



## **Cultural Competency**

### **A Bibliography**

**2013**

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## **Scope**

This bibliography pertains to cultural competence of professionals serving neglected and abused children. It is a selected bibliography, not comprehensive.

## **Organization**

This bibliography is organized in date descending order from the most recent to the oldest publication date, 2013-1999.

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## Cultural Competency

### A Bibliography

Smith, N., & Harrell, S. (2013). Sexual abuse of children with disabilities: A national snapshot. Issue Brief. New York: Vera Institute of Justice Center on Victimization and Safety. <http://www.vera.org/sites/default/files/resources/downloads/sexual-abuse-of-children-with-disabilities-national-snapshot-v2.pdf>

This issue brief provides a summary of the main findings that emerged from our work. It provides an overview of the latest research on the incidence and prevalence of sexual abuse of children with disabilities and discusses the dynamics of that abuse—including the factors that contribute to its high prevalence, the status of prevention and intervention services designed to address this problem, and critical gaps and opportunities. Finally, it concludes with recommendations for next steps to create a national strategy that advances the response to this epidemic. Its aim is to spur a broad-based dialogue and serve as a starting point for a conversation to end sexual abuse of children with disabilities.

Haboush, K. L., & Alyan, H. (2013). “Who can you tell?” Features of Arab culture that influence conceptualization and treatment of childhood sexual abuse. *Journal of Child Sexual Abuse*, 22(5), 499-518.

The literature on child sexual abuse reflects growing recognition of the manner in which culture impacts the conceptualization, experience, and treatment of such cases. Despite heightened visibility of Arab Americans within the United States, population due to recent media attention, little empirical research exists on the occurrence of child sexual abuse within this population. Arab culture is often characterized by an emphasis on collectivism and familial obligations, and such features may prove to either facilitate or impede assessment and treatment of child sexual abuse, depending on how they are manifested. In terms of reporting child sexual abuse, cultural values pertaining to shame and honor as well as the stigma attached to mental health problems may influence the response to abuse. As such, enhancing the cultural competence of the therapist is key to facilitating effective cultural practice. Empirical research is required to investigate and substantiate these concepts as they relate to child sexual abuse in Arab-American populations.

Dettlaff, A. J., & Earner, I. (2012). Children of immigrants in the child welfare system: Characteristics, risk, and maltreatment. *Families in Society, 93*(4), 295-303.

Children in immigrant families face a number of risks that may lead to involvement with child welfare agencies. Yet, little is known about their involvement in this system. This study analyzes data from the National Survey of Child and Adolescent Well-Being to identify the characteristics, risk factors, and incidence of maltreatment among children of immigrants involved with the child welfare system, and compares those factors to children in U.S.-born families. Findings indicate that significant differences are present in the type of maltreatment experienced and in exposure to risk. Increased awareness of these differences can facilitate an understanding of the dynamics of risk and maltreatment in immigrant families, as well as the development of culturally competent assessment, intervention, and prevention activities.

Lawrence, C., Zuckerman, M., Smith, B. D., & Junqing, L. (2012). Building cultural competence in the child welfare workforce: A mixed-methods analysis. *Journal of Public Child Welfare, 6*(2), 225-241.

Cultural competence training has been suggested as one way to help address the over representation of children of color in the child welfare system. This article describes findings from a mixed methods study of specialized training in cultural competence knowledge, attitudes, and skills for experienced caseworkers in public child welfare. Results indicate training participants had statistically significant increases in knowledge across all topic areas related to cultural competence. Of particular note is the increase in participant knowledge of the Indian Child Welfare Act (ICWA) and related changes in working with families and individuals.

Miller, K. M., Cahn, K., & Orellana, E.R. (2012). Dynamics that contribute to racial disproportionality and disparity: Perspectives from child welfare professionals, community partners, and families. *Children and Youth Services Review, 34*(11), 2201-2207.

This qualitative study used focus groups to explore child welfare and collaborating system decision makers, community partners, and families' perspectives on the dynamics that contribute to racial disproportionality and disparity in Oregon's child welfare system. Findings revealed that

poverty, lack of trust, negative perceptions of clients' behaviors, inability to relate to clients, raising/differing expectations for families of color, holding onto the past, and lack of family engagement were dynamics that contributed to racial disproportionality and disparate treatment of families of color in the child welfare system. Practice and policy implications are discussed and recommendations for action steps and interventions to improve outcomes for children and families of color are presented.

BigFoot, D. S., & Funderburk, B. W. (2011). Honoring children, making relatives: The cultural translation of parent-child interaction therapy for American Indian and Alaska Native Families. *Journal of Psychoactive Drugs*, 43(4), 309-318.

The Indian Country Child Trauma Center, as part of the National Child Traumatic Stress Network, designed a series of American Indian and Alaska Native transformations of evidence-based treatment models. Parent-Child Interaction Therapy (PCIT) was culturally adapted/translated to provide an effective treatment model for parents who have difficulty with appropriate parenting skills or for their children who have problematic behavior. The model, Honoring Children—Making Relatives, embeds the basic tenets and procedures of PCIT in a framework that supports American Indian and Alaska Native traditional beliefs and parenting practices that regard children as being the center of the Circle. This article provides an overview of the Honoring Children—Making Relatives model, reviews cultural considerations incorporated into ICCTC's model transformation process, and discusses specific applications for Parent-Child Interaction Therapy within the model.

Friedman, M. S., Marshal, M. P., Guadamuz, T. E., Wei, C., Wong, C. F., Saewyc, E. M., & Stall, R. (2011). A meta-analysis of disparities in childhood sexual abuse, parental physical abuse, and peer victimization among sexual minority and sexual nonminority individuals. *American Journal of Public Health*, 101(8), 1481-1494.

We compared the likelihood of childhood (i.e., <18 years) sexual abuse, parental physical abuse, and peer victimization based on sexual orientation. We conducted a meta-analysis of adolescent school-based studies that compared the likelihood of childhood abuse among sexual minorities

vs sexual nonminorities. Sexual minority individuals were on average 3.8, 1.2, 1.7, and 2.4 times more likely to experience sexual abuse, parental physical abuse, or assault at school or to miss school through fear, respectively. Moderation analysis showed that disparities between sexual minority and sexual nonminority individuals were larger for (1) males than females for sexual abuse, (2) females than males for assault at school, and (3) bisexual than gay and lesbian for both parental physical abuse and missing school through fear. Disparities did not change between the 1990s and the 2000s. The higher rates of abuse experienced by sexual minority youths may be one of the driving mechanisms underlying higher rates of mental health problems, substance use, risky sexual behavior, and HIV reported by sexual minority adults.

Lynch, E. W., & Hanson, M. J. (Eds). (2011). *Developing cross-cultural competence: A guide for working with children and their families*. 4th ed. Baltimore: Paul H. Brookes Publishing.

This edition is based on literature that describes recommended practices in human services, literature on intercultural effectiveness, and insights and information from the contributing authors who are bicultural, often bilingual, and always strong advocates for improving programs and services. The primary purpose is to be of use to the full range of professionals who provide educational, health care, and social services to families of children who have, or are at risk for special needs.

Fontes, L. A. (2010). Interviewing immigrant children for suspected child maltreatment. *The Journal of Psychiatry & Law*, 38(3), 283-305.

This article examines challenges posed in forensic interviews of immigrant children when there is a suspicion that these children may be victims of child abuse or neglect. Suggestions are made for interviewers regarding the interview setting, preparations, building rapport, conveying respect, narrative training, pacing the interview, and trauma symptoms that may stem from issues that are unrelated to the abuse.

Fontes, L. A., & Plummer, C. (2010). Cultural issues in disclosures of child sexual abuse. *Journal of Child Sexual Abuse, 19*(5), 491-518.

Cultural norms affect the likelihood that child sexual abuse will be discovered by an adult or disclosed by a child. Cultural norms also affect whether abused children's families will report child sexual abuse to authorities. This article explores the ways ethnic and religious culture affect child sexual abuse disclosure and reporting, both in the United States and internationally. Guidelines for culturally sensitive child abuse interviewing are provided to facilitate disclosures of abuse from culturally diverse children in formal settings.

Alzate, M. M., & Rosenthal, J. A. (2009). Gender and ethnic differences for Hispanic children referred to child protective services. *Children and Youth Services Review, 31*(1), 1-7.

Current research on child maltreatment examines differences between Hispanics and non-Hispanics and between female and male children/youth in the overall population. However, this research does not shed light on whether ethnicity-associated differences hold for each gender. Similarly, where gender differences are reported without regard of ethnicity, one does not know whether these differences hold within ethnic groups. In order to fill these gaps, we use the National Study of Child and Adolescent Well-Being (NSCAW) Child Protective Services (CPS) sample (N=5501) of children in the United States who were referred for investigation of child maltreatment in 1999 and 2000. Regression analyses examine ethnic/gender differences on seven criteria: type of maltreatment, out-of-home placement, family income, health insurance, health ratings, behavior problems and school performance. Selected findings include: the absence of an educational performance advantage for Hispanic girls, the very young age of Hispanic children in placement, and the very high likelihood of physical abuse for Hispanic boys. Findings demonstrate the need to examine the combined impact of ethnicity and gender in producing knowledge that enhances the cultural competency of child welfare services.

Evans, C. J., Boustead, R. S., & Owens, C. (2008). Expressions of spirituality in parents with at-risk children. *Families in Society*, 89(2), 245-252.

Programs for at-risk children and their families, especially very young children, have many dimensions that need to be addressed by practitioners. The literature suggests that spirituality plays a role in protection, treatment, recovery, and coping for at-risk children and their families. Despite this, the role of spirituality is rarely acknowledged or included in mainstream practice and behavioral health services training programs on services for at-risk families. This article documents the importance of spirituality to a group of families involved in a national cross-site demonstration project on the integration of behavioral health services. It concludes with implications for behavioral health services regarding practice and policy, including training around spirituality.

Ecklund, K., & Johnson, B. (2007). Toward cultural competence in child intake assessments. *Professional Psychology: Research and Practice*, 38(4), 356-362.

As cultural diversity within the U.S. population increases, cultural competence in service delivery to children, youths, and families is a growing necessity. This article presents a process for integrating assessment of cultural data with the traditional intake assessment in children's mental health. The purpose and process of integrating cultural assessment throughout the child intake are presented. By using the cultural formulation guidelines proposed in the Diagnostic and Statistical Manual of Mental Disorders (4th ed.; American Psychiatric Association, 1994), the content of a culture-integrated assessment is conceptualized and organized. The purpose of this article is to assist child, youth, and family psychologists with developing applied cultural competency skills in the context of the intake assessment with children.

Cassady, C., Kellogg, N., MacDonald, M., Mouny, J., & Northrop, K. (2006). Guidelines on Children's Advocacy Center Services for Children Who are Deaf/Hard of Hearing. Nancy Chandler (Ed.). <http://tinyurl.com/22uj9mf>

What began as a project of the Aetna Foundation Children's Center to develop a program that addressed the needs of Deaf/Hard of Hearing children has progressed to be guidelines specific to

Children's Advocacy Centers (CACs). The hope is that these guidelines will assist the staff and team at CACs to provide the most appropriate and thorough response possible to children who are Deaf/Hard of hearing and are seeking the unique services offered by a Children's Advocacy Center.

Lightfoot, E. B., & LaLiberte, T. L. (2006). Approaches to child protection case management for cases involving people with disabilities. *Child Abuse & Neglect*, 30(4), 381-391.

This exploratory study examines the delivery of child protection services by county child protection agencies involving cases with a family member with a disability. Telephone surveys were conducted with the directors or their designees of 89% of the child protection agencies in a Midwestern state. Respondents were asked about the policies and/or procedures for approaching cases involving a person with a disability and the barriers and strengths agencies have in serving people with disabilities. Only 6.7% of respondents reported their agency had a written policy related to serving persons with a disability. There were 18 different approaches to serving clients with a disability within child protection, with the most common being informally teaming for information, dual case assignment, and teaming with an outside consultant. Five counties had specialty workers who were experts in both child protection and disability. Barriers reported varied between rural and non-rural counties, with the most important barriers being lack of resources, lack of knowledge regarding disabilities, systems conflicts, and rural issues, such as lack of providers and lack of transportation. Strengths included accessing and coordinating services, individualizing services, good collaboration and creativity. While few county agencies had any written policies, both formal and informal collaboration is happening at the individual level. The lack of standardization in providing services indicates a need for more attention to issues regarding disability within child protection, including more training for workers, the development of models of collaborative case management and the removal of systemic barriers.

Callister, L. C. (2005). What has the literature taught us about culturally competent care of women and children? *The American Journal of Maternal/Child Nursing*, 30(6), 380-388.

This article describes what is currently in the literature about culturally competent care for women and children. With the population of the United States growing increasingly diverse, there is a developing need for cultural competency among nurses and throughout healthcare organizations. Cultural competence includes both culture-specific and culture-generic knowledge, attitudes, and skills. While databased literature on cultural competency still requires further development, we do have evidence of positive outcomes of culturally competent care. The end result of the provision of culturally competent care by culturally competent nurses and healthcare organizations can be significant improvements in the health and well-being of women and children.

McPhatter, A. R., & Ganaway, T. L. (2003). Beyond the rhetoric: Strategies for implementing culturally effective practice with children, families, and communities. *Child Welfare*, 82(2), 103-24.

Culturally effective practice remains elusive within child welfare agencies. Recognizing the hierarchical nature of becoming culturally competent, this article presents specific strategies that enhance cultural effectiveness at the individual, interprofessional, middle management, and upper management levels. The approaches evolve from a five-stage model of change: precontemplation, contemplation, preparation, action, and maintenance. Becoming culturally competent requires a clear assessment of where the individual practitioner and agency are on the change continuum. The article also explores barriers to culturally competent practice, with a focus on multilevel strategies that work within child welfare agencies.

Pumariega, A. J. (2003). Cultural competence in systems of care for children's mental health. In N. C. Winters (Ed.), *The Handbook of Child and Adolescent Systems of Care: The New Community Psychiatry*. San Francisco, CA: Jossey-Bass.

Child and adolescent mental health has always recognized that culture is a critical component of development, mental health, and disorder in children and adolescents. A conceptual framework of the role of culture in health and human behavior is necessary to understand the health needs of culturally diverse individuals and populations.

Abney, V. D. (2002). Cultural competency in the field of child maltreatment. In *The APSAC Handbook on Child Maltreatment 2nd Ed.* (pp. 477-486). Thousand Oaks, CA: Sage.

This chapter explores how to improve therapeutic and professional interactions with those from other cultures. It addresses cultural competency from a generic perspective, presenting a brief historical overview of human science's attempts to look at the role of culture, a rationale for cultural competency, and a tripartite approach to the culturally different client. Although the focus is primarily at the practice level, what is discussed can be generalized to the organizational level.

Cunningham, P. B., Foster, S. L., & Henggeler, S. W. (2002). The elusive concept of cultural competence. *Children's Services: Social Policy, Research, and Practice*, 5(3), 231-43.

Examined agreement statistics (kappas) to assess the extent to which 2 groups of experts (those nominated by important peer scholars as having expertise in cultural competence and therapists with extensive experience and training in working with African Americans) agreed on the specific composition of constructs related to cultural competence. Using items from existing psychotherapy process measures, peer-nominated experts indicated whether each item was relevant to the construct of cultural competence. Therapists with expertise in treating African Americans indicated whether an item fit the same cultural competence categories generated through expert consensus. Peer nominated experts and therapist experts showed poor agreement (kappas) in their classification of which items were relevant to cultural competence. Despite poor

overall agreement, however, the groups concurred that a small subset of items were relevant to culturally competent practice with African Americans. These results indicate the need for improved operationalization of the construct of cultural competence.

Korbin, J. E. (2002). Culture and child maltreatment. *Child Abuse & Neglect*, 26(6-7), 637-644.

The objective of this article is to comment on current issues in the relationship between culture and child maltreatment. A review of the literature on culture and child maltreatment is the basis of the article. While attention has been directed to the for further development in this area. Efforts need to be made to “unpack” culture, to promote understanding culture in context, and to enhance research on child maltreatment and culture.

Liu, W. M., & Clay, D. L. (2002). Multicultural counseling competencies: Guidelines in working with children and adolescents. *Journal of Mental Health Counseling*, 24(2), 177-187.

The application of multicultural counseling competency guidelines toward children and adolescents has been lacking in the counseling literature. This article uses a case vignette of an 11-yr-old Asian American boy to illustrate the application of multicultural counseling competency to work with children and adolescents. A five-step model is proposed to guide counselors in considering multicultural issues in conceptualization and the development of appropriate treatment interventions.

Vieth, V. I. (2002). Cultural sensitivity in the forensic interview process. *NCPCA Update Newsletter*, 15(1), 1-8.

There are at least two compelling reasons that forensic interviews of child abuse victims need to be culturally sensitive. This article discusses these and provides suggestions and tools for addressing these issues.

Cohen, J. A., Deblinger, E., Mannarino, A. P. & de Arellano, M. A. (2001). The Importance of culture in treating abused and neglected children: An empirical review. *Child Maltreatment*, 6(2), 148-157.

There is growing evidence that cultural factors may influence symptom development and treatment referral patterns among abused and neglected children. To date, few treatment outcome studies have specifically examined the impact of race, culture, or ethnicity on treatment response among maltreated children. Those that have attempted to include these factors have typically suffered from lack of clarity of the meaning of these terms. This article reviews the available empirical evidence that addresses the influence of culture on symptom formation, treatment-seeking behaviors, treatment preference, and response following child maltreatment. Hypotheses regarding these findings are addressed, and implications for practice, research, and public policy are discussed.

Futa, K. T., Hsu, E., & Hansen, D. J. (2001). Child sexual abuse in Asian American families: An examination of cultural factors that influence prevalence, identification, and treatment. *Clinical Psychology: Science and Practice*, 8(2), 189-209.

Child sexual abuse affects thousands of families each year. Issues pertaining to the prevalence, identification, and treatment of sexual abuse have been relatively well explored in the literature as they pertain to the dominant European American culture. These issues, however, are still relatively unexplored in terms of how sexual abuse affects Asian American families and the Asian American community. We review the relevant literature in Asian American families. These matters are explored in the context of Asian American values such as collectivity, conformity, inconspicuousness, middle position virtue, shame, self-control, and fatalism. Attitudes toward family, sexuality, and the mental health system are also discussed. Cultural and institutional barriers to underutilizing mental health services are also explored, and suggestions for overcoming these barriers are offered.

Korbin, J. E., & Spilsbury, J. C. (1999). Cultural competence and child neglect. In H. Dubowitz (Ed.), *Neglected Children: Research, Practice and Policy* (pp. 69-88). Thousand Oaks, CA: Sage Publications.

The relationship between culture and child neglect is complex, politically charged, and fraught with unresolved issues. In this chapter, we focus on the need for acquiring what has been termed cultural competence in child protection and argue that culture is central to understanding and working with child maltreatment.