter, 1990; Werner, 1989; Garmezy, 1985): They include individual characteristics, family characteristics, and supportive significant others. Individual characteristics include attributes such as self-sufficiency, high self esteem, and altruism. Family characteristics include supportive relationships with adult family members, harmonious family relationships, expressions of warmth between family members and mobilization of supports in times of stress. Finally, community supports refers to supportive relationships with people and/or organizations external to the family. These external supports provide positive and supportive
feedback to the child and reinforce and reward the child's positive coping abilities. The following section provides a more detailed definition and description of each of these areas.

**Individual characteristics**: Much of the research on the identification of protective factors has focused on individual traits. This category of protective factors refers to factors that are learned (self care and interpersonal attributes) as well as factor for which the individual has no control (birth order, gender). Individual attributes include (Garmezy, 1983, 1985; Rae-Grant, Thomas, Offord, & Boyle, 1989; Rutter, 1979, 1981, 1985, 1987; 1990; Werner, 1989):

- Birth order—first born
- Health status—healthy during infancy and childhood
- Activity level—multiple interests and hobbies, participation and competence
- Disposition—good-natured, precocious, mature, inquisitive, willing to take risks, optimistic, hopeful, altruistic, personable, independent
- Developmental Milestones—meets or exceeds age-appropriate expectations
- Self-Concept—high self-esteem, internal locus of control, ability to give and receive love and affection
- Perceptive—quickly assesses dangerous situations and avoids harm
- Interpersonal Skills—able to create, develop, nurture and maintain supportive relationships with others, assertive, good social skills, ability to relate to both children and adults, articulate
- Cognitive Skills—able to focus on positive attributes and ignore negative
- Intellectual Abilities—high academic achievement

**Family characteristics**: Family characteristics that offer protective qualities include attributes that apply to the entire family unit as well as personal relationships with parental figures. Family characteristics include (Garmezy, 1983, 1985; Rae-Grant, Thomas, Offord, & Boyle, 1989; Rutter, 1979, 1981, 1985, 1987; 1990; Werner, 1989):

- Structure—rules and household responsibilities for all members
- Family Relational Factors—coherence and attachment, open exchange and expression of feelings and emotions
- Parental Factors—supervision and monitoring of children, a strong bond to at least one parent figure, a warm and supportive relationship, abundant attention during the first year of life, parental agreement on family values and morals
- Family Size—four or fewer children spaced at least two years apart
• Socioeconomic Status—middle to upper SES
• Extended Family—nurturing relationships with substitute caregivers such as aunts, uncles and grandparents

Community characteristics. Community characteristics include individuals and institutions, external to the family, that provide educational, emotional, and general supportive ties with the family unit as a whole or with individual family members. Community protective factors include (Garmezy, 1983, 1985; Rae-Grant, Thomas, Offord, & Boyle, 1989; Rutter, 1979, 1981, 1985, 1987; 1990; Werner, 1989):

• Positive peer relationships
• Extended family in close proximity
• Schools—academic and extracurricular participation and achievements, close relationship with a teacher(s)
• Reliance on informal network of family, friends and community leaders for advice

The preceding discussion offers a brief overview of the individual, family, and community protective factors that serve as a buffer to some children during stressful and or abusive situations. However, given the differences in family structure, child rearing practices and relationship to community, the degree to which the above factors apply to families of color is unclear. Certainly some of the characteristics are universal across ethnic and class background, middle or upper socioeconomic status and academic success for example. However, other factors may have a greater or lesser impact on families of color. In fact, some characteristics that apply specifically to families of color may not be represented in the above discussion. The following list of protective factors may have special relevance to families of color:

• **Active Extended Family** - fictive or blood relatives that are active in the child life; provides material resources, child care, supervision, parenting, emotional support to the child (Wilson, 1989).

• **Church or Religious Affiliation** - belongs to and actively participates in a group religious experience. Faith and prayer (Werner, 1989)

• **Strong Racial Identity** - exhibits racial pride, strongly identifies with ethnic group through clubs, organizations, political and social change movements
• **Close Attachment to the Ethnic Community** - resides in the ethnic community, easy access to ethnic resources including social services, merchants, media (newspaper), demonstrates a commitment to the ethnic community

• **Dispositional Attributes** - activity level, sociability, average intelligence, competence in communication (oral and written), internal locus of control (Werner, 1989).

• **Personal Attributes**: high self-esteem, academic achievement, assertiveness, quality of adjustment to single-parent household

• **Supportive Family Milieu**: cohesiveness, extensive kinship network, nonconflictual relations

• **External Support System**: involvement of absent fathers, male role models, supportive social environments of the African American community

**Conclusion**
Assessing the presence and degree of risks in families is a critical task of child protective services workers. The emergence of risk assessment methods was a welcomed tool to assist in practitioner judgment. These assessment methods helped to organize and structure the decision making process using empirical literature as the basis for evaluating specific criteria regarding individual, family, and community characteristics. Although, risk assessment methods increased the thoroughness and objectivity for making these difficult judgments, most of these instruments failed to consider family strengths as factors that interact, simultaneously, with risk factors. While strengths have a clear role in the intervention planning process, it is less clear how strengths influence child and family outcome in the presence and interaction with risk.

This paper identified individual, family, and community protective factors, as strengths, that serve as buffers in the face of adversity. Protective factors that are especially relevant to families of color, active extended family, church or religious affiliation, strong racial identity, close attachment to the ethnic community, dispositional and personal attributes, supportive family environments, and external support system were identified and defined. Continued
empirical research is needed to determine how and to what degree these protective factors influence or mediate when interacting with risks.

References


Introduction
The following checklist represents a beginning effort to provide staff members with a method for identifying strengths and resources that might be useful in eliminating or reducing the impact of certain risk factors for child maltreatment.

In following an ecological approach to assessment, child, family and community domains are represented. Other strengths and resources could be added, depending upon the client population served and the characteristics of the local community.
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<tr>
<th>I. CHILD DOMAIN</th>
<th>II. FAMILY DOMAIN</th>
<th>III. COMMUNITY DOMAIN</th>
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<tr>
<td><strong>A. Child Self-Concept:</strong></td>
<td><strong>A. Family Self-Concept and General Functioning:</strong></td>
<td><strong>A. Community Cohesiveness:</strong></td>
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<tr>
<td>__Strong self-concept (e.g., comfort with personal appearance, sense of acceptance and security within a family).</td>
<td>__Cooperative spirit and positive group identity exists in the household.</td>
<td>__Clear community values and support of community group efforts.</td>
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<td></td>
<td>__Adult family members have a positive self-concept.</td>
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<td>__Daily routines are established.</td>
<td>__Multiple neighborhood and community activities.</td>
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<td>__Family engages in activities as a family unit (e.g., eats meals together, recreational activities).</td>
<td>__Identifiable ethnic business community.</td>
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<td>__Identified community of color.</td>
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<td>__Parents’ ability for self-care is evident.</td>
<td>__Identified community of color media (e.g., newspapers, radio).</td>
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<td></td>
<td>__Parents show signs of hope and respond to appropriate encouragement.</td>
<td>__Identified community of color religious community.</td>
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<td></td>
<td>__Parents show an ability to identify positive traits in their children (e.g., recognize child abilities, intelligence).</td>
<td>__Identified community of color political community.</td>
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<td>__Identified community of color recreational agencies.</td>
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<td>B. Child Racial Identity:</td>
<td>B. Family Racial Identity:</td>
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<td>Positive racial identity (e.g., knowledge of their culture; wears clothes or hairstyles appropriate to culture; close attachment to ethnic community; participates in ethnic events; if bilingual, comfort in speaking their language of origin).</td>
<td>Family biculturalism (possesses values, beliefs, attitudes, customs, language and behaviors of at least two cultures). Family members are encouraged to develop the cognitive flexibility to discriminate when culturally specific behaviors are appropriate, (Harrison et al., 1990).</td>
<td>Ethnic identity for neighborhood is present and positive.</td>
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<td>Multi-racial child is able to cope with multiple ethnic identities.</td>
<td>Maintain and transmit cultural or family traditions (e.g., celebrations, rituals, food, clothing).</td>
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<td>Biculturalism - is able to move between different cultures in terms of his or her understanding, beliefs, values, behavior, and comfort. Has the cognitive flexibility to discriminate when culturally specific behaviors are appropriate.</td>
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<td>I. CHILD DOMAIN</td>
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<td><strong>C. Child Relationships with Children:</strong></td>
<td><strong>C. Family Relationships with Children:</strong></td>
<td><strong>C. Community Resources for Children:</strong></td>
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<td>___Good relationship with siblings, or child relatives (e.g., child social skills are adequate for his or her age and culture).</td>
<td>___Positive interactions between adults and the child of concern (e.g., parent shows pride in child, affectionate with child).</td>
<td>___Summer programs.</td>
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<td>___Good relationships with peers in the neighborhood or at school (e.g., ability to converse with peers, ability to make and maintain friendships).</td>
<td>___Positive interactions between adults and other children.</td>
<td>___Recreational activities.</td>
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<td>___Has at least one good child friend.</td>
<td>___Has culturally appropriate expectations of children.</td>
<td>___Youth groups.</td>
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<td>___Shows culturally appropriate parenting behaviors.</td>
<td>___Community-based schools.</td>
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<td><strong>D. Family Relationships with Adult Family Members:</strong></td>
<td><strong>D. Community Resources for Adults:</strong></td>
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<td>___Positive relationship with adult “family” (includes fictive kin) members (e.g., respect and admiration for adults, as expressed in different ways, depending upon the culture, knows to call adults by their culturally appropriate names</td>
<td>___Active extended family, kinship or fictive kin members, non-biological individual members are available and supportive, including cross-generational resources.</td>
<td>___Community people are available and accessible who can assist ethnic minority adults with how to deal with the larger societal system.</td>
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<td>I. CHILD DOMAIN</td>
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<tr>
<td>or other signs of positive deference to adults).</td>
<td>____Positive interactions among adult family members (e.g., effective communication between family or network members). I.e., people can comfortably talk with one another about issues.</td>
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<tr>
<td>____Social supports within the family.</td>
<td>____The conviction of being loved (a reciprocal loving relationship, requires the child to have a high enough level of self-esteem to be worthy of another person’s love, and his/her ability to give love).</td>
<td>____Major family roles are clear (e.g. child discipline) while others are flexible (e.g., child care, household chores).</td>
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<tr>
<td>____The conviction of being loved (a reciprocal loving relationship, requires the child to have a high enough level of self-esteem to be worthy of another person’s love, and his/her ability to give love).</td>
<td>____There is at least one person who is willing to recognize and discuss problems and to try to discover solutions.</td>
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E. Child’s Voluntary Participation in Community Groups, Organizations or Individuals:

- ____Child participates in community groups at least on a bi-monthly basis (e.g., church or spiritual affiliation, social clubs, recreational programs).
- Family views themselves as part of a broader community:
  - Own ethnic community
  - Other community of color
  - European-American community

E. Family’s Voluntary Participation in Community Groups or Organizations:

- ____Identifiable business community.

E. Community Groups and Organizations:
<table>
<thead>
<tr>
<th>I. CHILD DOMAIN</th>
<th>II. FAMILY DOMAIN</th>
<th>III. COMMUNITY DOMAIN</th>
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<tr>
<td>• Parents are willing to explore the referral (e.g., parents acknowledge they could be doing better):</td>
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<td>Media.</td>
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<tr>
<td>___ Own ethnic community</td>
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<td>___ Other community of color</td>
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<td>___ European-American community</td>
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<tr>
<td>• Positive interactions among community members:</td>
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<td>Religious organizations.</td>
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<tr>
<td>___ Own ethnic community</td>
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<td>___ Other community of color</td>
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<tr>
<td>___ European-American community</td>
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<td>• Demonstrates leadership in community:</td>
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<tr>
<td>___ Own ethnic community</td>
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<td>___ Other community of color</td>
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<td>___ European-American community</td>
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<tr>
<td>• Positive interactions among community groups (e.g., social, spiritual, or religious, recreational):</td>
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<tr>
<td>___ Own ethnic community</td>
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<td>___ Other community of color</td>
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<td>___ European-American community</td>
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<tr>
<td>• Family members feel safe in the community:</td>
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<tr>
<td>___ Own ethnic community</td>
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<td>___ Other community of color</td>
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<td>___ European-American community</td>
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<td>I. CHILD DOMAIN</td>
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<tr>
<td><strong>F. Child’s Interaction with Mainstream Agencies or Organizations:</strong></td>
<td><strong>F. Family’s Interaction with Mainstream Agencies or with Professionals:</strong></td>
<td><strong>F. Community Interaction with Mainstream Agencies:</strong></td>
</tr>
<tr>
<td>___Child likes school (e.g., enjoys classes, has a favorite teacher or other person).</td>
<td>___Ability to identify and use mainstream agencies (e.g., education, housing) in the past.</td>
<td>___Working relationship with police.</td>
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<tr>
<td>___Child can identify with appropriate mainstream authority figures and can interact appropriately with them.</td>
<td>___Currently has a positive relationship with at least one agency or helping professional.</td>
<td>___Working relationship with public schools.</td>
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<td>___Involved in community-based social, recreational, or extra-curricular activities.</td>
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<tr>
<td><strong>G. Child’s Special Competencies:</strong></td>
<td><strong>G. Family Special Competencies:</strong></td>
<td><strong>G. Special Resources or Strengths:</strong></td>
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<tr>
<td>___Child enjoys the arts, sports, cultural activities.</td>
<td>___Parents have demonstrated skills in getting concrete services in the past, even if they don’t currently have services.</td>
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<td>I. CHILD DOMAIN</td>
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<td>___ Rapid responsivity to danger (ability to adapt to the situation or environment to avoid harm).</td>
<td>___ Active extended family. These are fictive or blood relatives who are active in the child’s life; provides material resources, child care, supervision, parenting, emotional support to the child (Wilson, 1989).</td>
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<td>___ Precocious maturity (exhibiting behaviors that are more mature than the expected chronological age behavior).</td>
<td>___ Church or religious affiliation. Belongs to and actively participates in a group religious experience. Faith and prayer (Werner, 1989 and others).</td>
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<td>___ Dissociation of affect (ability to distance oneself from intense feelings).</td>
<td>___ Dispositional attributes (activity level, sociability, average intelligence, competence in communication (oral and written), internal locus of control. (Werner, 1989).</td>
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<td>___ Information seeking (desire to learn as much as possible about potentially harmful and violent people and environmental conditions).</td>
<td>___ Ethnocentric world view (child possesses values that are reflective of ethnic ancestors (collectivity, socialization for interdependence, cooperative.) (Harrison et al., 1990).</td>
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<td>___ Positive projective anticipation (ability to imagine a “future life”)</td>
<td>___ Role flexibility (children not strictly constrained by sex role stereotypes).</td>
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<td>when the child fantasizes about abuse being over.</td>
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<tr>
<td><strong>Decisive risk taking</strong> (opposite of learned helplessness, resilient children take risks, knowing full well the potential gains, but also the consequences of the risk-taking behavior).</td>
<td><strong>Altruism</strong> (getting pleasure from giving to others what one would like to receive for oneself). A child may not be receiving the nurturance that they need and yet receive pleasure and satisfaction from providing protection and nurture to a sibling).</td>
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<td><strong>Idealization of an aggressor’s competence</strong> (recognizing the competencies of the aggressor and identification with these competencies rather than the abusive behaviors).</td>
<td><strong>Optimism and hope</strong> (a more generic and overriding characteristic. Characterized by a positive, hopeful attitude that protects against negativism and depression).</td>
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<td><strong>Cognitive restructuring the painful experiences</strong> (reprocessing past negative events in a way that is acceptable or congruent with one’s current view).</td>
<td><strong>Other personal characteristics</strong> (active, affectionate, cuddly, good-natured, plays vigorously, seeks out novel experiences, self-reliant, independent, sense of humor).</td>
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<tr>
<td>OTHER STRENGTHS AND RESOURCES</td>
<td>I. CHILD DOMAIN</td>
<td>II. FAMILY DOMAIN</td>
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<tr>
<td>A. Cross-Cutting Strengths:</td>
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<tr>
<td>___Mutual aid and social supports are accessible (e.g., neighbors, families, kinship members, or friends). Person can readily identify someone to go to for support or guidance.</td>
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<td>___Ability to cope with normal stresses of daily living.</td>
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<td>___Parents are aware of how their ancestors came to be involved with the larger American culture.</td>
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CHAPTER IV

ISSUES IN ASSESSING RISK WITH FAMILIES OF COLOR: A REVIEW OF THE LITERATURE ON CULTURAL NORMS AND RISK FACTORS

Diana J. English

Introduction
In the past few years there has been an increased focus on questions of cultural competence and/or cultural sensitivity in child welfare practice. A disproportionate number of children and families served in child welfare programs are families of color, or families with differing cultural backgrounds (Children's Defense Fund, 1978; Stenho, 1982; Jenkins et al., 1983). Are issues associated with child abuse and neglect different for different cultures? If so, what are those differences? If there are differences are these differences based on empirical evidence or based on "perceptions" of differences? While there are numerous articles discussing cultural competence and cultural differences, there is little empirical research addressing the issue of cultural factors associated with child abuse and neglect and this differential interpretation.

This chapter provides a preliminary review of the literature on child abuse and neglect from the perspective of different cultural groups. The analysis is characterized as preliminary because the articles reviewed are those that are published, are in the English language, and address risk factors that have been reviewed in the child abuse, and neglect literature.

This approach is limited at best, because the published literature on different cultural norms and expectations around child growth and development, child rearing practices, and parenting skills and knowledge is virtually non-existent. Competence in assessment requires a knowledge of individual culture and how that culture effects the family within it. Unless one is from a specific culture it is difficult to gain the kind of knowledge necessary to adequately assess and intervene. Absent specific knowledge of a culture a child protective service worker must at least understand general principles of ethnographic interviewing and cultural differences, and have consultation resources available for more comprehensive assessments. This review serves the purpose of
summarizing current literature on issues of risk, as well as examining child abuse and neglect in different cultures. We hope that it serves as another "building block" in the development of cultural knowledge and expertise.

Overview of Methodology
A total of 57 descriptive studies examining issues of child abuse and neglect among different cultural groups were reviewed for this summary. While several of the articles provide a cross-cultural analysis of child abuse and neglect, the majority of the articles focused on issues of child abuse and neglect within specific cultures. (See Bibliography at the back of this chapter for list of articles.) A note of caution is appropriate at this point in that culture in this article is used in the broadest possible context. For example, when discussing Chinese culture, there is no attempt to differentiate between the many different and distinct groups within the broader cultural context called Chinese. For example, Mandarin is not distinguished from Mongolian Chinese. The major distinction within the discussion of Chinese culture and child abuse and neglect will reflect differences between Taiwanese Chinese and (mainland) Communist Chinese. The same is true for the Hispanic culture. There is no attempt in this report to discuss distinctions between Latinos and Chicanos, for example. When Hispanic is referred to in this article the discussion refers to broad generalizations of the culture, as opposed to individual characteristics of sub-groups within that broader cultural context.

The four major cultures reviewed in this paper for risk factors associated with child abuse and neglect are African American, Hispanic, Asian and Native American. These broad categories are by no means inclusive, or considered necessarily generalizable to all individual families within these cultures. In fact, it is a basic premise of this paper that issues of culture are best understood through principles of a continuum, and that individuals are placed on that continuum based on levels of assimilation and acculturation into their own culture or the majority culture.

Furthermore, persons from different cultures are impacted by broader cultural factors within the dominant culture. For example, one can investigate and try to understand child-rearing norms and practices of Native American families from the Midwest, but one cannot truly understand the 20th Century development of Native American family values without understanding the impact of the boarding school experience for Native Americans in the early 20th century. The same is true in terms of understanding family
values and child rearing practices for Chinese families. While Chinese culture has been shaped for centuries, the past 50 years of Communist influence has fundamentally changed the Chinese family. An understanding of broader cultural factors and their impact on individuals within cultures is critical to an understanding of specific issues related to child abuse and neglect for any given culture. For example as Korbin (1977) pointed out, there may be behaviors that are viewed as acceptable by one group, but those same behaviors may be viewed as unacceptable or even abusive and neglectful by another group. Some behaviors are considered abuse regardless of cultural context. The key is to better understand and classify what might be acceptable non-abuse behaviors from those behaviors that are abusive or neglectful within any given cultural community.

**Risk Factors in Child Abuse and Neglect**

This discussion has been developed within the context of the Washington State Risk Assessment model developed for assessing risk in child protective services cases. The Washington Risk Assessment model has seven factors, with 32 risk items, that are considered to be essential in assessing the likelihood of future harm to children for whom there has been an allegation of child abuse and/or neglect. The seven factors to be considered include:

I. Child characteristics,
II. Severity of the allegation,
III. Chronicity,
IV. Caretaker characteristics,
V. Parent/child relationship,
VI. Social/economic factors, and
VII. Perpetrator access.

These seven factors were used as a framework for reviewing the cultural literature on child abuse and neglect. The 32 individual risk items within these seven risk factors were used to determine if there were cultural issues associated with the interpretation of these risk items when assessing the likelihood of future abuse and neglect for families of diverse cultural backgrounds. (See Chapter V in this volume for a copy of the Risk Matrix with Multi-Cultural Guidelines.) The next sections of this chapter review some of the literature on cultural issues by selected sections of the risk matrix.
**Child Characteristics**

The age of the child is not specifically referenced as a risk factor in the reviewed literature, however it is referred to in the context of parental expectations. For example, until age six children in Taiwanese culture are raised with "permissiveness". This is based on the belief that reason does not develop until age six. After age six the expectation regarding a child's conformance to parental standards increases, and therefore, the likelihood of physical discipline and physical abuse, if the child does not conform.

While gender is not considered a risk factor in most risk models there do appear to be some cultural implications related to risk. Female children in the Chinese culture are at greater risk for abuse (Korbin, 1977). Females are the only reported victims of sexual abuse in the Japanese culture (Ikeda, 1982). Physical characteristics of children as a risk factor was mentioned in two studies. In the Japanese culture, twins or multiple birth children have in the past been considered "animalistic" and may be at greater risk of abuse (Ikeda, 1982). Children with disabilities in the Native American culture are viewed just the opposite, that is, that they are special children who have an honored place in the tribe. A child's behavior is considered to be reflective of a parent’s ability, and as such, may cause a parent to lose "face". If this were the case, than the child's behavior may precipitate an abusive or neglectful situation. Parents in Japan have been known to kill themselves and their children over perceived misbehavior of the child (Wagatsuma, 1981).

A child's ability to self-protect and exhibiting fear of caretaker were not referenced in the cultural research review. However, strong emphasis on deference to authority such as in the Japanese culture may inhibit a child from seeking help outside the family context (Nagata, 1982 p.86).

**Severity of Abuse/Neglect Incidents**

The severity of an allegation of abuse and neglect was not specifically identified as a risk factor in this literature review. There were however references to the maintenance of authority through harsh discipline in the Taiwanese Chinese literature, and the modeling of harsh physical discipline for Native American children who were "parented" in Boarding Schools in the early part to the twentieth centuries (Horejsi & Pablo, 1991 pp. 5-6). Both these articles imply that harsh physical discipline was a modeled, normative child rearing practice supported by cultural norms, and transmitted intergenerationally.
In the case of Native American, harsh physical discipline was a cultural norm for the majority culture that was superimposed on Native American children. Traditional Native American families would more typically use shaming or rejecting behaviors as a method of discipline. The premise is that physical harm to children via disciplinary practices is appropriate if conducted to establish/maintain parental authority. While there is some anecdotal discussion that physically abusive discipline is a norm in African American families, Billingsley's (1979) review of African American parenting practices indicates that it is not. The use of physical discipline and the resulting physical injury may be more closely associated with socio-economic status & educational level rather that the normative behavior of specific cultural groups.

The most widely debated severity risk factor related to culturally diverse interpretations is the issue of the adequacy of supervision of children. The ability of children to care for other children and for children to care for themselves is a controversial issue that's interpreted slightly or widely differently in different cultures. These differences may however, disappear, when the socio-economic status is controlled for.

At what age is a child old enough to care for themselves or another child? Is there a magic age, a cultural age, or is the issue one of maturity plus the availability of resources in case of an emergency. Issues of lack of supervision of young children surface most frequently in referrals for Native American and Hispanic families. Older, but still young children are expected to care for their younger siblings (English, 1990). In Native American families, being responsible for one's siblings, is an indication of maturity and ability. In Hispanic families, especially migrant families, caring for younger siblings may be role associated with younger children's contribution to family survival (Hegar & Rodriguez, 1982).

**Chronicity**

There were no specific references to the frequency of abuse and/or neglect and specific cultural factors.

**Parent-Caretaker Characteristics**

This risk factor contains two sets of parental/caretaker characteristics. One set of items looks at parental behavior and history, such as parental impairment, substance abuse, and history of domestic violence or child abuse/neglect. The other set of characteristics
examines the parent in relationship to the abusive act and the parents' relationship to the investigating agency.

While not directly addressed in the articles reviewed, the transmission of abuse from one generation to the next, through the observation of and experience of violence in the home, is a important factor in the perpetration of abuse regardless of culture. Although there is a common misconception that parents who are previously maltreated all grow up to be child abusers, previous maltreatment remains a significant risk factor (Pecora, Whittaker & Maluccio, 1992, p.158; Zigler & Hall, 1989, pp. 52-53, 63-64; Starr et al., 1989; Gibson, 1978). A history of violence whether domestic or abuse was identified as especially relevant in Hispanic and Native American literature on child abuse and neglect.

For Native Americans, this issue cannot be over-emphasized. In traditional Native American tribal cultures, families engage in more passive strategies of child rearing such as ignoring or withdrawal (Horejsi & Pablo, 1991). Traditionally, Native American families are more likely to receive discipline when issues of safety or well-being arise for the child (Hauswald, 1987). The boarding school experience introduced both physical abuse and sexual abuse into the Native American culture on a broad scale. Furthermore, the introduction of alcohol & substance abuse in the traditional Native American culture increased the likelihood of abusive behaviors in Native American families (White & Conelly, 1981; Piasecki et al., 1987; Hauswald, 1987). Billingsley asserts that physical discipline is not a norm in African American families, and that if it is present it is related to stress, drugs or psychological dysfunction of the parent.

Hegar and Rodriguez, (1982) found that abuse in Hispanic families was associated with intergenerational transmission of abuse, interpersonal dysfunction and crisis. Parental impairment through mental illness or substance abuse was identified for all cultural groups. How impairment or mental illness if defined may vary by group, but its presence has been noted in all cultures, and if children are present, can be associated with child abuse and/or neglect.

The second set of parental risk factors are related to parental skills and abilities in their parenting role and their responsiveness to the larger societies interpretation of their behavior. The second set of caretaker behaviors are closely related to the first, in that

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parental skills are primarily learned through one's own family experience; and, how one learns to relate to one's own child within the context of one's own family culture and the broader culture within which one's family resides. In general, the literature would indicate that ethnic families participate in a very strong family/kinship context which ranges from the nuclear family to the extended family, to tribes and in some instances the community at large. In this context, the family or group comes first as opposed to the individual (Cheng, 1944; Wagatsuma, 1981; Martin & Martin, 1975; Hegar & Rodriguez, 1982).

On the other hand, many minority groups have had negative experiences with the majority culture and may not be as responsive, or respond in ways that are expected in the majority culture. Appearances of uncooperativeness may be the result of misunderstandings and fear rather than resistance (McInnis, 1991, pp. 576-577). Body language that may be considered respectful in one culture may be interpreted as non-responsive or obstructionist in another. For example in some Native American families Horejsi (1991) found that there is a taboo on discussing sexual matters. Asking someone in this Native American culture to discuss their attitudes and belief, or sexual behaviors, is placing them in a situation of transcending strong cultural norms that are opposite to an investigators goals and objectives. Their behavioral cues may be related to the stress of confronting a taboo rather than the presenting issue.

**Parent-Child Interaction**

In general children and families from non-Anglo cultures are raised in family/kinship networks that emphasize strong attachment-bonding and kinship relationships. Wagatsuma (1991), Caudill and Plath (1966), and Wu (1981) found that strong psychological unity within Japanese families promoted through latency age by the child co-sleeping with the parent. Hegar and Rodriguez (1982) also indicate that Hispanic families have strong norms around roles and relationships, with each persons role in the family clearly defined. Clear family member roles is also true of Chinese families where each member's hierarchical role is specified and supported by a norm of mutual aid and interdependence.

In contrast to this, Hodges, (1990) identified flexible family roles and boundaries as a strength of African American families, where roles shift based on current economic or social circumstances. Even though roles may change based on circumstances in African
American families there is still a strong emphasis on kinship and family interconnectedness (Martin & Martin, 1978).

**Environmental Factors**
Social isolation was identified as an important risk factor across cultures. The context and importance of the isolation may be different by culture. The importance of isolation may be dependent on the value of interdependence in any given culture. For example, the strong emphasis on familial interdependence in Asian families may increase the weight of feelings of isolation might play as a causative factor in abusive and neglectful behavior. In contrast, because in some tribes the social network includes the entire tribe, isolation for Native Americans in those tribes may only be significant when an individual is separated from the tribal context. On the other hand, social isolation as a risk factor may be significantly ameliorated in different cultures because of the strength of social support through the inter-connectedness of the family, and kinship relationships with a large network of individuals in the community.

Minimal or non-existent employment may be a contributing risk factor for C/AN in families of color. Financial stress associated with unemployment or underemployment can exacerbate a problematic family situation. The stress associated with changing roles in traditional/cultural family role definitions. Billingsley found that stress was associated with physical abuse in African American families. In contrast, the loss of Hispanic fathers' traditional role in the family through underemployment, may be associated with increased neglect. Stress associated with unemployment did not appear to be an issue for Asian families.

**Summary and Conclusion**
A review of the literature on risk factors for child abuse and neglect associated with different cultures indicates that some risk factors are present in all families regardless of culture. How these factors are interpreted, what their relationship to risk is, how each factor should be weighted, and appropriate interventions may be culturally relevant.

In reviewing child factors, there appears to be some issues related to gender in that girls appear to be less valued and more likely to be victims of physical and sexual abuse. Children with disabilities may be treated differentially based on a given culture's value around physical diversity.
In terms of the severity of abuse, the use of physical discipline is more likely to be associated with socio-economic status regardless of culture. Only the literature on traditional Chinese family discipline indicated a norm towards physical discipline, and then only for older children. Most other cultures appear to have norms around disciplining children through internal methods of shame, rejection or withdrawal. The question of adequacy of supervision does appear to have cultural connotations. Cultural expectations regarding children’s abilities at different ages and concepts of families and children's contribution to family survival, both play a role in how children are supervised in different cultures. Children in Japanese families have a very close physical and proximal relationship with their mothers. Children in Native American families have extensive kinship and tribal relationships, and may have several mother and father figures in the tribe. Family values and configurations must be understood if these issues are to be used adequately in determining the likelihood of abuse and neglect in families from different cultures.

The risk factors discussed most frequently in the reviewed literature are associated with parent-caretaker characteristics. However, again, the identified risk factors are not unique to individual cultures. The importance of these risk factors depends on the cultural context in which they are located. Inter-generational transmission of abuse appears to be a risk factor regardless of culture, as does mental illness of one or more caretakers in the family. Substance abuse too is a risk factor. The importance of substance abuse in a cultural context will depend on its prevalence.

The other parent-caretaker risk factors most frequently mentioned are related to parenting skills and the level of cooperation of the family. Both of these risk factors are value laden and the least consistently rated factors regardless of culture. They are also the risk factors which frequently determine the level of intrusiveness required for the "protection of the child". Given the central role these two factors play in decision-making it is absolutely critical that norms of child rearing in different cultures be well understood. Parental response to authority also needs to be interpreted in light of different cultures experience with the majority culture.

The child's role in the family appears to impact both how a parent perceives and treats that child, and what the expectations regarding the child are in different cultural contexts. The one major difference between minority and majority cultures is the importance and
strength of family and kinship relationships. All of the material reviewed on different cultures emphasized the central role of the family boundaries. This concept of families effects both one's contextual interpretation of behavior, and a family's response to individuals outside of the family network.

The last of the risk factors identified in the cultural review was related to social isolation. Because of the importance of family in many different ethnic groups, separation or alienation from family may be significantly associated with the risk of abuse and neglect.

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CHAPTER V

SELECTED MULTI-CULTURAL GUIDELINES FOR RISK ASSESSMENT

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Introduction
This chapter presents selected multi-cultural guidelines for examining risk assessment data for certain risk elements or factors. The risk elements chosen for this document are commonly found in many risk assessment matrices used throughout the United States. Unfortunately, with the exception of a few outstanding books (e.g., Korbin, 1981; Scheper-Hughes, 1987) and a series of reports produced by Horejsi (1987); Horejsi and Pablo (1991), and Horejsi et al (1992), few resources have been developed that summarize some of the critical multi-cultural issues that should be considered when child protective services, medical, law enforcement and other family services staff members become involved in assessing the risk of child maltreatment.

While few CPS specific readings in this area are available, there is a growing literature on multi-cultural issues in social services delivery. (For an excellent review, see Stevenson, Cheung, and Leung, 1992.) Some of this literature is cited throughout this brief summary, while selected other references are listed in the Supplemental Bibliography.

After a brief discussion regarding training, this chapter presents a summary of some multi-cultural issues that should be considered when assessing the risk of child maltreatment.
The Need for Specialized Training and Supervisory Support

Multi-cultural guidelines and a risk assessment matrix are only as useful and valid as the attitudes, knowledge, and skill of the person responsible for gathering the information used in the assessment rating and analysis. There are at least three areas of competence that a person should have (Quynh Nguyen, Personal Communication, September 19, 1991).

A. Worker attitudes and commitment to ethnically-sensitive practice. While this aspect of training is the most difficult to change, it forms the foundation for application of knowledge and skills (e.g., Horejsi, 1982; Mizio and Delaney, 1981). Staff members must be encouraged to examine various attitudes towards working with various cultural groups (See Stevenson et al, 1992, for examples of self-examination questions across major phases of casework practice.)

B. Knowledge of the culture and how it affects the family within it. For this competency area, staff members need to know some of the major traits of the cultural group they are working with, along with being able to learn from the family and other experts regarding the following aspects of the family:

- How the family system is organized
- Family member roles and expectations of each other
- Family dynamics (e.g., how families relate to each other in certain situations)
- Lifestyles that are expected (e.g., how do families eat, sleep, socialize, and discipline their children?)

These are essential areas of knowledge for effective and humane service to children and families. For example, when should what appears to be a home health care remedy be viewed as potentially dangerous behavior requiring CPS intervention? When does a method of discipline endanger a child in a manner severe enough to warrant CPS intervention? (See Korbin, 1981.)

Being culturally competent also requires knowing the issues associated with acculturation and assimilation, as well as being aware of how individuals may differ along these dimensions. In all instances, the practitioner should determine the extent to which the guidelines are true for the current family. Staff members should not assume
that these conditions are true simply because the family is a member of a specific ethnic group.

In addition, child welfare staff need to be grounded in their own culture and personal biases before being able to fully understand cross-cultural issues. Staff members need to be aware of how organizational culture affects their values and practice. Finally, merely making the multi-cultural guidelines available to staff members will be insufficient for assuring effective practice. These issues need to be addressed through in-service training, ongoing workshops, case staffings, supervisory training, and specialized consultation. Administrative leadership is essential for effective implementation.

C. Intervention Skills. Caseworkers need to be able to approach and interact with family members in culturally appropriate ways. These are actually both knowledge and skill areas that are expressed through specific behaviors. For example, how and where does one sit (i.e., requesting permission of clients, sitting an appropriate distance from clients, being aware of body position, etc.) What family member should be spoken to first? What is appropriate eye contact, tone of voice, and use of questions? It is essential to use culturally appropriate interviewing techniques for both client rapport-building and for maximizing the information gathered.

Finally, while attitude, knowledge, and skill form the foundation for effective practice, consultation and Community Resources are important factors as well. Staff members need to have someone readily available that they can consult with for advice about family situations and dynamics. Each caseworker should be aware of resources for ethnic-sensitive counseling, as well as other community resources.

In conclusion, the availability of various risk assessment instruments does not constitute a substitute for providing staff members with the essential training, supervision, and consultation. (See Figure 5.1 on the next page.) Staff members should be cautioned to avoid stereotyping the families they work with as all families vary in the degree of acculturation and assimilation.
Figure 1

Use of the Risk Assessment Matrix with Families of Color

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In order to appropriately use the Risk Assessment Matrix with families of color, child welfare staff must have the following knowledge and training:

1. Formal training and supervision by specialists in ethnographic interviewing in order to understand the meaning of cultural differences, practices and norms.

2. Accurate assessment of the literacy and oral comprehension skills of parents, and ability to develop case plans that are appropriate to these skills. This applies to English-speaking, non-English speaking and limited English-speaking families.

3. Knowledge of the family's strengths and resources. This includes what should be considered strengths and resources within the family's culture. See #7 for discussion of community resources.

4. Cultural knowledge specific to each community of color. This knowledge should include knowledge of community expectations regarding appropriate and inappropriate child rearing practices at each developmental stage, community view of stages of child development and children's ability to take responsibility, community view of roles of "family" members including parents, extended family members, clan/village members, and designated non-biological family members who are considered to be as close as family.

5. Knowledge of cultural differences in what appear to be universal normative behaviors. For example, fear of strangers is not a universal behavior and may not appear in some cultures. Attachment to a primary caretaker is not universal. Multiple attachments can be equally strong and are not necessarily indicative of poor parenting.

6. Knowledge of the variations within ethnic communities such as differences between Mien and Laotian communities, rural and urban African Americans, refugee and non-refugee families.

7. Knowledge of community resources available within the specific ethnic community. This includes healers, service organizations, religious/spiritual groups, etc.

8. An understanding of how the community views public service institutions such as police and CPS. Which institutions are thought of as community resources and which are considered to be threats?

9. An understanding of the impact of limited economic resources on the provision of adequate medical care, basic needs, adequate supervision, and physical hazards in the home. The lack of economic resources is not necessarily indicative of poor parenting.
MULTI-CULTURAL GUIDELINES

This section presents selected multi-cultural guidelines for certain risk elements commonly assessed in child welfare. Practice guidelines and cautions are included for each risk element clustered under the following five risk factors:

I. Child characteristics
II. Severity of child abuse or neglect
III. Caretaker characteristics
IV. Parent/child relationship
V. Social and economic factors

I. CHILD CHARACTERISTICS

Physical/Mental/Social Development

When assessing situations where children may have a physical or mental disability, but the child may not be at higher risk, is it the developmental disability itself, or more the way the family perceives the disability that places the child at higher or lower risk? Severely retarded children may be less able to defend themselves or report the incident. Ethnic minority families may be less likely to place children and use more social or family supports to care for the child. However, carefully assess how the family members perceive the child and his or her place within the family. Are there resources necessary to maintain a supportive environment for the child?

Behavioral Problems of Children

Some children may be misdiagnosed as hyperactive when they are actually capable of attending to more than one activity at a time. In some families, individuals pay attention to many activities at the same time. So for a child to not be able to focus on one thing does not necessarily mean he/she is hyperactive. Lack of “impulse control” or “attention span” is dependent upon child’s age and culture. Special education experts have also noted that physical health problems such as poor vision, learning disabilities, and intestinal worms can be factors in producing restless behavior in children.

We need to take into consideration culture and type of family before behavior can be assessed. Children who are raised in certain more traditional homes may be socialized to be very quiet, to not be outspoken, and to not question adults. Yet other children may be taking on more mainstream values and behaviors that may produce child-parent conflict.
With regard to sexual aggression, consider whether a child’s behavior is due to different sexual norms or more child exposure to sexual situations.

**Self-Protection**

Recognize that a child of color is highly unlikely to go to a Caucasian person in authority, but would turn to a member of their informal support system first. In some cultures or families, young women may act passively and endure maltreatment as these women try to adhere to the traditional family roles that have been functional in other situations. So the risk level may be high, but do not blame the young woman or man for not being more assertive regarding self-protection. For example, since Japanese-American culture stresses obedience to authority, the child may defer to teachers and parents (Nagata, 1982, p. 86).

**Fear of Caretaker or Home Environment**

This may be difficult to assess. The child may feel less concern about retaliation and be more worried about shaming the parent. Children may fear returning home or parent notification due to the embarrassment that might befall the parents. The child's behavior may vary somewhat if interviewed in the school environment. There is historic distrust of workers in authority by many families of color. The fear of caretaker may only apply to physical abuse because children who are neglected or sexually abused often feel a kind of closeness or bond with the abusing caretaker.

A child normally considered at risk in dominant culture families with a boyfriend present may not be at risk in certain Native American groups. Children may be readily accepted by the boyfriend or the non-biological father in the family. For many Native American men, there is no denial of paternity (Horejsi, 1987).
II. SEVERITY OF CHILD ABUSE OR NEGLECT

Dangerous Acts

What is helpful to keep in mind is that child discipline methods may vary, but these methods should not place a child at serious risk of injury or lasting damage (e.g., loss of hearing due to being hit on the ear with a wooden spoon).

The language used in certain cultures may sound more threatening than it is, especially when the term is used to get a child's attention (e.g., "I'm gonna knock your head off."). Become aware of the common language used in each culture. Take the tone in which comments are said into consideration. Ask the parent what they meant by a particular remark.

Fasting in certain cultures may be appropriate in some circumstances for children. In traditional Hispanic folk remedies, some parents may give their children cayenne pepper which is actually beneficial, but can cause physical damage if used too much or for too young a child. In other folk treatments, a drug may be used which is harmful to children because it contains lead. (This drug is banned in the U.S., but is still sold in Mexico.) In some cultures alcohol can be given to children as an aid in healing.

Domestic violence, however, can be a dangerous act irrespective of the culture. If a father is physically violent with the mother with the child present, it is emotional abuse. There is also the fear that children may become involved directly in the middle of the violent argument.

Extent of Physical Injury or Harm

The laws in many states allow "temporary marks" and "transitory pain," but these are often not defined specifically. Minimal standards of parenting must be established. For example, recognize Mongolian spots as birth marks rather than as evidence of child abuse. These spots are more common with children of color. Recognize that anemia can also be due to other medical conditions not related to CA/N.
It is important to understand the origin and context for certain methods of child discipline:

"Historically speaking, physical abuse, neglect and sexual abuse of children was rare among Native Americans. The extended family system common to the culture served as a child protection function. Traditional methods of child rearing were non-violent. Shaming was used as punishment but hitting was not. Unfortunately, exposure to Anglo culture introduced spanking and hitting into some Native families. Many of today's Native American parents and grandparents were introduced to severe physical discipline and other forms of abuse when they attended BIA or church-related boarding schools. These schools worked hard at teaching the native child the ways of the dominant Anglo society and in the process ridiculed and devalued the child's language, religious beliefs and traditions. Recent studies of the boarding school experience suggest that child sexual abuse was widespread within these institution-like environments. This should come as no surprise since we now know that sexual abuse is a common problem in many institutional settings. However, it does serve to explain how the problem was introduced into the tribal cultures.

Individuals that spent many of their formative years in these schools were exposed to child rearing methods that involved hitting and emotional abuse. Those who never attended these schools or attended for only a short period of time retained more of their tribal traditions and learned the non-violent and respectful methods of child care that are part of Indian culture. Thus, when assessing risk, it is important to determine if the parent or caretaker has a history of long exposure to the boarding school environment (Horejsi & Pablo, 1991, pp. 5-6).

If the above conditions are present, the risk may be higher than if the parent was raised in a more traditional manner. So consider the particular family you are working with to assess both family strengths and limitations.
In some African-American families, punishment plays a large role in child rearing and child care practices. Married parents reported punishing their children more frequently than unmarried parents. Physical punishment was used less often than other forms; however, lower income and lower educational level is correlated with higher frequency of punishment (Billingsley, 1979). In other families, spankings are used as a method of discipline, but do not escalate into severe abuse.

**Extent of Emotional Harm**

The expression of acceptance and affection varies from culture to culture. Verbal or physical positive praise may not be used. Make sure any assessment of child depression is accurate; in some cases the child will be withdrawn and not play with other kids because of the amount of responsibilities he/she has in the household. Child "depression" may be due to the child's stresses or quiet behaviors related to the effect of trying to live in two or more cultures. These behaviors are not necessarily a sign of depression.

**Adequacy of Medical Care**

Every culture has an established concept about appropriate medical care and who provides that care. The lack of adequate medical care may be related to the lack of culturally appropriate service providers. This has implications for intervention planning. Within the culture there may be variations and exceptions. Some common non-traditional medical practitioners may include Shamans, medicine men or women, herbalists, chiropractors, hypnotists, or religious leaders (Minority Initiatives Committee, 1988, p. 2). For example, Native Americans may use Shamans or Medicine Men to help. Some believe that certain illnesses are caused by their gods or actions of the person who is ill. Some ethnic groups believe in forms of "Folk-Medicine". Some religions specify the use of certain medical practices. Christian Science is one religion that does not believe in modern medical technology (English, 1990, p. 2).

Ethnic and cultural beliefs about what causes illness may vary greatly from the majority culture's beliefs. "Regular medical care" may not include scheduled trips to the doctor or dentists. Parents may choose not to immunize their children or subscribe to other commonly accepted medical practices. Important questions would include: Is the child at risk due to medical practices and procedures? What is the cultural norm? Does the
family's practices and procedures fall within acceptable community norms? (Minority Initiatives Committee, 1988, p. 2).

**Provision for Basic Needs**

The realistic basic needs of a child should be considered. What conditions are due to poverty? For example, many families do not have one bed per child in a household, or a "bed" may not be the standard bed frame, mattress and box springs (Minority Initiatives Committee, 1988). Furthermore, there are many families who live without running water or modern plumbing, such as a toilet. If you were assessing such a home, would you consider this a health risk because the parent is not providing for the basic needs of the child? Do children need to have a bed to sleep in? If a child comes to school so dirty that teachers and other students complain to DCFS, is this not meeting basic needs?

The worker needs to look at all of the factors - What are the community standards regarding this area? Even if parents are not meeting the standards, does that really put a child at risk? Is there a real health risk for the child? Given that most of the world has or is living without running water, plumbing, daily baths and clean clothes, are these basic needs or a cultural norm? If their cultural norm is interfering with the child's education, must we help families change this norm? (English, 1990).

Critical factors in making an assessment of basic need should therefore include:

1. What are the community standards and practices in the area?
2. Practitioners need to be aware of their own values and whether they are judging families based on these values.
3. If the family's facilities do not meet community standards and practices, would other alternatives to the family's facilities place the child at equal or greater risk? (Minority Initiatives Committee, 1988).

**Adequacy of Supervision**

In certain cultures, children may appear to have little supervision, when actually neighbors and extended family members are observing the children and are able to help in an emergency situation and, in some instances, provide discipline. The extended
African-American family provides family members with leadership, security, sense of family, and a sense of group direction and identity (Martin and Martin, 1978). In other cultures, younger children are socialized and taught at an early age how to care for younger siblings, including safety skills and who to contact in an emergency situation. The child's ability with respect to protection, available supervision, and the surrounding environment must all be considered.

Some ethnic groups in the U.S. expect more responsible behavior of their children at an earlier age than the majority culture. For example, some families may have come from farming cultures where it is normal and acceptable for young children to care for themselves, do chores, and care for younger siblings.

Increasingly, low income and single parents require children to care for themselves before and after school. Children who appear to live in a single parent or nuclear family may, in reality, have an extended family network which is available on demand when needed. When making assessments, workers should address the abilities of the particular child in question, the cultural expectations of the family, the child's ability to handle an emergency, younger siblings, etc. Most importantly, the focus should be: is the child in danger from what is expected of him/her? (Minority Initiatives Committee, 1988, p. 1). For example, some families will often train the oldest child in a family to learn child rearing responsibilities when the child is very young. It is not uncommon to find young grade school age children given the responsibility to care for toddlers without direct adult supervision. This by itself does not place a child at high risk.

Children within many Native American tribes are allowed to fully learn from their actions. This means the children are allowed to experience the consequences of their decisions and behavior. There is very little limit setting in child rearing in most tribes. Because of the extended family structure that is common in many families, it is usually not of concern that a child is cared for by a “parent substitute,” unless that parent substitute is unrelated to the child, not a member of the extended family, and has little personal investment in the child’s well-being (Horejsi, 1987).
In some large families, children become accustomed to having many people meet their physical and emotional needs. In families where there is parental dysfunction, even more of the needs may be met by siblings. Interdependence among siblings is encouraged and valued in certain cultures. It is expected that older children will help with the younger ones and that brothers will protect sisters (Hegar & Rodriguez, 1982).

**Physical Hazards in the Home**

An evaluation of the home's structure and physical condition must be placed within a socio-economic context. As a group, some families of color are often economically poor. In fact, poverty is a pervasive problem on reservations and for most Indian families that have moved to urban areas in search of jobs. People with little money are forced by circumstances to live in "low rent" housing which is often poorly constructed and poorly maintained. The water, heating, laundry facilities and sewage systems may be in a state of poor repair. Such realities are beyond the control of the renter. By definition, neglect is an act of omission. A finding of neglect presumes the parent/caretaker can make needed changes but chooses not to do so.

Given the value placed by tribal cultures on hospitality and on sharing what you have with other family members, it is common for Native American families to welcome relatives and friends into their home for long or short term stays. This can, of course, result in overcrowding and a shortage of food, but it must be understood that these problems result from an act of compassion and from a means of economic survival, not an act of neglect" (Horejsi & Pablo, 1991, pp. 7).

**Sexual Contact**

Physical contact between family members may not be abusive, depending on the nature and purpose of the contact. In some cultures, siblings or cousins may share a bed up to a certain age. The Japanese infant/child co-sleeps with his parents for a longer period of time than the American child. In general, a person in Japan can expect to co-sleep as a child, as well as later as a parent and as a grandparent (Caudill & Weinstein, 1969).
III. CARETAKER CHARACTERISTICS

Substance Abuse

Some families with substance abuse will exhibit instability and increasingly pathological parenting patterns. Alcohol abuse is only one of the problems—the breakdown of cultural traditions associated with rapid change in family interaction and child rearing may often precede alcohol or drug abuse.

Alcohol is a substitute for the cohesive and satisfying kinship relationships that have been lost. Families of abused and neglected children are characterized by high rates of unemployment, divorce and alcohol abuse (Hauswald, 1987).

History of Abuse or Neglect as a Child

Some abusive parents were abused themselves and lacked nurturing. The parent may attempt to establish a symbiotic relationship with the spouse. When that spouse fails to respond, the parent may seek nurturing from the child, or may become jealous and see him or her as a rival and attack him or her (Justice & Justice, 1976). Yet, it is important to note that less than 30% of parents maltreated as children later abuse their own children. (See Pecora, Whittaker, and Maluccio, 1992, p. 158; Zigler & Hall, 1989, pp. 52-53, 63-64.)

Parenting Skills and Knowledge

Clearly, methods of parenting vary from culture to culture. Roles and expectations, which form the basis for parenting behaviors, range from meeting basic needs to extensive personal interaction. These roles vary by family size, composition, or other factors. This area of assessment is extremely subjective, and worker bias can skew any risk rating unless care is taken to be an objective observer during assessment (Minority Initiatives Committee, 1988, p. 2).

Some Japanese parents and their children are emotionally tied and are not differentiated from the psychological unity of the whole family. The child’s conduct has a direct impact on the parents. Parents experience a child’s behavior as if they themselves were responsible for it (Wagatsuma, 1981).
Nurturance

For some cultures, accomplishments are not praised but are expected as normal achievements. Some families may emphasize the group accomplishment and not the individual accomplishment. Many groups do not value parent participation in child focused activities, but rely on older siblings to help with child independent play activities.

Cooperation with Agency

Cooperation with the agency is extremely difficult to assess and must be viewed carefully. A variety of issues may be important to consider, such as past exploitation and how one relates to persons in authority:

"More often than the Anglo parent, the Native American parent/caretaker may exhibit dysfunctional behavior when confronted with a complaint of child abuse or neglect. It is important not to misread this behavior. For historical and cultural reasons, the Native American parent may be extremely fearful of "social workers" and state child welfare authorities. Most middle aged individuals experienced the days of "child snatching" by BIA social workers when so many children on reservations were removed from their families and placed in boarding schools or in off-reservation foster homes. Within the past 25 years there were BIA policies to the effect that once an Indian child was placed in foster care, the child was not to be reunited with his or her family. Stories concerning families disrupted by placement are known to all Native people, even young parents.

Given their natural reticence and reserve in interpersonal interaction and a tragic history of excessive child placement, some Native parents/caretakers will be terrified, emotional distraught and functionally incapacitated when confronted by a CPS investigation. It is important not to mistake what may be a temporary and situational immobilization as a feature of the caretaker's personality. It is critical to gather information from persons who know the parent/caretaker, before drawing conclusions. If it is learned that the person functions at a higher level in non-threatenong situations, the dysfunctional behavior seen by the CPS worker may be an incapacity caused by a fear of CPS and placement (Horejsi & Pablo, 1991, pp. 3-4).
However, many Native American parents who are familiar with the court system may be very much aware of the difficulty that CPS has in removing children from the home or the reservation. So there may be less parental incentive to cooperate with the agency staff members. Yet, some cultures place an emphasis on harmony and amity in interpersonal relations; their members tend not to be assertive in social interaction. They are not direct in communication; and they are not confrontive. Some adults and children may be shy and deferential, especially when in the presence of someone they perceive as an authority:

“In assessing a caretaker's level of cooperation, it is important not to interpret reticence as a lack of interest or an unwillingness to cooperate. This passivity may be more of a cultural style than an indicator of motives and attitude. In order to properly assess the Native American parents/caretakers level of cooperation, it is helpful to know if the parent was raised in a more traditional manner or if they are on the assimilated end of the bicultural continuum. If traditional, the parent will probably be non-assertive, non-communicative and passive when confronted by an authority figure when they care deeply about their child and are eager to correct the situation. On the other hand, an apparent lack of concern by a culturally assimilated Native American, may indeed by a lack of motivation to correct the problem.” (Horejsi & Pablo, 1991, pp. 4-5).

Caseworkers may be individually personable and have successfully built rapport with clients, but the fact that they represent the department of social services and wield commensurate authority should be a factor in assessing cooperation. Historic distrust of the government and people of the majority affects client response. Knowing the power lines within a client family is essential to gaining cooperation: Does the worker need to address the eldest male? Involve extended family? What are indicators of active cooperation? Workers will need to adjust their interventions to adapt to the client's norms (Minority Initiatives Committee, 1988, pp. 2-3).

In addition, what behaviors indicate that a family is cooperating with a service plan? Just the fact that they do everything that is in the plan? In recognition that workers represent the majority culture by the fact they work for the child welfare agency (even if they are not so themselves) we need to understand how people of ethnic backgrounds may react to you. For example, in many cultures respect of authority is very strong and high priority is placed on conflict avoidance (Minority Initiatives Committee, 1988). The client may nod
their head and agree to show their respect. That does not mean they actually agree or will
do what has been requested.

Some parents may be distrustful of what you are telling them. They may question you or
look for hidden meanings even if there is not one. Cultures vary as to who have authority
to make family decisions. It may be necessary to involve extended family members in the
case planning process. Older male clients may have trouble receiving direction or
guidance from a woman. Similarly some woman clients will feel a need to agree, on the
surface, with male workers. Some groups believe that the family is the property of the
adult male, and that no outsider has the right to interfere with their family or other
theories of non-interference in family matters.

At what point is the client not cooperating versus handling their cultural norms in an
appropriate way? Did the previous worker try to understand the culture? Did the worker
involve the family in the case planning? Has there been an attempt to find culturally
appropriate resources? Are the members of the family who have the authority being
included? Are we requiring clients to adjust to our or the agency's culture on all items but
not adjusting to theirs (English, 1990, p. 3)?

Hmong parents may not understand that severe physical punishment may be prosecuted
as child abuse, regardless of the original intent of the punishment. The American legal
system may intervene more quickly and more decisively than the Hmong parents expect.
Lack of cooperation of parents with protective services may stem more from

A Native American family’s access to the power structure will affect how the parents will
be treated by the tribal court, tribal policy and tribal agencies. The access to power could
affect a CPS investigation. A parent could look to a powerful relative to stop an
investigation or the relative may try and use the CPS agency as a tool in an ongoing
family feud (Horejsi, 1991).

Certain traditional family structures encourage domestic affairs to be kept within the
family. For example, socially, members of the Chinese family were taken care of by
family members. The strong element of interdependence in the Chinese family structure
may negate any need for the Chinese to seek organized relief outside of the home (Cheng, 1944).

IV. PARENT/CHILD RELATIONSHIP

Response to Child’s Behavior or Misconduct

Parents' reactions to a child's misconduct will vary depending on the parent's expectation of the child and his/her perspective on authority or authority figures. Some parents expect children to excel in their societal interactions and to conform to majority cultural norms. Other parents encourage their children to be more verbal and assertive in their interactions with authority figures and support their children's non-conformity. Without assessing cultural norms, a child's risk of abuse or neglect can be skewed by the worker's interpretation of an over- or under-reaction by the parents (Minority Initiatives Committee, 1988, p. 3).

Furthermore, what is overreaction? Or what is underreaction? The definition varies culturally for what is serious misconduct of a child and what reaction it deserves. For example, some families may encourage their children to be assertive and stand up for themselves. The teacher may see this as undisciplined, rude, etc. and expect a reaction by the parents to curb this behavior. Other families might expect their children to exceed in everything they do (school, sports, music). When a child shames the family by not getting the grades expected or getting into "minor" trouble at school their reactions may be extreme. Is this a problem that puts a child at risk of maltreatment, or is it a cultural issue where parents may need to explain what the consequences are for the child (English, 1990, p. 4)?

In some families, the behaviors of females (children and adults) are more closely regulated and deviations more harshly sanctioned than was similar behaviors by males (Baptist, 1987, p. 237). In others, the child’s behavior is viewed as being reflective of the family as a whole (Wagatsuma, 1981).
Attachment and Bonding

Recognize that this is a difficult area to define precisely, but the child development literature does describe some basic indicators. In many ethnic families, children will bond strongly to a number of family or non-family adults who provide primary care or emotional support to the child. Workers will need to look beyond the nuclear family for adult-child bonding patterns. Workers will need to discern the appropriate cultural behavior patterns which distinguish between children who have or have not bonded with an adult caregiver (Minority Initiatives Committee, 1988, p. 3).

In Japanese and some other families, co-sleeping helps an individual gain a comforting security and is an indicator of positive intimacy in the family (Caudill & Platn, 1966). Co-sleeping is used in Taiwan as it is in Japan to insure a sense of interdependence in the child in relation to other family members (Wu, 1981).

Child's Role in Family

Children have familial roles that vary from culture to culture. Depending on the culture, a child may be viewed as a gift from God, a link in an ancestral chain, or as a working contributor to the family's well being and success. Some children are valued more or differently from their siblings which may be acceptable in the cultural norms. When is the child's role inappropriate? At what point should the worker note that risk or actual maltreatment is present (Minorities Initiative Committee, 1988, p. 3)?

Different cultural groups define the role of the child very differently. For example, some parents may see children as gifts from God, and that they have wisdom from the god to share with adults. Asians may see their children as all important in the chain of generations - their role as a part of the family is highly important, as is their role to help care for the elderly parents in the future. Some cultures see their children as possessions, as workers, or as less than adults. Other groups are more concerned with having male children than female children.

The term "appropriate role" does not define what is appropriate. Society at large has not defined this. At what point is a child truly harmed by the role their family has asked them to fulfill? (English, 1990, p. 5). Children were considered an economic asset by the Hmong--necessary to an agrarian lifestyle. In the United States, the Hmong learned that
children are an economic liability. Large families are difficult to support on public assistance or low wage jobs (McInnis, 1991, p. 575). If the child’s role shifts, what is considered harmful?

Children in China belong to a wide network of individuals rather than just the nuclear family. These individuals share in the responsibility and task of child care. There is no conflict between schools, child care facilities and the parents in the socialization of the children (Korbin, 1977). In the traditional Chinese family, the oldest son usually has to assume many special roles. He must provide the major emotional support to his mother and grandmother; he may be used as a pawn in the power struggle between an over-involved mother and a detached father, or as an intermediary to link uncommunicative members. In addition, the oldest son may have to take care of the educational and character development of his younger siblings, as well as bring honor to the family by being a good student and financial supporter. Among many ethnic minority families, “generational stake” (i.e., filial obligation across generations) is very important. Birth order may affect filial obligations (Lu, 1982, p. 538).

V. SOCIAL AND ECONOMIC FACTORS

Stress on Caretaker
Some cultural groups may trust in and depend upon other peoples’ benevolence. There have been cases of individuals who, realizing their own inadequacy as parents, abandoned a child with the hope that someone much better qualified would find the child and be better parents (Wagatsuma, 1981).

Social Support for Caretaker
Social supports take many forms in different cultures, from extended family to clan members to more informal supports, such as neighbors or friends. A family may initially appear as isolated, lacking both social and economic support. Yet, upon closer examination, a number of essential resource persons may be already involved with the family or able to be engaged as a support.
REFERENCES


SUPPLEMENTAL BIBLIOGRAPHY


CHAPTER VI

RISK ASSESSMENT MATRIX

Developed by the

MULTI-CULTURAL ADVISORY COMMITTEE OF THE WASHINGTON RISK ASSESSMENT PROJECT

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AN APPROACH TO RISK ASSESSMENT IN WASHINGTON WITH MULTI-CULTURAL GUIDELINES

I. CHILD CHARACTERISTICS

<table>
<thead>
<tr>
<th>RISK FACTOR</th>
<th>Positive Indicators</th>
<th>Positive Indicators</th>
<th>Risk Factor Summary: Low Risk</th>
<th>Risk Factor Summary: Moderate Risk</th>
<th>Risk Factor Summary: High Risk</th>
<th>Family Condition and/or Poverty/Environmental Condition</th>
<th>Observations:</th>
<th>Risk Rating</th>
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<tbody>
<tr>
<td>a. Age</td>
<td>Not applicable</td>
<td>18+</td>
<td>12-17</td>
<td>6-11</td>
<td>0-5</td>
<td>1 Family condition</td>
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<tr>
<td>b. Physical/Mental/Social Development</td>
<td>Child or youth shows signs of being physically, mentally or socially well-developed for her or his age</td>
<td>No physical, mental, social disability or developmental delay</td>
<td>Mild physical, mental, social disability or developmental delay</td>
<td>Moderate physical, mental, social disability or developmental delay</td>
<td>Profound physical, mental, social disability or developmental delay</td>
<td>2 Family condition</td>
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<td>3 Poverty or environmental condition</td>
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<td>5 Poverty or environmental condition</td>
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Selected Multicultural Assessment Guidelines:

Physical/Mental/Social Development: When assessing situations where children may have a physical or mental disability, but the child may not be at higher risk, is it the developmental disability itself, or more the way the family perceives the disability that places the child at higher or lower risk? Severely retarded children may be less able to defend themselves or report the incident. Ethnic
minority families may be less likely to place children and use more social or family supports to care for the child. However, carefully assess how the family members perceive the child and his or her place within the family. Are there resources necessary to maintain a supportive environment for the child?

c. Behavioral Problems of Children

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<tr>
<th>Family condition</th>
<th>Poverty or environmental condition</th>
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Selected Multicultural Assessment Guidelines:

**Behavioral Problems of Children:** Some children may be misdiagnosed as hyperactive when they are actually capable of attending to more than one activity at a time. In some families, individuals pay attention to many activities at the same time. So for a child to not be able to focus on one thing does not necessarily mean he/she is hyperactive. Lack of “impulse control” or “attention span” is dependent upon child’s age and culture. Special education experts have also noted that physical health problems such as poor vision, learning disabilities, and intestinal worms can be factors in producing restless behavior in children.

We need to take into consideration culture and type of family before behavior can be assessed. Children who are raised in certain more traditional homes may be socialized to be very quiet, to not be outspoken, and to not question adults. Yet other children may be taking on more mainstream values and behaviors that may produce child-parent conflict. With regard to sexual aggression, consider whether a child’s behavior is due to different sexual norms or more child exposure to sexual situations.
I. CHILD CHARACTERISTICS

<table>
<thead>
<tr>
<th>RISK FACTOR</th>
<th>Positive Indicators -3</th>
<th>Positive Indicators -1</th>
<th>Low Risk 1</th>
<th>Moderate Risk 3</th>
<th>High Risk 5</th>
<th>Condition</th>
<th>Observations:</th>
<th>Rating</th>
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<tbody>
<tr>
<td>d. Self-Protection</td>
<td>Actively resists abuse; knows ways in which to protect him or herself or younger siblings</td>
<td>Consistent resistance to abuse</td>
<td>Shows some consistent resistance to abuse</td>
<td>Displays little resistance to abuse</td>
<td>Accepts abuse without resistance</td>
<td>__ Family condition</td>
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Selected Multicultural Assessment Guidelines:

**Self-protection:** Recognize that a child of color is highly unlikely to go to a Caucasian person in authority, but would turn to a member of their informal support system first. In some cultures or families, young women may act passively and endure maltreatment as these women try to adhere to the traditional family roles that have been functional in other situations. So the risk level may be high, but do not blame the young woman or man for not being more assertive regarding self-protection. For example, since Japanese-American culture stresses obedience to authority, the child may defer to teachers and parents (Nagata, 1982, p. 86).
Selected Multicultural Assessment Guidelines:

Fear of Caretaker or Home Environment: This may be difficult to assess. The child may feel less concern about retaliation and be more worried about shaming the parent. Children may fear returning home or parent notification due to the embarrassment that might befall the parents. The child's behavior may vary somewhat if interviewed in the school environment. There is historic distrust of workers in authority by many families of color. The fear of caretaker may only apply to physical abuse because children who are neglected or sexually abused often feel a kind of closeness or bond with the abusing caretaker.

A child normally considered at risk in dominant culture families with a boyfriend present may not be at risk in certain Native American groups. Children may be readily accepted by the boyfriend or the non-biological father in the family. For many Native American men, there is no denial of paternity (Horejsi, 1987).

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<thead>
<tr>
<th>RISK FACTOR</th>
<th>Positive Indicators -3</th>
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<th>Low Risk 1</th>
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<th>High Risk 5</th>
<th>Condition</th>
<th>Observations:</th>
<th>Rating</th>
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<tbody>
<tr>
<td>f. Dangerous Act</td>
<td>Caretakers take cautions to protect child from dangerous situations.</td>
<td>No acts that place child at risk of pain or injury</td>
<td>Acts which place child at risk of minor pain or injury</td>
<td>Acts which place child at risk of significant pain or moderate injury</td>
<td>Acts which place child at risk of impairment or loss of bodily functions</td>
<td>Family condition</td>
<td>Poverty or environmental condition</td>
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Selected Multicultural Assessment Guidelines:

**Dangerous Acts:** What is helpful to keep in mind is that child discipline methods may vary, but these methods should not place a child at serious risk of injury or lasting damage (e.g., loss of hearing due to being hit on the ear with a wooden spoon).

The language used in certain cultures may sound more threatening than it is, especially when the term is used to get a child's attention (e.g., "I'm gonna knock your head off."). Become aware of the common language used in each culture. Take the tone in which comments are said into consideration. Ask the parent what they meant by a particular remark.

Fasting in certain cultures may be appropriate in some circumstances for children. In traditional Hispanic folk remedies, some parents may give their children cayenne pepper which is actually beneficial, but can cause physical damage if used too much or for too young a child. In other folk treatments, a drug may be used which is harmful to children because it contains lead. (This drug is banned in the U.S., but is still sold in Mexico.) In some cultures alcohol can be given to children as an aid in healing.

Domestic violence, however, can be a dangerous act irrespective of the culture. If a father is physically violent with the mother with the child present, it is emotional abuse. There is also the fear that children may become involved directly in the middle of the violent argument.

<table>
<thead>
<tr>
<th>g. Extent of Physical Injury or Harm</th>
<th>No injury, no medical treatment required</th>
<th>Superficial injury, no medical attention required</th>
<th>Significant injury, unlikely to require medical intervention</th>
<th>Major injury or substantial effect on development requiring medical treatment</th>
<th>Family condition</th>
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Selected Multicultural Assessment Guidelines:

**Extent of Physical Injury or Harm:** The laws in many states allow "temporary marks" and "transitory pain," but these are often not defined specifically. Minimal standards of parenting must be established. For example, recognize Mongolian spots as birth marks rather than as evidence of child abuse. These spots are more common with children of color. Recognize that anemia can also be due to other medical conditions not related to CA/N.

It is important to understand the origin and context for certain methods of child discipline:

"Historically speaking, physical abuse, neglect and sexual abuse of children was rare among Native Americans. The extended family system common to the culture served as a child protection function. Traditional methods of child rearing were non-violent. Shaming was used as punishment but hitting was not. Unfortunately, exposure to Anglo culture introduced spanking and hitting into some Native families. Many of today's Native American parents and grandparents were introduced to severe physical discipline and other forms of abuse when they attended BIA or church-related boarding schools. These schools worked hard at teaching the native child the ways of the dominant Anglo society and in the process ridiculed and devalued the child's language, religious beliefs and traditions. Recent studies of the boarding school experience suggest that child sexual abuse was widespread within these institution-like environments. This should come as no surprise since we now know that sexual abuse is a common problem in many institutional settings. However, it does serve to explain how the problem was introduced into the tribal cultures.

Individuals that spent many of their formative years in these schools were exposed to child rearing methods that involved hitting and emotional abuse. Those who never attended these schools or attended for only a short period of time retained more of their tribal traditions and learned the non-violent and respectful methods of child care that are part of Indian culture. Thus, when assessing risk, it is important to determine if the parent or caretaker has a history of long exposure to the boarding school environment (Horejsi & Pablo, 1991, pp. 5-6).

If the above conditions are present, the risk may be higher than if the parent was raised in a more traditional manner. So consider the particular family you are working with to assess both family strengths and limitations.

In some African-American families, punishment plays a large role in child rearing and child care practices. Married parents reported punishing their children more frequently than unmarried parents. Physical punishment was used less often than other forms; however,
lower income and lower educational level is correlated with higher frequency of punishment (Billingsley, 1979). In other families, spankings are used as a method of discipline, but do not escalate into severe abuse.

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<th>RISK FACTOR</th>
<th>Positive Indicators -3</th>
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<th>Observations:</th>
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<tr>
<td>h. Extent of Emotional Harm</td>
<td>No emotional harm or behavioral disturbance related to CA/N</td>
<td>Minor distress or impairment in role functioning related to CA/N</td>
<td>Behavioral problems that impair social relationships or role functioning related to CA/N</td>
<td>Extensive emotional or behavioral impairment related to CA/N</td>
<td>__</td>
<td>Family condition</td>
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Selected Multicultural Assessment Guidelines:

Extent of Emotional Harm: The expression of acceptance and affection varies from culture to culture. Verbal or physical positive praise may not be used. Make sure any assessment of child depression is accurate; in some cases the child will be withdrawn and not play with other kids because of the amount of responsibilities he/she has in the household. Child "depression" may be due to the child's stresses or quiet behaviors related to the effect of trying to live in two or more cultures. These behaviors are not necessarily a sign of depression.

| i. Adequacy of Medical Care | Preventive health care plan is being followed; child’s shots current | Adequate routine crisis care provided | Failure to provide routine medical, dental or prenatal care | Failure to provide medical care for injury or illness that usually should receive attention | Failure to provide treatment for a critical or life-threatening condition | __ | Family condition | __ | -3 |
|                            |                        |                        |                      |                                      |                                      |             | Poverty or environmental condition |             | -1 |

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Selected Multicultural Assessment Guidelines:  

**Adequacy of Medical Care:** Every culture has an established concept about appropriate medical care and who provides that care. The lack of adequate medical care may be related to the lack of culturally appropriate service providers. This has implications for intervention planning. Within the culture there may be variations and exceptions. Some common non-traditional medical practitioners may include Shamans, medicine men or women, herbalists, chiropractors, hypnotists, or religious leaders (Minority Initiatives Committee, 1988, p. 2). For example, Native Americans may use Shamans or Medicine Men to help. Some believe that certain illnesses are caused by their gods or actions of the person who is ill. Some ethnic groups believe in forms of "Folk-Medicine". Some religions specify the use of certain medical practices. Christian Science is one religion that does not believe in modern medical technology (English, 1990, p. 2).

Ethnic and cultural beliefs about what causes illness may vary greatly from the majority culture's beliefs. "Regular medical care" may not include scheduled trips to the doctor or dentists. Parents may choose not to immunize their children or subscribe to other commonly accepted medical practices. Important questions would include: Is the child at risk due to medical practices and procedures? What is the cultural norm? Does the family's practices and procedures fall within acceptable community norms? (Minority Initiatives Committee, 1988, p. 2).
<table>
<thead>
<tr>
<th>RISK FACTOR</th>
<th>Positive Indicators</th>
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<th>Observations:</th>
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<tbody>
<tr>
<td>j. Provision for Basic Needs</td>
<td>Child well groomed; nutritionally planned meals; Food, clothing, shelter and hygiene needs all adequately met</td>
<td>Food, clothing, shelter and hygiene needs were all adequately met at some point in the past</td>
<td>Failure to provide for basic needs places child at risk of minor distress/discomfort</td>
<td>Failure to meet basic needs places child at risk of cumulative harm</td>
<td>Failure to provide for basic needs places child at risk of imminent harm</td>
<td>Family condition</td>
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Selected Multicultural Assessment Guidelines:

Provision for Basic Needs: The realistic basic needs of a child should be considered. What conditions are due to poverty? For example, many families do not have one bed per child in a household, or a "bed" may not be the standard bed frame, mattress and box springs (Minority Initiatives Committee, 1988). Furthermore, there are many families who live without running water or modern plumbing, such as a toilet. If you were assessing such a home, would you consider this a health risk because the parent is not providing for the basic needs of the child? Do children need to have a bed to sleep in? If a child comes to school so dirty that teachers and other students complain to DCFS, is this not meeting basic needs?

The worker needs to look at all of the factors - What are the community standards regarding this area? Even if parents are not meeting the standards, does that really put a child at risk? Is there a real health risk for the child? Given that most of the world has or is living without running water, plumbing, daily baths and clean clothes, are these basic needs or a cultural norm? If their cultural norm is interfering with the child's education, must we help families change this norm? (English, 1990).
Critical factors in making an assessment of basic need should therefore include:

1. What are the community standards and practices in the area?
2. Practitioners need to be aware of their own values and whether they are judging families based on these values.
3. If the family's facilities do not meet community standards and practices, would other alternatives to the family's facilities place the child at equal or greater risk? (Minority Initiatives Committee, 1988).

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<th>RISK FACTOR</th>
<th>Positive Indicators -3</th>
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<tbody>
<tr>
<td>k. Adequacy of Supervision</td>
<td>Children are supervised by the caretaker, with careful use of older siblings, and provisions made for a number of emergency situations.</td>
<td>Supervision meets normal standards appropriate to child's age.</td>
<td>Lack of supervision places the child at risk of discomfort or distress</td>
<td>Lack of supervision places child at risk of cumulative harm</td>
<td>Lack of supervision places child at risk of imminent harm</td>
<td>__ Family condition</td>
<td>__ Poverty or environmental condition</td>
<td>__ 3</td>
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Selected Multicultural Assessment Guidelines:

**Adequacy of Supervision:** In certain cultures, children may appear to have little supervision, when actually neighbors and extended family members are observing the children and are able to help in an emergency situation and, in some instances, provide discipline. The extended African-American family provides family members with leadership, security, sense of family, and a sense of group direction and identity (Martin and Martin, 1978). In other cultures, younger children are socialized and taught at an early age how to care for younger
siblings, including safety skills and who to contact in an emergency situation. The child's ability with respect to protection, available supervision, and the surrounding environment must all be considered.

Some ethnic groups in the U.S. expect more responsible behavior of their children at an earlier age than the majority culture. For example, some families may have come from farming cultures where it is normal and acceptable for young children to care for themselves, do chores, and care for younger siblings.

Increasingly, low income and single parents require children to care for themselves before and after school. Children who appear to live in a single parent or nuclear family may, in reality, have an extended family network which is available on demand when needed. When making assessments, workers should address the abilities of the particular child in question, the cultural expectations of the family, the child's ability to handle an emergency, younger siblings, etc. Most importantly, the focus should be: is the child in danger from what is expected of him/her? (Minority Initiatives Committee, 1988, p. 1). For example, some families will often train the oldest child in a family to learn child rearing responsibilities when the child is very young. It is not uncommon to find young grade school age children given the responsibility to care for toddlers without direct adult supervision. This by itself does not place a child at high risk.

Children within many Native American tribes are allowed to fully learn from their actions. This means the children are allowed to experience the consequences of their decisions and behavior. There is very little limit setting in child rearing in most tribes. Because of the extended family structure that is common in many families, it is usually not of concern that a child is cared for by a “parent substitute,” unless that parent substitute is unrelated to the child, not a member of the extended family, and has little personal investment in the child’s well-being (Horejsi, 1987).
In some large families, children become accustomed to having many people meet their physical and emotional needs. In families where there is parental dysfunction, even more of the needs may be met by siblings. Interdependence among siblings is encouraged and valued in certain cultures. It is expected that older children will help with the younger ones and that brothers will protect sisters (Hegar & Rodriguez, 1982).

**Selected Multicultural Assessment Guidelines:**

**Physical Hazards in the Home:** An evaluation of the home's structure and physical condition must be placed within a socio-economic context. As a group, some families of color are often economically poor. In fact, poverty is a pervasive problem on reservations and for most Indian families that have moved to urban areas in search of jobs. People with little money are forced by circumstances to live in "low rent" housing which is often poorly constructed and poorly maintained. The water, heating, laundry facilities and sewage systems may be in a state of poor repair. Such realities are beyond the control of the renter. By definition, neglect is an act of omission. A finding of neglect presumes the parent/caretaker can make needed changes but chooses not to do so.
Given the value placed by tribal cultures on hospitality and on sharing what you have with other family members, it is common for Native American families to welcome relatives and friends into their home for long or short term stays. This can, of course, result in overcrowding and a shortage of food, but it must be understood that these problems result from an act of compassion and from a means of economic survival, not an act of neglect" (Horejsi & Pablo, 1991, pp. 7).

<table>
<thead>
<tr>
<th>RISK FACTOR</th>
<th>Positive Indicators</th>
<th>Positive Indicators</th>
<th>Low Risk</th>
<th>Moderate Risk</th>
<th>High Risk</th>
<th>Condition</th>
<th>Observations:</th>
<th>Rating</th>
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<tbody>
<tr>
<td>m. Sexual Contact</td>
<td>Parents proactively taught self-protection skills; no exposure to inappropriate sexuality'</td>
<td>No sexual contact</td>
<td>Suggestive remarks and flirtation without clear sexual overtures or contact</td>
<td>Adult has pressured child, made sexual overtures, or engaged child in non-genital fondling or grooming</td>
<td>Adult has engaged child in sexual contact including masturbation, penetration or oral sex</td>
<td>Condition</td>
<td>Observations:</td>
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<td>Poverty or environmental condition</td>
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Selected Multicultural Assessment Guidelines:

**Sexual Contact:** Physical contact between family members may not be abusive, depending on the nature and purpose of the contact. In some cultures, siblings or cousins may share a bed up to a certain age. The Japanese infant/child co-sleeps with his parents for a longer period of time than the American child. In general, a person in Japan can expect to co-sleep as a child, as well as later as a parent and as a grandparent (Caudill & Weinstein, 1969).
### III. CHRONICITY OF CA/N

<table>
<thead>
<tr>
<th>n. Chronicity of CA/N</th>
<th>Child has not been abused or neglected</th>
<th>Isolated incident of CA/N</th>
<th>Intermittent occurrences of CA/N</th>
<th>Repeated or ongoing pattern of CA/N (more than two occurrences in a short time span)</th>
<th>__ Family condition</th>
<th>__ Poverty or environmental condition</th>
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Selected Multicultural Assessment Guidelines:

### IV. CARETAKER CHARACTERISTICS

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<thead>
<tr>
<th>RISK FACTOR</th>
<th>Positive Indicators -3</th>
<th>Positive Indicators -1</th>
<th>Low Risk 1</th>
<th>Moderate Risk 3</th>
<th>High Risk 5</th>
<th>Condition</th>
<th>Observations:</th>
<th>Rating</th>
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<tbody>
<tr>
<td>o. Victimization of Other Children</td>
<td>No evidence of CA/N towards other children</td>
<td>Evidence of minor CA/N towards other children</td>
<td>Evidence of moderate CA/N towards other children</td>
<td>Evidence of serious CA/N towards other children</td>
<td>__ Family condition</td>
<td>__ Poverty or environmental condition</td>
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Selected Multicultural Assessment Guidelines:

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<tr>
<th>p. Mental, Physical or Emotional</th>
<th>Emotionally stable; not depressed; ability to be assertive; tends to</th>
<th>No physical, mental or emotional impairment interferes with the</th>
<th>A physical, mental or emotional impairment mildly interferes</th>
<th>A physical, mental or emotional impairment interferes significantly</th>
<th>Due to physical, mental or emotional impairment, capacity to parent is severely</th>
<th>__ Family condition</th>
<th>__ Poverty or environmental condition</th>
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85
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<tr>
<th>Impairment</th>
<th>trust with appropriate &amp; realistic limits</th>
<th>capacity to parent</th>
<th>with the capacity to parent</th>
<th>with the capacity to parent</th>
<th>inadequate</th>
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**Selected Multicultural Assessment Guidelines:**

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<th>q. Substance A</th>
<th>Strong family norms prohibit substance abuse; parents role model alternative recreational methods</th>
<th>No past or present substance abuse</th>
<th>History of substance abuse but no current problem</th>
<th>Reduced effectiveness due to substance abuse or addiction</th>
<th>Substantial incapacity due to substance abuse or addiction</th>
<th>Family condition</th>
<th>Poverty or environmental condition</th>
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**Selected Multicultural Assessment Guidelines:**

**Substance Abuse:** Some families with substance abuse will exhibit instability and increasingly pathological parenting patterns. Alcohol abuse is only one of the problems—the breakdown of cultural traditions associated with rapid change in family interaction and child rearing may often precede alcohol or drug abuse.
Alcohol is a substitute for the cohesive and satisfying kinship relationships that have been lost. Families of abused and neglected children are characterized by high rates of unemployment, divorce and alcohol abuse (Hauswald, 1987).

<table>
<thead>
<tr>
<th>RISK FACTOR</th>
<th>Positive Indicators -3</th>
<th>Positive Indicators -1</th>
<th>Low Risk 1</th>
<th>Moderate Risk 3</th>
<th>High Risk 5</th>
<th>Condition</th>
<th>Observations:</th>
<th>Rating</th>
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<tr>
<td>r. History of Domestic Violence or Assaultive Behavior</td>
<td>History of appropriate assertiveness; no history of verbal assaults; no aggressive or violent acts</td>
<td>No domestic violence or assaultive behavior; no emotional, sexual or physical abuse of spouse/partner or other adult outside home</td>
<td>Isolated incident of domestic violence or assaultive behavior not resulting in injury</td>
<td>Sporadic incidents of domestic violence or assaultive behavior which result or could result in minor injury</td>
<td>Repeated incidents of assaultive behavior or single incident which results or could result in major injury</td>
<td>Family condition</td>
<td>Povery or environmental condition</td>
<td>-3</td>
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Selected Multicultural Assessment Guidelines:

- **s. History of Abuse or Neglect as a Child:** No abuse; parents proactively taught self protection skills; no exposure to inappropriate sexuality. Was not abused or neglected as a child. Isolated incidents of abuse or neglect as a child. History of intermittent abuse or neglect as a child. History of chronic and/or severe abuse or neglect as a child. Family condition. Poverty or environmental condition. Rating: -3 -1 - 1 - 2 - 3 - 4 - 5

Selected Multicultural Assessment Guidelines:

- **History of Abuse or Neglect as a Child:** Some abusive parents were abused themselves and lacked nurturing. The parent may attempt to establish a symbiotic relationship with the spouse. When that spouse fails to respond, the parent may seek nurturing from the child, or

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may become jealous and see him or her as a rival and attack him or her (Justice & Justice, 1976). Yet, it is important to note that less than 30% of parents maltreated as children later abuse their own children. (See Pecora, Whittaker, and Maluccio, 1992, p. 158; Zigler & Hall, 1989, pp. 52-53, 63-64.)

<table>
<thead>
<tr>
<th>t. Parenting Skills Knowledge</th>
<th>Extremely consistent and stable caretaking; understands child development¹</th>
<th>No noteworthy limitations in parenting skills and knowledge</th>
<th>Some unrealistic expectations of child and/or gaps in parenting skills</th>
<th>Significant gaps in knowledge or skills that interfere with effective parenting</th>
<th>Gross deficits in parenting knowledge and skills or inappropriate demands and expectations of child</th>
<th>Family condition</th>
<th>Poverty or environmental condition</th>
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<td></td>
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<td>Low Risk 1</td>
<td>Moderate Risk 3</td>
<td>High Risk 5</td>
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Selected Multicultural Assessment Guidelines:

**Parenting Skills and Knowledge:** Clearly, methods of parenting vary from culture to culture. Roles and expectations, which form the basis for parenting behaviors, range from meeting basic needs to extensive personal interaction. These roles vary by family size, composition, or other factors. This area of assessment is extremely subjective, and worker bias can skew any risk rating unless care is taken to be an objective observer during assessment (Minority Initiatives Committee, 1988, p. 2).

Some Japanese parents and their children are emotionally tied and are not differentiated from the psychological unity of the whole family. The child’s conduct has a direct impact on the parents. Parents experience a child’s behavior as if they themselves were responsible for it (Wagatsuma, 1981).
### Selected Multicultural Assessment Guidelines:

#### Nurturance:
For some cultures, accomplishments are not praised but are expected as normal achievements. Some families may emphasize the group accomplishment and not the individual accomplishment.

Many groups do not value parent participation in child focused activities, but rely on older siblings to help with child independent play activities.

<table>
<thead>
<tr>
<th>u. Nurturance</th>
<th>Meets emotional needs of child; happy to be a parent; accepting, warm, loving &amp; positive</th>
<th>Openly accepting and affectionate towards child, provides adequate stimulation</th>
<th>Inconsistent provision and expression of stimulation, acceptance and affection</th>
<th>Some deprivations but not openly rejecting or hostile</th>
<th>Severe rejection and/or deprivation of affection, attention and stimulation</th>
<th>__ Family condition</th>
<th>__ Poverty or environmental condition</th>
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### Selected Multicultural Assessment Guidelines:
### Protection of Child

- **w. Protection of Child**
  - Caretaker willing and able to protect child and using good judgment
  - Caretaker willing but occasionally unable to protect child
  - Caretaker vacillates or is inconsistent about protecting child
  - Caretaker refuses or is unable to protect child

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<th>__</th>
<th>Family condition</th>
<th>__</th>
<th>Poverty or environmental condition</th>
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#### Selected Multicultural Assessment Guidelines:

##### Positive Indicators

-3

#### Cooperation with Agency

- x. **Cooperation with Agency**
  - Caretaker expresses willingness to work with the caseworker, and takes the initiative in outlining the major issues.
  - Caretaker appears receptive to social worker intervention; Client makes efforts to implement worker recommendations.
  - Caretaker agrees to initial interview with social worker but does not take initiative in obtaining needed services.
  - Caretaker passively/actively undermines interventive efforts and/or minimally involved in services.
  - Caretaker is extremely hostile to agency contact or involvement.

<table>
<thead>
<tr>
<th>RISK FACTOR</th>
<th>Positive Indicators</th>
<th>Positive Indicators</th>
<th>Low Risk</th>
<th>Moderate Risk</th>
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<th>Condition</th>
<th>Observations:</th>
<th>Rating</th>
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<tbody>
<tr>
<td>x. Cooperation with Agency</td>
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#### Selected Multicultural Assessment Guidelines:

**Cooperation with Agency**: Cooperation with the agency is extremely difficult to assess and must be viewed carefully. A variety of issues may be important to consider, such as past exploitation and how one relates to persons in authority:
"More often than the Anglo parent, the Native American parent/caretaker may exhibit dysfunctional behavior when confronted with a complaint of child abuse or neglect. It is important not to misread this behavior. For historical and cultural reasons, the Native American parent may be extremely fearful of "social workers" and state child welfare authorities. Most middle aged individuals experienced the days of "child snatching" by BIA social workers when so many children on reservations were removed from their families and placed in boarding schools or in off-reservation foster homes. Within the past 25 years there were BIA policies to the effect that once an Indian child was placed in foster care, the child was not to be reuni ted with his or her family. Stories concerning families disrupted by placement are known to all Native people, even young parents.

Given their natural reticence and reserve in interpersonal interaction and a tragic history of excessive child placement, some Native parents/caretakers will be terrified, emotional distraught and functionally incapacitated when confronted by a CPS investigation. It is important not to mistake what may be a temporary and situational immobilization as a feature of the caretaker's personality. It is critical to gather information from persons who know the parent/caretaker, before drawing conclusions. If it is learned that the person functions at a higher level in non-threatening situations, the dysfunctional behavior seen by the CPS worker may be an incapacity caused by a fear of CPS and placement (Horejsi & Pablo, 1991, pp. 3-4).

However, many Native American parents who are familiar with the court system may be very much aware of the difficulty that CPS has in removing children from the home or the reservation. So there may be less parental incentive to cooperate with the agency staff members. Yet, some cultures place an emphasis on harmony and amity in interpersonal relations; their members tend not to be assertive in social interaction. They are not direct in communication; and they are not confrontive. Some adults and children may be shy and deferential, especially when in the presence of someone they perceive as an authority:

"In assessing a caretaker's level of cooperation, it is important not to interpret reticence as a lack of interest or an unwillingness to cooperate. This passivity may be more of a cultural style than an indicator of motives and attitude. In order to properly assess the Native American parents/caretakers level of cooperation, it is helpful to know if the parent was raised in a more traditional manner or if they are on the assimilated end of the bicultural continuum. If traditional, the parent will probably be non-assertive, non-communicative and passive when confronted by an authority figure when they care deeply about their child and are eager to correct the situation. On the other hand, an apparent lack of concern by a culturally assimilated Native American, may indeed by a lack of motivation to correct the problem." (Horejsi & Pablo, 1991, pp. 4-5).

Caseworkers may be individually personable and have successfully built rapport with clients, but the fact that they represent the department of social services and wield commensurate authority should be a factor in assessing cooperation. Historic distrust of the
government and people of the majority affects client response. Knowing the power lines within a client family is essential to gaining cooperation: Does the worker need to address the eldest male? Involve extended family? What are indicators of active cooperation? Workers will need to adjust their interventions to adapt to the client's norms (Minority Initiatives Committee, 1988, pp: 2-3). In addition, what behaviors indicate that a family is cooperating with a service plan? Just the fact that they do everything that is in the plan? In recognition that workers represent the majority culture by the fact they work for the child welfare agency (even if they are not so themselves) we need to understand how people of ethnic backgrounds may react to you. For example, in many cultures respect of authority is very strong and high priority is placed on conflict avoidance (Minority Initiatives Committee, 1988). The client may nod their head and agree to show their respect. That does not mean they actually agree or will do what has been requested. Some parents may be distrustful of what you are telling them. They may question you or look for hidden meanings even if there is not one. Cultures vary as to who have authority to make family decisions. It may be necessary to involve extended family members in the case planning process. Older male clients may have trouble receiving direction or guidance from a woman. Similarly some woman clients will feel a need to agree, on the surface, with male workers. Some groups believe that the family is the property of the adult male, and that no outsider has the right to interfere with their family or other theories of non-interference in family matters. At what point is the client not cooperating versus handling their cultural norms in an appropriate way? Did the previous worker try to understand the culture? Did the worker involve the family in the case planning? Has there been an attempt to find culturally appropriate resources? Are the members of the family who have the authority being included? Are we requiring clients to adjust to our or the agency's culture on all items but not adjusting to theirs (English, 1990, p. 3)?
Hmong parents may not understand that severe physical punishment may be prosecuted as child abuse, regardless of the original intent of the punishment. The American legal system may intervene more quickly and more decisively than the Hmong parents expect. Lack of cooperation of parents with protective services may stem more from misunderstanding and fear than resistance (McInnis, 1991, pp. 576-577).

A Native American family’s access to the power structure will affect how the parents will be treated by the tribal court, tribal policy and tribal agencies. The access to power could affect a CPS investigation. A parent could look to a powerful relative to stop an investigation or the relative may try and use the CPS agency as a tool in an ongoing family feud (Horesji, 1991).

Certain traditional family structures encourage domestic affairs to be kept within the family. For example, socially, members of the Chinese family were taken care of by family members. The strong element of interdependence in the Chinese family structure may negate any need for the Chinese to seek organized relief outside of the home (Cheng, 1944).
V. PARENT/CHILD RELATIONSHIP

<table>
<thead>
<tr>
<th>RISK FACTOR</th>
<th>Positive Indicators</th>
<th>Positive Indicators</th>
<th>Low Risk 1</th>
<th>Moderate Risk 3</th>
<th>High Risk 5</th>
<th>Condition</th>
<th>Observations</th>
<th>Rating</th>
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<tbody>
<tr>
<td>Well thought out, age appropriate plan of discipline; uses positive reinforcement; consistent &amp; predictable response to offense¹</td>
<td>Caretaker does not overreact to child's behavior and child responds to limit setting</td>
<td>Caretaker occasionally responds inappropriately to child's behavior</td>
<td>Caretaker responds to child's behavior with frustration or helplessness, and child escalates misbehavior</td>
<td>Caretaker consistently responds abusively to child's behavior</td>
<td>Family condition</td>
<td>Poverty or environmental condition</td>
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<tr>
<td>Caretaker does not overreact to child's behavior and child responds to limit setting</td>
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<td>Moderate Risk 3</td>
<td>High Risk 5</td>
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<tr>
<td>Caretaker occasionally responds inappropriately to child's behavior</td>
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<td>Moderate Risk 3</td>
<td>High Risk 5</td>
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<tr>
<td>Caretaker responds to child's behavior with frustration or helplessness, and child escalates misbehavior</td>
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<td>Caretaker consistently responds abusively to child's behavior</td>
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Selected Multicultural Assessment Guidelines:

Response to Child’s Behavior or Misconduct: Parents' reactions to a child's misconduct will vary depending on the parent's expectation of the child and his/her perspective on authority or authority figures. Some parents expect children to excel in their societal interactions and to conform to majority cultural norms. Other parents encourage their children to be more verbal and assertive in their interactions with authority figures and support their children's non-conformity. Without assessing cultural norms, a child's risk of abuse or neglect can be skewed by the worker's interpretation of an over- or under-reaction by the parents (Minority Initiatives Committee, 1988, p. 3).

Furthermore, what is overreaction? Or what is underreaction? The definition varies culturally for what is serious misconduct of a child and what reaction it deserves. For example, some families may encourage their children to be assertive and stand up for themselves. The teacher may see this as undisciplined, rude, etc. and expect a reaction by the parents to curb this behavior. Other families might expect their children to exceed in everything they do (school, sports, music). When a child shames the family by not getting the grades expected...
or getting into "minor" trouble at school their reactions may be extreme. Is this a problem that puts a child at risk of maltreatment, or is it a cultural issue where parents may need to explain what the consequences are for the child (English, 1990, p. 4)?

In some families, the behaviors of females (children and adults) are more closely regulated and deviations more harshly sanctioned than was similar behaviors by males (Baptist, 1987, p. 237). In others, the child’s behavior is viewed as being reflective of the family as a whole (Wagatsuma, 1981).

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<th>High Risk 5</th>
<th>Condition</th>
<th>Observations:</th>
<th>Rating</th>
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<tr>
<td>z. Attachment and Bonding</td>
<td>Balanced; appropriate independence; caretaker loves warmly; attentive; responds appropriately to needs; reads child’s cues correctly; sense of connectedness</td>
<td>Secure parent/child attachment</td>
<td>Mild discrepancies or inconsistencies are evident in the parent/child relationship</td>
<td>Child evidences an anxious or disturbed attachment to the parent</td>
<td>Complete lack of bonding between child and parent</td>
<td>__ Family condition</td>
<td>__ Poverty or environmental condition</td>
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Workers will need to discern the appropriate cultural behavior patterns which distinguish between children who have or have not bonded with an adult caregiver (Minority Initiatives Committee, 1988, p. 3).

In Japanese and some other families, co-sleeping helps an individual gain a comforting security and is an indicator of positive intimacy in the family (Caudill & Platn, 1966). Co-sleeping is used in Taiwan as it is in Japan to insure a sense of interdependence in the child in relation to other family members (Wu, 1981).

| aa. Child's Role in Family | Positive, respectful attitude; child has clear understanding of parental expectations; co-operative, follows rules, does chores; balanced, warm, easy reciprocal interactions | Roles and responsibilities in family are assigned appropriately; child uses appropriate channels of communication | Child is given inappropriate role with no immediately apparent detrimental effects | Child's role in family has detrimental effects on normal development | Child's role in family severely limits or prevents normal development | Family condition  
Poverty or environmental condition | -3 | -1 | -2 | -3 | -4 | -5 |

Selected Multicultural Assessment Guidelines:
Child’s Role in Family: Children have familial roles that vary from culture to culture. Depending on the culture, a child may be viewed as a gift from God, a link in an ancestral chain, or as a working contributor to the family's well being and success. Some children are valued more or differently from their siblings which may be acceptable in the cultural norms. When is the child's role inappropriate? At what point should the worker note that risk or actual maltreatment is present (Minorities Initiative Committee, 1988, p. 3)?

Different cultural groups define the role of the child very differently. For example, some parents may see children as gifts from God, and that they have wisdom from the god to share with adults. Asians may see their children as all important in the chain of generations - their role as a part of the family is highly important, as is their role to help care for the elderly parents in the future. Some cultures see their children as possessions, as workers, or as less than adults. Other groups are more concerned with having male children than female children.

The term "appropriate role" does not define what is appropriate. Society at large has not defined this. At what point is a child truly harmed by the role their family has asked them to fulfill? (English, 1990, p. 5). Children were considered an economic asset by the Hmong--necessary to an agrarian lifestyle. In the United States, the Hmong learned that children are an economic liability. Large families are difficult to support on public assistance or low wage jobs (McInnis, 1991, p. 575). If the child’s role shifts, what is considered harmful?

Children in China belong to a wide network of individuals rather than just the nuclear family. These individuals share in the responsibility and task of child care. There is no conflict between schools, child care facilities and the parents in the socialization of the children (Korbin, 1977). In the traditional Chinese family, the oldest son usually has to assume many special roles. He must provide the major emotional support to his mother and grandmother; he may be used as a pawn in the power struggle between an over-involved mother and a detached father, or as an intermediary to link uncommunicative members. In addition, the oldest son may have to take care of the
educational and character development of his younger siblings, as well as bring honor to the family by being a good student and financial supporter. Among many ethnic minority families, “generational stake” (i.e., filial obligation across generations) is very important. Birth order may affect filial obligations (Lu, 1982, p. 538).
VI. SOCIAL ECONOMIC FACTORS

<table>
<thead>
<tr>
<th>RISK FACTOR</th>
<th>Positive Indicators -3</th>
<th>Positive Indicators -1</th>
<th>Low Risk 1</th>
<th>Moderate Risk 3</th>
<th>High Risk 5</th>
<th>Condition</th>
<th>Observations</th>
<th>Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>bb. Stress on Caretaker</td>
<td>None</td>
<td>No significant life stresses currently impinging on caretaker</td>
<td>Caretaker experiencing mild stresses</td>
<td>Caretaker experiencing moderate stresses</td>
<td>Caretaker experiencing multiple and/or severe stresses</td>
<td><em>Family condition</em></td>
<td>-3</td>
<td>-1</td>
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<td></td>
<td><em>Poverty or environmental condition</em></td>
<td>-1</td>
<td>-2</td>
</tr>
</tbody>
</table>

Selected Multicultural Assessment Guidelines:

**Stress on Caretaker:** Some cultural groups may trust in and depend upon other peoples’ benevolence. There have been cases of individuals who, realizing their own inadequacy as parents, abandoned a child with the hope that someone much better qualified would find the child and be better parents (Wagatsuma, 1981).

| cc. Employment Status of Providers | Has career; history of stable full-time employment¹ | Employed at a level consistent with training and personal expectations or unemployed by choice | Currently underemployed or unemployed with immediate prospects for employment | Unemployed but with marketable skills and potential for employment | Unemployed with no prospects for employment | _Family condition_ | -3         | -1       |
|-----------------------------------|---------------------------------------------------|-----------------------------------------------|-----------------------------------------------|---------------------------------------------------------------|-----------------------------------------------| _Poverty or environmental condition_ | -1         | -2       |

Selected Multicultural Assessment Guidelines:
## RISK FACTOR

<table>
<thead>
<tr>
<th>Positive Indicators</th>
<th>Positive Indicators</th>
<th>Low Risk 1</th>
<th>Moderate Risk 3</th>
<th>High Risk 5</th>
<th>Condition</th>
<th>Observations</th>
<th>Rating</th>
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<td>dd. Social</td>
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<td>Caretaker</td>
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</tbody>
</table>

### Selected Multicultural Assessment Guidelines:

**Social Support for Caretaker:** Social supports take many forms in different cultures, from extended family to clan members to more informal supports, such as neighbors or friends. A family may initially appear as isolated, lacking both social and economic support. Yet, upon closer examination, a number of essential resource persons may be already involved with the family or able to be engaged as a support.
### Economic Resources of Caretakers

| No major employment worries; household debts are manageable, and parents spend their funds wisely | Family has more than enough resources to meet basic needs | Family’s resources usually adequate to meet basic needs | Family’s resources inadequate to meet basic needs | Family’s resources grossly inadequate to meet basic needs | Family condition | Poverty or environmental condition | Family condition |
|---|---|---|---|---|---|---|---|---|
| 10 | 20 | 30 | 40 | 50 | -3 | -1 | 1 | 2 | 3 | 4 | 5 |

---

#### Selected Multicultural Assessment Guidelines:

### VII. PERPETRATOR ACCESS

<table>
<thead>
<tr>
<th>ff. Access to Child (Abuse)/Responsibility for Care of Child (Neglect)</th>
<th>Perpetrator has no access or responsible caretaker is available</th>
<th>Supervised access or shared responsibility for care of child</th>
<th>Limited unsupervised access or primary responsibility for care of child in non-supportive environment</th>
<th>Immediate, unlimited access or full responsibility for care of child</th>
<th>Family condition</th>
<th>Poverty or environmental condition</th>
<th>Family condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>-3</td>
<td>-1</td>
<td>1</td>
</tr>
</tbody>
</table>

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#### Selected Multicultural Assessment Guidelines:

### OVERALL ASSESSMENT OF RISK

<table>
<thead>
<tr>
<th>____ SIGNIFICANT STRENGTHS</th>
<th>____ LOW RISK</th>
<th>____ MODERATE RISK</th>
<th>____ MODERATELY HIGH RISK</th>
<th>____ HIGH RISK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

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**Reference Notes**

1Children’s Bureau of Los Angeles. (1991). *Family Assessment Form and user’s guide*. Los Angeles, CA: Author. Reprinted with permission. (For more information or for copies of the complete Family Assessment Form, please write Judith A. Nelson, Executive Director, Children’s Bureau of Los Angeles, 3910 Oakwood Avenue, Los Angeles, CA 90004.)
References


**Additional References:**


CHAPTER VII

RISK ASSESSMENT MATRIX SUMMARY ASSESSMENT FORMS

Diane Pien
Char Tong
Vanessa Hodges
Shirley Caldwell
Peter J. Pecora
Alretta Foote
Zarah Stallings
Quynh Nguyen
Diana English
Diane Vendiola
Vickie Ybarra
## I. CHILD, FAMILY AND COMMUNITY STRENGTHS AND RESOURCES

Using the strengths and resources checklist, list some of the other strengths and resources of the child, family or community that offset any risk elements or can be used to reduce the risk to the child.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
II. RISK FACTORS IDENTIFIED DURING THE INVESTIGATION

Risk factors must be based on facts established during the investigation and/or case management process.

Please rate the extent to which each of the elements below contribute to risk for the child in question. Place a rating of -3 to 5 (-3 for a POSITIVE INDICATOR, -1 for POSITIVE INDICATORS, 1 for LOW RISK, 3 for MODERATE risk, and 5 for HIGH RISK) by the element. If the assessed risk falls between low and moderate, rate the item a 2 (MODERATELY LOW). If the element falls between moderate and high, rate the element a 4 (MODERATELY HIGH). If the element is not applicable, put a 6 in the box. If the information is insufficient, put a "9" in the box.

<table>
<thead>
<tr>
<th>CHILD CHARACTERISTICS</th>
<th>CARETAKER CHARACTERISTICS</th>
<th>PARENT-CHILD RELATIONSHIP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Female</td>
<td>Male</td>
</tr>
<tr>
<td>a. Age of child</td>
<td>______</td>
<td></td>
</tr>
<tr>
<td>b. Disability/Development</td>
<td>______</td>
<td></td>
</tr>
<tr>
<td>c. Behavioral problems</td>
<td>______</td>
<td></td>
</tr>
<tr>
<td>d. Self protection</td>
<td>______</td>
<td></td>
</tr>
<tr>
<td>e. Fear of caretaker/ home environment</td>
<td>______</td>
<td></td>
</tr>
<tr>
<td>SEVERITY OF CHILD ABUSE/NEGLECT (CAN)</td>
<td>______</td>
<td></td>
</tr>
<tr>
<td>f. Dangerous acts</td>
<td>______</td>
<td></td>
</tr>
<tr>
<td>h. Emotional harm</td>
<td>______</td>
<td></td>
</tr>
<tr>
<td>i. Medical care</td>
<td>______</td>
<td></td>
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<tr>
<td>j. Basic needs</td>
<td>______</td>
<td></td>
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<tr>
<td>k. Supervision</td>
<td>______</td>
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<tr>
<td>l. Hazards in home</td>
<td>______</td>
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<tr>
<td>m. Sexual contact</td>
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<tr>
<td>FREQUENCY OF ABUSE</td>
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<tr>
<td>n. Chronicity of child abuse and neglect (CAN)</td>
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</tbody>
</table>

III. SUMMARY ASSESSMENT USING THE RISK ELEMENTS

A. Briefly describe how the risk elements contribute to the risk of child maltreatment, despite the current child, family and community strengths and resources:
B. What child, family and community strengths and resources could be mobilized to further protect the child and strengthen family functioning?

IV. DISPOSITION

To be completed within 90 days after date of referral.

01 Risk of CAN continues; case remains open for services under contract or legal intervention.

02 Risk of CAN continues; case transferred to ________________________________ DCFS unit.

03 Risk of CAN continues; family refused services; no legal action. Case closed.

04 Little or no risk of CAN. Case closed.

05 Low risk of CAN; family referred to ________________________________ for services. Case closed.

06 Family moved out of office area. Case transferred or referred to ________________________________.

V. FINDINGS

<table>
<thead>
<tr>
<th>A. Finding (circle one):</th>
<th>FOUNDED</th>
<th>UNFOUNDED</th>
<th>INCONCLUSIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HIGH</td>
<td>MODERATE</td>
<td>LOW</td>
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<tr>
<td>B. Given child, family and community strengths, what is the overall level of risk:</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
</tbody>
</table>
VI. SERVICE PLAN (ISP)

List below the risk elements identified in the summary assessment which are being addressed by the intervention. Identify the specific intervention recommended and the behavioral objective(s) of the intervention.

A. Plan for addressing risk elements due to poverty or environmental conditions:

B. Plan for addressing other risk elements:

C. Case Objective Summary:

<table>
<thead>
<tr>
<th>BEHAVIORAL OBJECTIVE</th>
<th>INTERVENTION/SERVICES</th>
<th>ESTIMATED COMPLETION DATE</th>
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<tbody>
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</table>

I have read and understand the case summary and agree to participate in the service plan as outlined.
Worker signature

Date: ________________________________

Parent signature

Date: ________________________________
APPENDIX A

RISK ASSESSMENT MATRIX WITHOUT MULTI-CULTURAL GUIDELINES
## I. Child Characteristics

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Positive Indicators</th>
<th>Positive Indicators</th>
<th>Risk Factor Summary: Low Risk</th>
<th>Risk Factor Summary: Moderate Risk</th>
<th>Risk Factor Summary: High Risk</th>
<th>Family Condition and/or Poverty/Environmental Condition</th>
<th>Observations:</th>
<th>Risk Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Age</td>
<td>Not applicable</td>
<td>18+</td>
<td>12-17</td>
<td>6-11</td>
<td>0-5</td>
<td>__ Family condition</td>
<td>__</td>
<td>__</td>
</tr>
<tr>
<td>b. Physical/Mental/Social Development</td>
<td>Child or youth shows signs of being physically, mentally or socially well-developed for her or his age</td>
<td>No physical, mental, social disability or developmental delay</td>
<td>Mild physical, mental, social disability or developmental delay</td>
<td>Moderate physical, mental, social disability or developmental delay</td>
<td>Profound physical, mental, social disability or developmental delay</td>
<td>__ Family condition</td>
<td>__</td>
<td></td>
</tr>
<tr>
<td>c. Behavioral Problems of Children</td>
<td>Child behaves in a positive, age-appropriate manner with family members and others</td>
<td>Child displays no behavioral problems; child acts in an age-appropriate manner.</td>
<td>Child is demanding and/or very active</td>
<td>Child is behaviorally disturbed, e.g., extremely aggressive, oppositional, hyperactive</td>
<td>Child is severely behaviorally disturbed, e.g., assaultive, destructive psychotic</td>
<td>__ Family condition</td>
<td>__</td>
<td></td>
</tr>
<tr>
<td>d. Self-Protection</td>
<td>Actively resists abuse; knows ways in which to protect him or herself or younger siblings</td>
<td>Consistent resistance to abuse.</td>
<td>Shows some consistent resistance to abuse</td>
<td>Displays little resistance to abuse</td>
<td>Accepts abuse without resistance</td>
<td>__ Family condition</td>
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<tr>
<td>e. Fear of</td>
<td>Child readily approaches</td>
<td>No fear of caretaker or</td>
<td>Evidences mild doubt or concern</td>
<td>Evidences anxiety and</td>
<td>Extremely fearful about</td>
<td>__ Family condition</td>
<td>__</td>
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</tr>
<tr>
<td>Caretaker or Home Environment</td>
<td>adults</td>
<td>home environment</td>
<td>about home environment</td>
<td>discomfort about home environment</td>
<td>caretaker or home environment</td>
<td>environmental condition</td>
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<td>II. SEVERITY OF CA/N</td>
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<tr>
<td>f. Dangerous Acts</td>
<td>Caretakers take cautions to protect child from dangerous situations.</td>
<td>No acts that place child at risk of pain or injury</td>
<td>Acts which place child at risk of minor pain or injury</td>
<td>Acts which place child at risk of significant pain or moderate injury</td>
<td>Acts which place child at risk of impairment or loss of bodily functions</td>
<td>__ Family condition __ Poverty or environmental condition</td>
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<tr>
<td>g. Extent of Physical Injury or Harm</td>
<td>No injury, no medical treatment required</td>
<td>Superficial injury, no medical attention required</td>
<td>Significant injury, unlikely to require medical intervention</td>
<td>Major injury or substantial effect on development requiring medical treatment</td>
<td>__ Family condition __ Poverty or environmental condition</td>
<td>__ Family condition __ Poverty or environmental condition</td>
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<tr>
<td>h. Extent of Emotional Harm</td>
<td>No emotional harm or behavioral disturbance related to CA/N</td>
<td>Minor distress or impairment in role functioning related to CA/N</td>
<td>Behavioral problems that impair social relationships or role functioning related to CA/N</td>
<td>Extensive emotional or behavioral impairment related to CA/N</td>
<td>__ Family condition __ Poverty or environmental condition</td>
<td>__ Family condition __ Poverty or environmental condition</td>
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<td>i. Adequacy of Medical Care</td>
<td>Preventive health care plan is being followed; child’s shots</td>
<td>Adequate routine crisis care provided</td>
<td>Failure to provide routine medical, dental or</td>
<td>Failure to provide medical care for injury or illness that usually should receive</td>
<td>Failure to provide treatment for a critical or life-threatening</td>
<td>__ Family condition __ Poverty or environmental condition</td>
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| j. Provision for Basic Needs | Child well groomed; nutritionally planned meals; Food, clothing, shelter and hygiene needs all adequately met | Food, clothing, shelter and hygiene needs were all adequately met at some point in the past | Failure to provide for basic needs places child at risk of minor distress/discomfort | Failure to meet basic needs places child at risk of cumulative harm | Failure to provide for basic needs places child at risk of imminent harm | __ Family condition __ Poverty or environmental condition | \(-3\) \(-1\) \(1\) \(2\) \(3\) \(4\) \(5\) |
|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------| __ Family condition __ Poverty or environmental condition | \(-3\) \(-1\) \(1\) \(2\) \(3\) \(4\) \(5\) |
| k. Adequacy of Supervision  | Children are supervised by the caretaker, with careful use of older siblings, and provisions made for a number of emergency situations. | Supervision meets normal standards appropriate to child's age. | Lack of supervision places the child at risk of discomfort or distress | Lack of supervision places child at risk of cumulative harm | Lack of supervision places child at risk of imminent harm | __ Family condition __ Poverty or environmental condition | \(-3\) \(-1\) \(1\) \(2\) \(3\) \(4\) \(5\) |
| l. Physical Hazards in the Home | Home is in safe condition. Proper safety precautions have been taken, such as locking up poisons and medicines | No observable conditions in the home threaten the child's well-being | Conditions in the home place the child at risk of minor illness or superficial injury | Conditions in the home place the child at risk of harm that is significant but unlikely to require treatment | Hazards in the home environment place the child at risk of serious harm likely to require treatment | __ Family condition __ Poverty or environmental condition | \(-3\) \(-1\) \(1\) \(2\) \(3\) \(4\) \(5\) |
| m. Sexual Contact           | Parents proactively taught self-protection skills; no exposure to | No sexual contact | Suggestive remarks and flirtation without clear sexual overtures or | Adult has pressured child, made sexual overtures, or engaged child in non-genital | Adult has engaged child in sexual contact including masturbation, penetration or | __ Family condition __ Poverty or environmental condition | \(-3\) \(-1\) \(1\) \(2\) \(3\) \(4\) |
| inappropriately | sexuality¹ | contact | fondling or grooming | oral sex | 5

### III. CHRONICITY OF CA/N

<table>
<thead>
<tr>
<th>n. Chronicity of CA/N</th>
<th>Child has not been abused or neglected</th>
<th>Isolated incident of CA/N</th>
<th>Intermittent occurrences of CA/N</th>
<th>Repeated or ongoing pattern of CA/N (more than two occurrences in a short time span)</th>
<th>__ Family condition</th>
<th>__ Poverty or environmental condition</th>
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### IV. CARETAKER CHARACTERISTICS

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<thead>
<tr>
<th>o. Victimization of Other Children</th>
<th>No evidence of CA/N towards other children</th>
<th>Evidence of minor CA/N towards other children</th>
<th>Evidence of moderate CA/N towards other children</th>
<th>Evidence of serious CA/N towards other children</th>
<th>__ Family condition</th>
<th>__ Poverty or environmental condition</th>
<th>__</th>
</tr>
</thead>
<tbody>
<tr>
<td>p. Mental, Physical or Emotional Impairment</td>
<td>Emotionally stable; not depressed; ability to be assertive; tends to trust with appropriate &amp; realistic limits</td>
<td>No physical, mental or emotional impairment interferes with the capacity to parent</td>
<td>A physical, mental or emotional impairment mildly interferes with the capacity to parent</td>
<td>A physical, mental or emotional impairment interferes significantly with the capacity to parent</td>
<td>Due to physical, mental or emotional impairment, capacity to parent is severely inadequate</td>
<td>__ Family condition</td>
<td>__ Poverty or environmental condition</td>
</tr>
<tr>
<td>q. Substance Abuse</td>
<td>Strong family norms prohibit substance abuse; parents role</td>
<td>No past or present substance abuse</td>
<td>History of substance abuse but no current problem</td>
<td>Reduced effectiveness due to substance abuse or addiction</td>
<td>Substantial incapacity due to substance abuse or addiction</td>
<td>__ Family condition</td>
<td>__ Poverty or environmental condition</td>
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<tr>
<th>r. History of Domestic Violence or Assaultive Behavior</th>
<th>History of appropriate assertiveness; no history of verbal assaults; no aggressive or violent acts</th>
<th>Isolated incident of domestic violence or assaultive behavior not resulting in injury</th>
<th>Sporadic incidents of domestic violence or assaultive behavior which result or could result in minor injury</th>
<th>Repeated incidents of assaultive behavior or single incident which results or could result in major injury</th>
<th>__ Family condition</th>
<th>__ Poverty or environmental condition</th>
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<tbody>
<tr>
<td>s. History of Abuse or Neglect as a Child</td>
<td>No abuse; parents proactively taught self protection skills; no exposure to inappropriate sexuality</td>
<td>Isolated incidents of abuse or neglect as a child</td>
<td>History of intermittent abuse or neglect as a child</td>
<td>History of chronic and/or severe abuse or neglect as a child</td>
<td>__ Family condition</td>
<td>__ Poverty or environmental condition</td>
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<tr>
<td>t. Parenting Skills and Knowledge</td>
<td>Extremely consistent and stable caretaking; understands child development</td>
<td>No noteworthy limitations in parenting skills and knowledge</td>
<td>Some unrealistic expectations of child and/or gaps in parenting skills</td>
<td>Significant gaps in knowledge or skills that interfere with effective parenting</td>
<td>__ Family condition</td>
<td>__ Poverty or environmental condition</td>
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<tr>
<td>u. Nurturance</td>
<td>Meets emotional needs of child; happy to be a parent; accepting, warm, loving &amp; positive</td>
<td>Openly accepting and affectionate towards child, provides adequate stimulation</td>
<td>Inconsistent provision and expression of stimulation, acceptance and affection</td>
<td>Some deprivations but not openly rejecting or hostile</td>
<td>__ Family condition</td>
<td>__ Poverty or environmental condition</td>
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</table>
v. Recognition of Problem

| Recognition of Problem | Uses excellent judgment; proactive approach to problem solving; has a variety of coping techniques | Open acknowledgement of problem and its severity and willingness to take some responsibility | Recognition of problem’s existence and willingness to accept responsibility for their own behavior | Superficial understanding of problem but failure to accept responsibility for their own behavior | No understanding or complete denial of problem and refusal to accept any responsibility | Family condition | Poverty or environmental condition | -3 | -1 | 1 | 2 | 3 | 4 | 5 |

w. Protection of Child

| Protection of Child | Caretaker willing and able to protect child and using good judgment | Caretaker willing but occasionally unable to protect child | Caretaker vacillates or is inconsistent about protecting child | Caretaker refuses or is unable to protect child | Family condition | Poverty or environmental condition | -3 | -1 | 1 | 2 | 3 | 4 | 5 |

x. Cooperation with Agency

| Cooperation with Agency | Caretaker expresses willingness to work with the caseworker, and takes the initiative in outlining the major issues. | Caretaker appears receptive to social worker intervention; Client makes efforts to implement worker recommendatios. | Caretaker agrees to initial interview with social worker but does not take initiative in obtaining needed services | Caretaker passively/actively undermines interventive efforts and/or minimally involved in services | Caretaker is extremely hostile to agency contact or involvement | Family condition | Poverty or environmental condition | -3 | -1 | 1 | 2 | 3 | 4 | 5 |

V. PARENT/CHILD RELATIONSHIP

<p>| Response to Child's Behavior or Misconduct | Well thought out, age appropriate plan of discipline; uses positive reinforcement; consistent &amp; | Caretaker does not overreact to child's behavior and child responds to limit setting | Caretaker occasionally responds inappropriately to child's behavior | Caretaker responds to child's behavior with frustration or helplessness, and child escalates misbehavior | Caretaker consistently responds abusively to child's behavior | Family condition | Poverty or environmental condition | -3 | -1 | 1 | 2 | 3 | 4 | 5 |</p>
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<tr>
<th>z. Attachment and Bonding</th>
<th>Balanced; appropriate independence; caretaker loves warmly; attentive; responds appropriately to needs; reads child’s cues correctly; sense of connectedness</th>
<th>Secure parent/child attachment</th>
<th>Mild discrepancies or inconsistencies are evident in the parent/child relationship</th>
<th>Child evidences an anxious or disturbed attachment to the parent</th>
<th>Complete lack of bonding between child and parent</th>
<th>__ Family condition</th>
<th>__ Poverty or environmental condition</th>
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<tr>
<td>aa. Child's Role in Family</td>
<td>Positive, respect-ful attitude; child has clear understanding of parental expecta-tions; coopera-tive, follows rules, does chores; balanced, warm, easy reciprocal interactions</td>
<td>Roles and responsibili-ties in family are assigned appropriately; child uses appropriate channels of communication</td>
<td>Child is given inappropriate role with no immediately apparent detrimental effects</td>
<td>Child's role in family has detrimental effects on normal development</td>
<td>Child's role in family severely limits or prevents normal development</td>
<td>__ Family condition</td>
<td>__ Poverty or environmental condition</td>
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<tr>
<td>bb. Stress on Caretaker</td>
<td>None</td>
<td>No significant life stresses currently impinging on caretaker</td>
<td>Caretaker experiencing mild stresses</td>
<td>Caretaker experiencing moderate stresses</td>
<td>Caretaker experiencing multiple and/or severe stresses</td>
<td>__ Family condition</td>
<td>__ Poverty or environmental condition</td>
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</tbody>
</table>

VI. SOCIAL ECONOMIC FACTORS

| bb. Stress on Caretaker | None | No significant life stresses currently impinging on caretaker | Caretaker experiencing mild stresses | Caretaker experiencing moderate stresses | Caretaker experiencing multiple and/or severe stresses | __ Family condition |__ Poverty or environmental condition |__ |
|--------------------------|---------------------|-----------------------------------------------|-----------------------------------------------|-----------------------------------------------|-----------------------------------------------|---------------------|--------------------------------|

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<tr>
<th>cc. Employment Status of Providers</th>
<th>Has career; history of stable full-time employment</th>
<th>Employed at a level consistent with training and personal expectations or unemployed by choice</th>
<th>Currently underemployed or unemployed with immediate prospects for employment</th>
<th>Unemployed but with marketable skills and potential for employment</th>
<th>Unemployed with no prospects for employment</th>
<th>__ Family condition</th>
<th>__ Poverty or environmental condition</th>
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<tr>
<td>dd. Social Support for Caretaker</td>
<td>Family is positive influence &amp; lives nearby; active in community, regularly attends church or community functions; available, affordable child care, transportation</td>
<td>Frequent supportive contact with friends or relatives and appropriate use of community resources.</td>
<td>Occasional supportive contact with supportive persons; some use of available community resources</td>
<td>Sporadic supportive contact; under use of resources</td>
<td>Caretaker emotionally isolated or social contacts are conflictual or negative</td>
<td>__ Family condition</td>
<td>__ Poverty or environmental condition</td>
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<tr>
<td>ee. Economic Resources of Caretakers</td>
<td>No major employment worries; household debts are manageable, and parents spend their funds wisely</td>
<td>Family has more than enough resources to meet basic needs</td>
<td>Family’s resources usually adequate to meet basic needs</td>
<td>Family’s resources grossly inadequate to meet basic needs</td>
<td>Family’s resources grossly inadequate to meet basic needs</td>
<td>__ Family condition</td>
<td>__ Poverty or environmental condition</td>
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VII. PERPETRATOR ACCESS

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<tr>
<th>ff. Access to Child</th>
<th>Perpetrator has no access or responsibility</th>
<th>Supervised access or shared responsibility for</th>
<th>Limited unsupervised access or primary</th>
<th>Immediate, unlimited access or full responsibility</th>
<th>__ Family condition</th>
<th>__ Poverty or</th>
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<p>| -3 | -1 | 1 | 2 | 3 | 4 | 5 |</p>
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<tr>
<th>(Abuse)/ Responsibility for Care of Child (Neglect)</th>
<th>caretaker is available</th>
<th>care of child</th>
<th>responsibility for care of child in non-supportive environment</th>
<th>for care of child</th>
<th>environmental condition</th>
<th>OVERALL ASSESSMENT OF RISK:</th>
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<td>___ SIGNIFICANT STRENGTHS</td>
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<td>___ LOW RISK</td>
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<td>___ MODERATE RISK</td>
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OVERALL ASSESSMENT OF RISK: