A Social Worker's Tool Kit for Working With Immigrant Families

Healing the Damage: Trauma and Immigrant Families in the Child Welfare System

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HEALING THE DAMAGE: TRAUMA AND IMMIGRANT FAMILIES IN THE CHILD WELFARE SYSTEM

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THE CASE OF AMADU SESAY

Amadu Sesay, a 16-year-old Sierra Leonean boy living in the U.S. called 911 to report that his father was beating him. The police found bruises on his body and after the investigation; child protective services (CPS) referred the father to anger management and parenting classes. The father did not understand the need for classes and did not cooperate. The Sesay family is in the U.S. under temporary protective status and the father is worried that it will not be renewed and the family may be deported back to Sierra Leone. The family's two youngest children, 3 and 5, are U.S. citizens and may stay in this country, resulting in separation from the rest of the family.

After further investigation, CPS uncovered that Amadu was not biologically related to this family. After his older brother was kidnapped by the rebel army in Sierra Leone and Amadu's biological family received death threats, they decided to send Amadu with the Sesay family to the U.S. so Amadu would have an opportunity for peace and education. The Sesays have four children of their own, and Amadu feels that he is not treated as well as they are. Amadu also feels guilty that he is not fulfilling his parents' expectations of him to be a good boy and to take advantage of the opportunities in the U.S. Amadu reports severe stomach aches and chest pains, and feeling irritable most of the time. No physical causes have been found, despite repeated medical exams and tests.

The Sesays do not understand why Amadu is not more grateful for their assistance, and why he is not cooperative. They feel he is causing their family too much trouble and embarrassment that may possibly jeopardize their ability to later change immigration status because of their involvement with the child welfare system.

The Sesays do not want Amadu in their home anymore. CPS placed him with a U.S.-born foster family, but he has problems adjusting. He refuses to eat the food they serve him and speaks to them in his native language. Amadu has been evaluated by a psychiatrist, who initially diagnosed him as schizophrenic, then changed his diagnosis to depression and gave him medication. Although Amadu seems more cooperative now, he continues to experience physical symptoms and to have difficulties at school and in getting along with his peers and foster family.

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INTRODUCTION

Immigrants are a diverse group that includes foreign-born adults, youths and children who, together with second-generation immigrant children, constitute the fastest-growing segment of the U.S. population. The U.S. Department of Health and Human Services categorizes immigrants as foreign-born, including refugees, undocumented and documented individuals, foreign-born children and second-generation immigrants — that is, children born in the U.S. with at least one foreign-born parent. Refugees are identified by the United Nations Commission on Refugees as groups of persons outside their country of nationality who are unable or unwilling to return because of persecution on account of race, nationality, social group or political opinion.

Most immigrant families function well in many domains and never come in contact with the child welfare system or child protection systems. But when they do, depending on their country of origin, generational and legal status, reason for emigration, and immigration and resettlement experiences, it becomes especially challenging to untangle the range of factors that contribute to their capacity to protect and nurture their children. While in the early 1900s, social protection systems offered supportive resources to help all immigrant families adjust to life in the U.S., now, immigrant families that come to the attention of child protection systems find themselves suspected of child abuse or neglect. The case of Amadu Sesay (see sidebar) highlights several elements of the complexity of these cases. Amadu experienced severe, chronic exposure to traumatic events that place him at risk of consequences that may include alterations of his neurophysiology, brain morphology and brain function; persistent hyperreactivity and impulsivity; negative beliefs about the world at large and people in general; limited social skills and capacity for problem solving; multiple externalizing behaviors, often in association with substance abuse; problems with authority, which may result in eventual entry into the legal system; the development or mimicking of other psychiatric disorders; and a preoccupation with physical and emotional survival, associated with intense sensitivity to punitive interventions, which may trigger more violence. In addition, it is important to note that living in an environment of trauma, poverty and discrimination may have led to attitudes and behaviors — viewed by adults as pathological — that were probably adaptive in the past. In addition to sometimes dramatically different backgrounds, definitions of family and family composition for these children may also be different from those of the families' child welfare workers are accustomed to serving. Moreover, the strengths of such children are frequently missed. The fact that Amadu survived these traumatic experiences, including separation from his biological family and all that is familiar and the potential psychological maltreatment by the family with whom he currently lives speaks volumes to his capacity for successful adjustment, given effective child welfare and other support services. Despite these potential strengths, caregivers or child welfare staff members are likely to perceive this highly guarded immigrant youth as troubled, yet unresponsive to offers of help. If the traumatic events go unrecognized, Amadu may end up in the juvenile justice system.

Yet, there are few child welfare staff members or resource families familiar with issues presented by immigrant children and their families. In addition, state and local child welfare staff and their contractors are confronting new challenges handling cases involving children facing sudden separation from their parents due to the increase in immigration enforcement and the intricacies of immigration laws unknown to child welfare staff. Recent

reports indicate that, in addition to the emotional trauma, children who are separated from one or both parents face other short- and long-term threats to their safety, economic security and overall well-being.

Child welfare systems are framed by federal, state and local laws, policies and procedures. Workers have to make difficult decisions, very quickly, based on an assessment of safety risks to the children as well as the family's strengths, vulnerabilities and current situation. By investigating a particular report and deciding on follow-up actions, staff members open doors to particular children and families and close doors to others. The decisions staff members make can have profound, long-term consequences in the lives of these families. Due to the subjective and powerful influence of history, ethnicity and culture in decision making, fundamental differences may arise depending on the caseworker's and the family's background when assessing the severity of risk and the level and type of interventions.

Given what is known of the impact of exposure to violence and traumatic experiences (attachment problems, depression, conduct disorders, etc.) and the increased risk for post-traumatic stress disorders, an assessment of the impact of lifetime exposure to violence provides a more solid basis for the development of a collaborative service plan with interventions that will assist families in resolving concerns that led to their involvement with the child welfare system and will support the child's development and well-being within their family and community. Integrating intervention approaches that address both current challenges and trauma history will be more effective, especially if the family is given a voice in its own treatment. On the other hand, failure to understand and address traumatic experiences, as exemplified in Amadu's story, may lead to negative outcomes and potential misinterpretations and misunderstandings due to the differences in culture and other background factors. For example:

- Due to the possible presence of inattention, hyperactivity and impulsivity, children exposed to trauma may be incorrectly diagnosed with attention deficit hyperactivity disorder (ADHD) and treated accordingly. However, medication is not the treatment of choice for children with trauma symptoms who do not have ADHD.
- Children with trauma-related symptoms may be diagnosed with oppositional defiant disorder and/or conduct disorder. Even if behaviors consistent with these diagnoses are present, recognition of underlying trauma as the potential driver of these behaviors typically does not occur.
- Providers and parents may interpret behaviors negatively as intentional and willful, when, in fact, they may be the consequence of prior adaptation to dangerous circumstances.
- Punitive and shaming interventions instead of respectful adult redirection, always maintaining accountability, may exacerbate behaviors of concern and alienate children from the system and from interventions design to help them.

Effective intervention with immigrant families requires that the child welfare system, operating within its laws and policies, broaden its lens to emphasize immigrants' resilience, resourcefulness and ability to overcome adversity. It also requires that staff understands and responds to the impact of traumatic stressors on individual family members. To reach this goal, it is critical for staff to have the capacity to conduct contextually grounded investigations and assessments. This includes gathering information on families' salient economic, cultural, psychological and sociopolitical (i.e., immigration) status; their protective factors; and community resources available to help them cope with or modify areas of concern.

These guidelines are designed to assist child welfare and other community-based agencies working with children and families respond to the needs of immigrant families exposed to child maltreatment, domestic violence, community violence and current sources of traumatic stress. The basic assumption of the guidelines is that all formal and informal intervention must support and expand immigrants' resilience, respect cultural norms and provide evidence-based treatments for more severe and persistent symptoms.

The first section provides a rationale for assessing and addressing traumatic stressors when working with immigrant families in the child welfare system. The second section describes concrete strategies to integrate the elements of good child welfare practice[1] with trauma-informed care.[2] The third section discusses the essential areas that need to be reviewed (cultural competence, development of family and community partnerships, and training and staff development) to expand organizations' capacity to serve these families. The last section responds to the most frequently asked questions about immigrant families that enter the child welfare system. Appendices A, B and C provide definitions, a case example and additional available resources for child welfare staff working with immigrant and refugee families.

[1] The U.S. Department of Health and Human Services (2000) document *Rethinking Child Welfare Practice Under the Adoption and Safe Families Act of 1997: A Resource Guide* describes the key principles, elements and practices under the Adoption and Safe Families Act. (www.vcu.edu/vissta/pdf_files/publications/rethinking.pdf)

[2] Child Welfare Collaborative Group, National Child Traumatic Stress Network, & The California Social Work Education Center. (2008). *Child welfare trauma training toolkit: Trainer's guide* (1st ed.). Los Angeles: National Center for Child Traumatic Stress.

SECTION I: OVERVIEW OF CHILD WELFARE PRACTICE WITH IMMIGRANT AND REFUGEE FAMILIES

The child welfare system is a service delivery system, shaped by myriad federal and state policies, for the protection of children and the stability of families. Services take many forms: they support families in their role as primary caregivers to children, prevent child abuse or neglect, preserve families in crisis while ensuring the safety of children in the home, protect children who have been abused or neglected, provide temporary substitute out-of-home care, and secure adoptive families or other permanent living arrangements for children who are not able to return home. Child welfare agencies also help youths make the transition to independent living.

Within each service area in child welfare, there is an underlying philosophy of family-centered and child-focused practice, meaning that the safety, permanency and well-being of children is the focal point of decision making, with a service array designed to build the capacity of the entire family to care for and protect the child. Recent efforts in child welfare call for services to be provided to children and families within the communities they reside and to include community leaders, key stakeholders and affiliated service providers in identifying and developing these services.

It has been noted that families who enter the child welfare system may be at risk of exiting the system with long-term negative impacts, whether they are immigrants or native born. Traumatic experiences may start even before the abuse or neglect is substantiated. Investigating a child abuse report in a home where domestic violence exists can raise the risk of exposure to violence to the non-offending parent or the child. Once in the system, different members of the family may face further traumas caused by efforts to remedy the abusive environment, especially when children are removed from their homes. The relationship of the children to their caregivers and other family members may be ruptured — which removes a key protective factor — as they are separated from familiar surroundings and experience ongoing uncertainty and instability. Children and youths exiting the child welfare system or foster care placement either return to fragile, disconnected families or age out of the system and face adulthood with limited support systems. As a consequence, these children may be significantly affected physically, emotionally and socially and this impact can endure even after measures have been taken to secure their safety.

Child Welfare Practice With Immigrant Families

Child welfare agencies are facing many challenges in providing services to an increasingly diverse population of children and families. Caseworkers must be able to respond to people of all cultures and backgrounds, and policies guiding practice need to highlight the importance of cultural understanding and sensitivity. Given the increase of immigrants in the U.S., it is imperative that child welfare workers provide culturally appropriate services to these families, particularly recent immigrants.

Given the multiple challenges caseworkers face, they need to be adequately prepared to address the needs of the immigrant population. The complexity of problems that many of these families face requires that services and interventions become more multifaceted and concentrated for each population. A trauma-informed practice framework that encompasses family-focused, community-based and culturally competent strategies may assist child welfare staff in accessing critical supports and resources in refugee and immigrant communities to facilitate positive outcomes. The key elements in Table 1 are adapted for use with immigrant families and emphasize the need for caseworkers to explore caregivers' strengths and understand the family's view of the problem to develop an individualized and culturally responsive service plan.

Table 1. Implications of Child Welfare Practice Elements for Immigrant Families

Elements of Good Child Welfare Practice[3]	Implications for Immigrant Families Exposed to Traumatic Stress
Child-focused: The safety, permanency and well-being of children are the leading criteria for the decisions.	• Efforts are made to assess the impact of exposure to violence on children and to access the necessary services to help them heal from the traumatic experiences. • Assessment and development of service plans show an understanding of the behavior of children in the context of their traumatic life experiences and current daily stressors and address the effects of these experiences in all domains of the child's development. • Workers are skilled at understanding and responding to the specific psychosocial issues impacting immigrant children exposed to violence, and their families. • Children exposed to violence are prepared for and receive ongoing specialized supports during each transition, especially out-of-home placement reunification, and adoption, to limit retraumatization experiences. • Permanency is expedited for all children, especially infants and toddlers, in cases of exposure to violence that have poor prognosis for family reunification (chronic substance abuse, multiple previous removals) to begin the healing process as soon as possible.
Family-centered services: Children, parents and extended family members are involved as partners in all phases of engagement, assessment, planning and implementation of case plans.	• All of children's caregivers are screened and assessed in order to identify lifetime exposure to violence and other traumatic experiences and their influence on parenting. • Families'/caregivers' immediate needs are prioritized. • The focus is on forming trusting relationships, which are needed for trauma-focused work. • It is acknowledged that many immigrant families have experienced multiple types of trauma over an extended period of time. Therefore, engaging and retaining these families is challenging without specific training and supports from the agency.
Strengths-based: Practices emphasize the strengths and resources of children, families and their communities.	• The family strengths and talents are determined, rather than focusing on problems and deficits throughout their involvement with the child welfare system, especially during assessment. • Families, youths and children are allowed to make their own choices, as long as it is safe and appropriate. • Parental protective capacity is assessed in a culturally competent manner that evaluates parents' capacity to care for children — in spite of exposure to violence — from their own perspective. • Parents, foster parents and other caregivers are offered information about how to provide a safe and supportive environment for their child and about resources available in the community to expand their protective capacity.
Individualized: Case plans address the unique needs of each family.	• Interactions and case plans are tailored to the individual needs of each family. • All staff is educated about the impact of both immigration stressors and childhood traumatic experiences, emphasizing that each child and family has unique strengths, needs and resources. • Children and families are linked with interventions in the community that meet children's individual needs and contexts.

[3] U.S. Department of Health and Human Services. (2000). Rethinking child welfare practice under the Adoption and *Safe Families Act of 1997: A resource guide.* Washington, DC: U.S. Government Printing Office.

Culturally competent: Problems and solutions are defined within the context of the family's culture, ethnicity and context.	• Providers are skilled at understanding and responding to the cultural characteristics of the local groups they serve. • Specific policies and services help immigrant families enter, navigate and exit from needed services (e.g., provide services at convenient times and locations, make printed materials available in the language of the target community, help families make appointments, etc.) • The process by which culturally competent policies, procedures and goals are enacted is compatible with the cultural characteristics of the target population and the community.
Community-based: Planning and implementation of case plans are undertaken in partnership with formal and informal networks and systems.	• The agency involves a range of organizations that provide an array of services to meet the needs of the community, including culturally based healing traditions. • Existing gaps and services for each group (and subgroup) are determined by community needs assessments, family feedback and data on individual families. • There are processes in place to identify, recruit, process, approve and support qualified foster and adoptive families from diverse cultural and linguistic backgrounds.

Exposure to Violence and Other Toxic Stressors: A Serious Public Health Issue

Exposure to violence and other sources of toxic or traumatic stress[4] is considered a serious public health issue around the world because of its impact on individuals, families, communities and society. Experts agree that adults who have been exposed to ongoing traumatic stressors suffer from physical, mental and behavioral problems such as gastrointestinal problems, eating disorders, asthma, arthritis, high blood pressure, depression, panic attacks, substance abuse and many other physical and emotional problems. Persons with a history of adverse childhood experiences are more likely to be treated for alcoholism, drug abuse and depression. The more adverse the experiences, the higher the risk of illness and risk behaviors during adolescence and as adults. Exposure to traumatic stressors may have an impact on children's and youths' social, physical and emotional development.

The unaddressed consequences of traumatic experiences impact the family's capacity for safe partnering and nurturing parenting. For example, parental reaction is a critical factor affecting the child's reaction to exposure to violence. Parents' anxiety and difficulty coping with life as the result of the trauma may overwhelm a child, whereas parental ability to cope and provide a safe haven for a child may markedly affect the child's ability to deal with the stressor or the propensity to later develop other symptoms. Because parenting skills can be compromised by a history of victimization, adults who were exposed to violence as children have an increased likelihood of perpetrating child abuse. Also, adults who have unresolved issues with exposure to violence may avoid experiencing their own emotions, which may make it difficult for them to "read" and respond appropriately to children's needs. In addition, parents with traumatic histories may have difficulty providing safe environments for their children because of their difficulty identifying dangerous circumstances.

Although there is rarely a direct, causal pathway leading to a particular outcome, children and youths may be significantly affected by living with toxic stress and the cumulative effect may be carried into adulthood and can contribute to a cycle of adversity and violence. For infants and toddlers, toxic stress may undermine the child's safety and security, potentially resulting in difficulty in developing basic attachments. School age children's learning potential and social and emotional development may be damaged; the effects of a traumatic experience extend beyond the boundary of the family to difficulty forming healthy relationships with peers and intimate relationships later.

A strong relationship with a caregiver is the most critical protective factor in a child's life. It is also the protection that children in the child welfare system, especially those from immigrant families with emotional scars due to a lifetime exposure to violence, typically lack. When the lack of relationships is compounded by ongoing experiences of instability due to poverty, lack of supports and disruptions in the family cycle, these problems begin to multiply and can impact every area of a child's functioning, increasing the likelihood of social, cognitive and physical problems, as well as school problems. Later on in their lives, these young people can be found in many systems as they

[4] Issue 1 of the Safe Start Center Series on Children's Exposure to Violence, *Understanding Children's Exposure to Violence* (E. Cohen, B. McAlister Groves, and K. Kracke) describes core concepts to use in implementing programs that address children's exposure to violence. (www.safestartcenter.org/about/publications_issue-briefs.php)

become runaways, delinquents, substance abusers and dropouts. Immigrant youths with similar problems, many of whom experienced abuse, neglect, domestic violence or other traumatic stressors, never come to the attention of child welfare.

However, each child is unique and his or her reaction to stressors vary according to age; gender; personality; socioeconomic status; his or her role within the family; and frequency, nature and length of traumatic events. A secure attachment to a nonviolent parent or other significant caregiver is the most important protective factor in mitigating the effects of traumatic events. Additional factors that can moderate or mitigate impacts are relationships with other family members, especially siblings, and availability and appropriateness of family supports.

The *Child Welfare Trauma Training Toolkit*[5] indicates that traumatic stressors may also impact the outcomes of safety, permanency and well-being of children who enter the child welfare system in a number of ways. These include:

Safety: Traumatic stress can adversely impact the child's ability to protect him- or herself from abuse, or for the agency to do so, in numerous ways, including:

- The child's inability to regulate moods and behavior may overwhelm or anger caregivers to the point of increased risk of abuse or revictimization.
- The impact of trauma may impair a child's ability to describe the traumatic events in the detail needed by investigators.
- The child's altered world view may lead to self-destructive or dangerous behaviors, including premature sexual activities.

Permanency: The child's reaction to traumatic stress can adversely impact the child's stability in placements:

- The child's lack of trust in the motivations of caregivers may lead to rejection of caring adults or, conversely, to superficial attachments.
- The child's early experiences and attachment problems may reduce the child's natural empathy for others, including foster or adoptive family members.
- A new foster or adoptive parent, unaware of the child's trauma history or of which trauma reminders are linked to strong emotional reactions, may inadvertently trigger strong reminders of trauma.

Well-Being: Traumatic stress may have both short- and long-term consequences for the child's mental health, physical health and life trajectory, including:

- The child's traumatic exposure may have produced cognitive effects or deficits that interfere with the child's ability to learn, progress in school and succeed in the classroom and the community (and later in the workplace).
- The child's mistaken feelings of guilt and self-blame or the negative events in his or her life may lead to a sense of hopelessness that impairs his or her ability and motivation to succeed in social and educational settings.
- A child's traumatic experiences may alter his or her world view so that the child sees the world as untrustworthy and isolates him- or herself from family, peers and social and emotional support.

Sources of Traumatic Stress for Immigrant Families[6]

Immigrant families may be at particularly high risk of poor outcomes in the child welfare system because the effects of traumatic experiences may be exacerbated by highly stressful conditions such as poverty, social marginalization, isolation, inadequate housing, and changes in family structure and functioning. The following are some of the sources of toxic stress for immigrant families.

Peri-Migration Trauma and Migration Stress[7]

Many immigrant families involved in the child welfare system may encounter multiple challenges and difficulties throughout the immigration process. Some families may experience multiple levels of peri-migration trauma. Peri-migration trauma refers to psychological distress occurring at four points of the migration process: events before migration (e.g., extreme poverty, war exposure or torture); events during migration (e.g., parental separation, physical and sexual assault, theft of the money saved to immigrate with, exploitation at the hands of a human smuggler, hunger, or death of traveling companions); continued rejection and suffering while seeking asylum (e.g., chronic deprivation of basic needs); and survival as an immigrant (e.g., substandard living conditions, lack of sufficient income or racism).

[5] See footnote 2.

[6] The article *Mental Health Intervention for Refugee Children in Resettlement* (D. Birman, J. Ho, E. Pulley, K. Everson, M.L. Ellis, 2005) provides an in-depth description of sources of stress for refugee families. (www.nctsnet.org/nctsn_assets/pdfs/promising_practices/MH_Interventions_for_Refugee_Children.pdf)

[7] The Refugee Task Force of the National Child Traumatic Stress Network's *Review of Child and Adolescent Refugee Mental Health* describes the different types of traumatic stress in refugee populations. (www.nctsnet.org/nctsn_assets/pdfs/reports/refugeereview.pdf)

Post-Migration or Resettlement Stress

During resettlement in the U.S., immigrants face significant challenges. The post-migration experience differs from state to state and community to community and can vary widely for different refugee or immigrant groups. Some immigrants arrive without a strong "receiving community" — an established community of earlier immigrants who can help the newcomers adjust. In these circumstances, refugees or immigrants may remain both linguistically and socially isolated. They may end up living in communities without a strong economic base or with high crime rates.

For immigrant families, the separation from old support systems and loved ones can be extreme. Refugee families may not have the opportunity to be in touch with those remaining in their country of origin. For parents searching for work and attempting to reestablish support systems in the new country, it may be difficult to create a sense of safety, predictability and structure for their vulnerable children. Once in the U.S., they may also experience chronic situational stressors, such as fear of being repatriated.

Acculturation Stress

Acculturation stress results from adjusting to new circumstances in a new cultural context. The difference in norms and rules in the new culture and country makes it difficult to establish new family routines and cope with environmental stressors. In addition to language acquisition, immigrants need to understand expectations among both the adults and peers in the mainstream systems (e.g., schools). Because children frequently learn a new language and culture more quickly than their parents do, the acculturation process may interfere with family functioning, resulting in conflicts and communication problems, even with family members.

Domestic Violence[8]

An important source of traumatic stress for immigrant children and youths is exposure to violence in the home. There is a direct link between domestic violence and issues in child welfare. In the U.S., children who are exposed to violence in the home are many times more likely to be physically and/or sexually assaulted than other children. This link has been confirmed around the world with supporting studies from countries such as China, Colombia, Egypt, India, Mexico, the Philippines and South Africa. The single best predictor of children becoming either perpetrators or victims of domestic violence later in life is whether they grow up in a home where there is domestic violence. Studies in various countries support the findings that rates of abuse are higher among women whose husbands were abused as children or who saw their mothers being abused.

Immigration Raids and Fear of Deportation[9]

The recent intensification of immigration enforcement activities by the federal government increasingly add stressors to families with undocumented members and puts children at risk of family separation, economic hardship and psychological trauma. These intensified enforcement activities include deportation of immigrants who have committed crimes; door-to-door operations to arrest immigrants with deportation orders; and large-scale raids of suspected undocumented immigrants' worksites. Approximately 5 million U.S. children have at least one undocumented parent. The number of children separated from one or both parents as a result of immigration enforcement is significant; it appears that thousands of children have been separated and literally millions more may be at risk.

Processing and detention procedures make it difficult to arrange care for children when parents are arrested. Many arrestees sign voluntary departure papers and leave before they can contact their families. Detained immigrants have very limited access to telephones to communicate with their families, and many are moved to remote detention facilities outside the states in which they were arrested. Some single parents and other primary caregivers are released late on the same day as a raid, but others are held overnight or for several days.

After the arrest or disappearance of their parents, children experience feelings of abandonment and show symptoms of emotional trauma, psychological distress and mental health problems. For families, the combination of fear, isolation and economic hardship induce mental health problems such as depression, separation anxiety disorder, post-traumatic stress disorder and suicidal thoughts.

The salience of sources of traumatic and daily stressors is likely to vary by age and gender for individual families; for example, children may be particularly vulnerable to school-related problems, while some families may struggle with domestic violence or high rates of other

[8] The Family Violence Prevention Fund provides information on the impact of domestic violence in several groups of refugees and immigrants. www.endabuse.org/section/programs/immigrant_women.

[9] The Urban Institute Report's (2010) *Facing Our Future: Children in the Aftermath of Immigration Enforcement* (A. Chaudry, R. Capps, J. Pedroza, R.M. Castañeda, R. Santos and M. Scott) examines the consequences of recent raids: parental arrest, detention and deportation on children of immigrants. (www.urban.org/publications/412020.html)

health-related problems. Common factors that may point to risks and vulnerabilities of immigrant families and children are:

- **Child vulnerability** factors, such as age; ethnic identity issues; immigration status (refugee, undocumented or accompanied minor); inappropriate placement in school grade; language barriers; health or dental problems; isolation; post-traumatic stress disorder or other mental health issues; domestic violence; drug and alcohol use; behavioral problems; and gang involvement.
- **Caregiver capacity** factors, such as having been abused or neglected as a child; having been tortured; domestic violence; immigration status; law enforcement involvement; cultural parenting practices; and awareness of forms of discipline apart from corporal punishment.
- **Quality of caregiving** factors, such as level of supervision (includes essential medical treatment); unrealistic expectations; overreliance on punitive or corporal punishment; and gender biases that may impact care.
- **Home environment** factors such as immigration status as a stressor; cultural differences in the concept of overcrowding; rare or sporadic school attendance; family members who are traffickers; alcohol and other drug use; domestic violence; and the capacity to support homework (language, educational level).
- **Social environment** factors such as the existence and reliability of social support; isolation; caregivers feeling disconnected because of limited English proficiency; criminal gang involvement; mistrust of government; and fear of deportation.

Making Child Welfare Systems More Trauma-Informed[10]

Trauma-informed care was developed in response to the growing recognition of the impact of traumatic experiences on the lives of vulnerable children and their families. The trauma-informed care approach, which is now being used in a range of agencies working with adults and children, combines empirically tested trauma-specific services with a broad effort to make systems more trauma-informed. While not designed with one specific system in mind, this trauma-integrated model is based on acknowledging the pervasive impact of direct and indirect exposure to violence and other traumatic stressors which can serve — with some adaptations — as a platform on which effective and sensitive child welfare services for immigrants and refugees can be built.

In a trauma-informed organization, all staff members are aware of the pervasiveness and impact of traumatic stress and of the many paths to recovery, and all programs and policies are designed to be sensitive to the impact of exposure to violence. Because staff is trauma-informed, people are not automatically assumed to have a mental illness or need psychiatric services. And because organizations are trauma-informed, people are not inadvertently retraumatized by policies or procedures that recreate or resemble previous traumatic events. Trauma-specific services are available for those with severe and persistent trauma-related symptoms and those who want such services, but they are not seen as a substitute for other needed services. Thus, everyone who walks in the door benefits, whether they choose to identify themselves as "exposed to trauma."

Trauma-informed staff is able to go beyond the adaptive functions of the seemingly negative behaviors of immigrant and refugee families impacted by traumatic events and recognize that there is the additional possibility that such behaviors continue to be adaptive due to ongoing trauma. Continued reality-based factors may reinforce earlier abuse-based beliefs and behaviors that are facilitative of child or adult survival. Such reality-based factors might include continuing trauma and abuse (e.g., bullying, gangs or intrafamilial violence); lack of safety at home and in the neighborhood and community, giving rise to lack of security and consequent hypervigilance; a range of additional external stressors, such as poverty, unstable housing or overcrowding; overresponsibility; problems in the home; and continuing experiences of shaming and discrimination.

[10] *Responding to Childhood Trauma: The Promise and Practice of Trauma Informed Care* (2006) by Gordon Hodas, M.D., describes the key elements of trauma-informed agencies that serve vulnerable children. (www.nasmhpd.org/general_files/publications/ntac_pubs/Responding%20to%20Childhood%20Trauma%20-%20Hodas.pdf)

SECTION II: GUIDELINES FOR INTEGRATING CHILD WELFARE PRACTICE WITH TRAUMA-INFORMED CARE[11]

Within child welfare agencies, practice is guided by a multitude of policies and procedures that are institutionalized through the agency and direct most aspects of service delivery. The *Child Welfare Trauma Training Toolkit* highlights the "essential elements" of trauma-informed services, which take into consideration the impact of traumatic stress on children in the child welfare system. These "essential elements" were not designed to further tax child welfare workers and ask them to change their practice. Rather, they were designed to serve as a lens through which workers can apply and enhance the work that they are already doing with children and families. The elements are:

- Maximize the child's sense of safety;
- Assist children in reducing overwhelming emotion;
- Help children make new meaning of their trauma history and current experiences;
- Address the impact of trauma and subsequent changes in the child's behavior, development and relationships;
- Coordinate services with other agencies;
- Utilize comprehensive assessment of the child's trauma experiences and their impact on the child's development and behavior to guide services;
- Support and promote positive and stable relationships in the life of the child;
- Provide support and guidance to the child's family and caregivers; and
- Manage personal and professional stress.

The integration of good child welfare practice with trauma-informed care and services needs to respect the existing structure of the child welfare agency while overlaying specific areas at each stage of delivery. Each of the stages is described below, with details on the application of trauma-informed care to culturally competent child welfare practice.

Engagement

The goal of engagement is to develop and maintain a partnership with a family that will sustain the family's interest in and commitment to change. The work with immigrant families requires a strong focus on engagement at first contact and throughout the entire process. Immigrants may feel intimidated and may not have much experience interacting with child welfare or other public agencies. They may have some problems differentiating between protective services and treatment agencies. Since their countries of origin may not have similar service systems or their systems may not have a wide reach, immigrants may have difficulty differentiating between the various roles and services of different organizations and their representatives. They may be particularly concerned that interacting with child welfare or other agencies may jeopardize their immigration status, leading to apprehension or deportation. Therefore, an engagement strategy with immigrant families has to include an ongoing orientation of the roles and services of the different systems with which they interact.

Child welfare workers should also be familiar with existing networks of services familiar to and trusted by immigrants. In addition to ethnic community-based organizations, for example, there are national networks of agencies that provide initial resettlement services to refugees, including six to eight months of benefits. These agencies can often provide information about these populations as well as access to them through trusted caseworkers who frequently act as cultural liaisons for public agencies. Since refugees currently arrive from more than 70 countries and speak more than 100 different languages, these agencies can often assist child welfare agencies with services to these diverse and vulnerable populations.[12]

To engage immigrant families, workers must approach them from a position of respect, engage them on a concern for the children's safety and well-being, and focus on family strengths, including traditions, values and lifestyles, as the building blocks for services and as a catalyst for service delivery. In addition, focusing on issues that are of immediate interest to families and

[11] These guidelines should be used in conjunction with the American Humane Association's *A Social Worker's Tool Kit for Working With Immigrant Families*, available at www.americanhumane.org/protecting-children/programs/child-welfare-migration/tool-kits.html.

[12] See Bridging Refugee Youth and Children's Services (www.brycs.org) for more information about refugees and child welfare. The BRYCS page "About Refugees" (www.brycs.org/aboutRefugees/index.cfm) provides an overview of the resettlement system and links to all resettlement partners.

communicating an appreciation for their circumstances helps build the trust needed to engage in other services. It is also important that everyone interacting with immigrant families understand the requirements listed in their plan of service. Some immigrants may not understand the purpose or the concept of "therapy" and may need simple and ongoing support in understanding how these services can help them make improvements in their lives and strengthen their ability to protect their children.

Engaging Immigrant Families

First impressions matter. Ensure that engagement begins at the first contact, using the families' cultural values. Be warm, empathetic and polite and follow cultural norms.

Avoid assumptions. Immigrant families fall into many ethnic groups and legal statuses. Take the time to find out about each family's beliefs and values.

Assess the need for information. Immigrant families may need additional support in understanding the purpose, roles and services of various systems.

Recognize the importance of family. Be willing to devote the time and energy necessary to meet as many members of the family as you can. Be ready to help families maintain their traditional family systems, even in the face of great obstacles.

Understand the importance of *reconstituted* family. Those related by marriage and very distant relatives are often significant connections.

Avoid stereotypes. Families may take offense if they feel you have insulted their country or other members of their family or ethnic background, even slightly.

Honor cultural and family traditions. Recognize the importance of respect, honor and courtesy.

Don't take offense if a family is uncomfortable with "Anglo" systems of care. There is pressure on immigrants to adopt the practices of the dominant culture, but doing so may be detrimental to their ability to function. Find out how they have traditionally solved problems.

Intake

The goal of the intake stage is to gather information on safety and risk to determine future child welfare involvement. This may be done through the review of information such as criminal record checks for violence-related charges, probation violations and domestic violence-related (911) calls made from the home.

Key decisions include:

- Should the report be accepted for investigation or assessment?
- What is the urgency and timeline for child protective services' response?
- What is the appropriate level of intervention?

Critical considerations when working with immigrant and refugee families include:

- What are the child and family's immigration status?
- Are the child's needs being met?
- Does harm or threat of harm result from unmet needs?
- Whose criteria have been used to determine that the child's basic needs are not met?
- What are the caregivers' expectations of child safety and well-being?
- Are culturally relevant emergency services needed to keep the child at home (e.g., services for domestic violence, chemical dependence or poverty-related conditions)?

Safety and Risk Screening or Investigation

The goal of safety and risk screening or investigation is to determine whether the child has been abused or neglected, predict future risk of maltreatment and identify the person responsible for the maltreatment.

Key decisions include:

- Is the child being harmed?
- Is the child at risk (short- or long-term)?
- Should the case be opened for services?
- Should there be placement to ensure safety?
- Should there be court involvement to achieve safety?

Critical considerations when working with immigrant and refugee families include:

- Are conditions related to safety the result of poverty factors?
- Are there differences between culturally based parenting and maltreatment (e.g., neglect, medical neglect, nutrition or inadequate supervision)?
- Has a cultural conflict occurred because of different child-rearing beliefs and behaviors?
- What is the potential for harm of these cultural differences?

- Are there mental health or substance abuse issues that can affect parenting?
- Do children exhibit signs of having been exposed to violence or have other caregivers (such as schools or health providers) indicated that children may be impacted by exposure to violence?

Immigrant families are vulnerable to entering the protective system since they may encounter unique challenges in parenting their children, due to increased stress levels. Some of these vulnerabilities include families' experiences of being uprooted from their communities, their challenges communicating in a foreign language, their restricted mobility, their fear of being detected and deported, challenges in accessing services, their disadvantaged socioeconomic conditions, the stress of acculturating to the host country and increasing anti-immigrant sentiment. In particular, separation from key family members, including a parent, sibling or extended family member, due to the migration process can increase a sense of loss, isolation and lack of emotional and instrumental support. Undocumented immigrants may also experience employment abuse in the form of lower or unpaid wages and threats of deportation if they complain about unfair treatment, exploitation or discrimination.

Comprehensive Family Assessment[13]

The goal of comprehensive assessment is to gather and analyze information that will support sound decision making regarding the safety, permanency and well-being of the child and to determine appropriate services for the family. Assessment for the purpose of developing a service plan involves a comprehensive process for identifying, considering and weighing factors that affect the child's safety and well-being.

Within the comprehensive assessment, the goals to determine exposure to traumatic stress and impacts are to:

- Understand patterns of parental behavior over time;
- Examine family strengths and protective factors;
- Address the overall needs of the family and children that affect children's safety, well-being and permanency;
- Consider contributing factors such as domestic violence, substance abuse, health problems and poverty; and
- Incorporate information from other assessments and sources to develop a service plan.

To obtain a thorough understanding of historical exposure and current violence, the essential task is to let the family tell its story. The story may begin many years ago and therefore take time to unravel. If it is at all possible, it is always better to conduct an assessment in the family's language of origin; if this is not possible, use a qualified interpreter. The worker should be sensitive to the tension between organizational time constraints and building a relationship of respect. Child protection staff sometimes forgets that families are more than what we read about in the case file or on the referral form, or what we see on the danger or risk assessment.

Families have stories about what brought them to our attention and also about the times when we were not in the picture — when things were going really well for them. When families tell their stories, they better describe how they make meaning of their lives, their problems and their strengths.

Key decisions include:

- How does family or caregiver history or exposure to traumatic stress impact the family's capacity for ensuring child safety?
- What must change to reduce or eliminate the risk of harm?
- What must happen to ensure that issues related to maltreatment are addressed at different levels? (i.e., child, parents, family)?
- What are alternative forms of permanency?
- What are the family's mental health, income and housing needs?
- What are the child's developmental, mental health and school needs?

Critical considerations when working with immigrant and refugee families include:

- Has the participation of the family in the assessment of risk, safety and lifetime exposure to violence resulted in a clearer understanding of the family's strengths and conditions, in the context of the community, that could protect or result in maltreatment?
- Does the assessment provide information on how to maximize culturally appropriate interventions?
- Is the family fully aware of the results of the assessment of its strengths, needs, resources and social supports?
- Is the family aware of its need to change?

[13] The article *More Than Meets the Eye: Lifetime Exposure to Violence in Immigrant Families* by Elena Cohen (Protecting Children, Vol. 22, No. 2, 2007) provides recommendations for assessment and engagement in relevant interventions for immigrant families in the child welfare system.

- Have relevant community and family members who know different members of the family participated in the assessment process?
- Has there been an assessment of the child's developmental needs for family connections and permanency that is relevant to the family's background, culture and resources?

Assessment of Exposure to Violence and Other Traumatic Stressors and Their Impact on the Family

An assessment of a family's history of exposure to violence and its impacts provides a more solid basis for the development of a service plan with interventions that will assist the family in resolving concerns that led to its involvement with the child welfare system and will support the child's development and well-being. By the same token, failure to address lifetime exposure to violence may compromise the quality and effectiveness of child welfare interventions.

Gathering information about lifetime exposure to violence is done with the goal of addressing the family's identified needs with appropriate services and referrals. When exposure has been identified, it is critical to take the time to ensure that family members have an understanding of what has to change and what outcomes are being pursued. The goal is to help them heal, build self-efficacy and adopt safer health behaviors and relationships.

Assessment of Safety, Resilience and Developmental Needs of Children

As with all children who enter the child welfare system, the first consideration in assessment is whether the child is safe, and if not, what is needed to protect the child in the home, with extended family or in out-of-home care. To determine safety, the worker needs to assess not only the caregiver's ability and willingness to assure the child's safety, permanency and well-being, but also the child's strengths and needs.

Research and program experience identifies several factors that can promote resiliency, healthier functioning and healing from trauma and that can mitigate the negative impacts of exposure to traumatic stress for children. These factors include:

- *The presence of loving and supportive adults.* The research on children's resilience suggests that the single most important factor in how children weather their exposure to violence may be the presence of even a single, consistently supportive, caring adult in the life of the child.
- *The presence or absence of supportive community.* Supportive community refers to others with whom the child interacts — teachers, coaches, neighbors, parents of their friends, service providers, and so on — who make efforts to support children's healthy development. This can also refer to the commitment of staff of systems like child welfare, the police, the courts and others to develop their knowledge and skills regarding the needs of children exposed to domestic violence, and practice in ways that support children's resiliency.
- *Children's temperament and intelligence.* Some children seem to have a natural resilience or cognitive capacity to cope with some of the harmful effects of exposure to violence. They appear to have a strong sense of themselves, even at a young age, and they seem to understand that the violence is not their fault and is not theirs to "fix." They may also have a strong sense of racial or ethnic pride.
- *Opportunities for healing and success.* Children are more likely to weather their exposure to violence with few or no long-term effects if they are provided the opportunity to heal from the trauma of their exposure and are involved in activities that can make them feel successful.

Questions to Assess Children's Strengths and Needs

- What do you think you need?
- If I could grant you three wishes, what would they be?
- At times when you feel scared, what is happening then and who is around?
- Do you ever feel worried about your safety? Your parents' safety?
- What is the best time at home?
- What is the worst time at home?
- What are you good at?
- What do you love to do?
- What do you like/dislike about school?
- Is it easy for you to make friends?
- What would you like to be when you grow up?
- What would you like to see change about your family?

When working with immigrant families, specific efforts should be focused on determining what is normative in their country of origin in order to prevent pathologizing certain practices. For example, for many families, it is normal for children to sleep with their parents. When

encountering these practices, child welfare workers can provide feedback in a sensitive and positive way, always appealing to the parents' desire to do what is best for their children.

Many immigrant children have had direct personal experience with trauma, loss and separation from loved ones. Separation of children from caregivers can negatively impact the family and may also lead to secondary adversities, such as increased socioeconomic hardships, separation from the other parent due to entering the workforce, additional risks for abuse and neglect, or placement in the foster care system.

All children, whether exposed to traumatic events or not, must negotiate a series of milestones in order to achieve healthy physical, social and emotional development. Although many aspects of child behavior and parenting differ around the world, milestones are remarkably similar across different cultures and societies. There are many key milestones for children from birth to 5 years, however those that are derailed by the impact of exposure to traumatic events are:

- the development of a secure attachment relationship with a caregiver (usually the mother);
- the beginning development of a self-regulatory system that enables a child to exercise control over emotions and behaviors; and
- the development of cognitive, social and physical skills (including attention and level of activity) that ready a child for entry to or functioning in school.

Decisions about removing children have to be carefully assessed, weighing not only the risk to the physical safety of the children but also the impact that the separation can have on the children's emotional well-being. Since immigrant children or children of immigrant families may have histories of separation, decisions to place children in foster care can lead to retraumatization. Therefore, decisions to remove children from their homes include a careful assessment of the risks using an attachment and trauma lens. If the best decision is to remove, child welfare staff needs to ensure that the needs of the children are carefully addressed through therapy from an experienced clinician with expertise in providing trauma-focused treatments to children who have experienced traumatic stress.

Caseworkers must be aware that children may have been separated from caregivers due to issues related to immigration. The scale and specific nature differs from what child welfare and mental health care staff generally sees with native-born children, but staff should be careful in making assumptions about what a particular child or family needs based on knowledge of other people from the same group or country of origin.

It is critical to understand how children have experienced trauma from both maltreatment and other traumatic events and recognize the impact of trauma on current behavior and the health, mental health, and developmental needs of the children exposed to violence. Because few standardized tools have been validated with immigrants, the key areas the worker should explore are:

- The child's trauma history (intensity, frequency and nature);
- The severity of the child's reactions to the traumatic stress (including both internalizing and externalizing behavioral reactions);
- Trauma triggers; and
- Trauma symptoms and other developmental concerns.

Case Planning and Implementation

The goal in the case planning and implementation stage is to design a goal-oriented, individualized service plan that focuses on behavior outcomes. The plan describes the problems the family is facing, identifies risks to the child, describes the strengths of the family and child, and presents the services and actions needed to achieve the desired outcomes.

Key decisions include:

- What risk factors must be addressed?
- What behavioral changes are needed to reduce risk?
- What are the goals and timelines to achieve these goals?
- Are goals reasonable and achievable?
- What services will be used to achieve the goals?
- How will progress toward these goals be measured?

Critical considerations when working with immigrant and refugee families include:

- Do the caregivers understand the goals and are they involved in developing the goals?
- Are the goals meaningful to the family or caregivers?
- Have the caregivers or family been helped to define what they can do for themselves and where they need help?
- Are culturally appropriate services accessible and available to help families meet the goals?
- Are there exceptions to Adoption and Safe Families Act (ASFA) timelines that need to be allowed in the best interest of the child because of complications of the immigration process?

- Do undocumented children who are separated from their parents due to immigration enforcement need child welfare services, including foster care placement?

The service plan becomes an individualized, strengths-based case plan that meets children's and families' unique needs identified in the assessment. Service implementation involves providing ongoing support (brokering, facilitating, monitoring, coordinating, connecting or providing services identified in the case plan).

When creating a plan, it is important to use the family, extended family and community networks to plan for goals that are immediate, achievable and measurable. Families need to be aware of what is negotiable about the case plan and what is not. Families and their networks need to learn about trauma and its effects, as well as how to provide a safe and supportive environment for a child who has been exposed to traumatic stress. Often immigrant families also need information about what resources the system can offer to support them, including resources to improve parental protective capacity.

Evaluating Progress

The goal of evaluating progress is to ensure that the case plan maintains its relevance, integrity and appropriateness.

Key decisions include:

- Has the child remained safe?
- Are the child's permanency needs being met?
- Are the goals still viable or are new goals indicated?
- Are additional services needed?
- Can the child be reunified with the family?

Critical considerations when working with immigrant and refugee families include:

- Does staff monitor the family's timely access to a culturally competent array of services, allowing sufficient time to make adequate changes to provide a safe home for the children?
- What is the family's or caregiver's perception of the services provided, and are there suggestions for improvement?
- What criteria are being used to determine that risk has been reduced?

Closure

The goal of closure is to determine if the children are safe and the parents are willing and able to protect their children, or if a need exists for an alternative permanency plan.

Key decisions include:

- Has the child remained safe?
- What are the continuing risks?
- How are these risks being managed?
- Can the case be closed?
- What services might be needed to help the family after closure?

Critical considerations when working with immigrant and refugee families include:

- Do all parties agree that the goals have been achieved and closure is appropriate?
- What criteria are used to determine future risk?
- What additional formal or informal supports may be needed to support the family and child?

Special Considerations in Cases of Domestic Violence[14]

Domestic violence does not equal child abuse and neglect; therefore, not all cases of domestic violence must be reported to child protective services. However, the rules regarding what constitutes abuse are up for interpretation. Most of the time, children's exposure to domestic violence refers to hearing a violent event; being directly involved as an eyewitness; intervening or being used as a part of a violent event (e.g., being used as a shield against abusive actions); and experiencing the aftermath of a violent event. This does not mean that the simple exposure to domestic violence indicates a form of child maltreatment. One of the dilemmas of domestic violence and child abuse cases is how to keep children safe without penalizing the non-offending parent. Child protective services intervention is warranted when the risk factor presents a safety threat to the child.

Domestic violence endangers children in several ways. Perpetrators of domestic violence may:

- Also physically abuse their children.
- Sexually abuse their children or the children of intimate partners.

[14] *Understanding Children, Immigration, and Family Violence: A National Examination of the Issues* (E. Marsh, 2006) identifies challenges and opportunities in reaching out to and delivering services to immigrant children and families affected by domestic violence, best practices in serving them and policy implications for the work.

- Endanger children through neglect. Some domestic violence perpetrators focus so much attention on controlling and abusing their intimate partners that they neglect the needs of children.
- Commit violence that prevents the adult victim from caring for the children, which can be misidentified as intentional neglect.
- Harm children by coercing them to participate in the abuse of their mothers or other adult caretakers.
- Harm or endanger children by creating an environment where the children witness domestic violence.
- Undermine the ability of CPS and community agencies to intervene and protect children.

Screening for Safety and Risk in Cases of Domestic Violence[15]

Routine screening for safety and risk in cases of domestic violence and its impact on children is recommended at every phase of the child protection process with immigrant families. For safety reasons, however, it is important to review this information out of the presence of the alleged domestic violence perpetrator.

Once engagement is achieved, CPS staff needs to discuss with the family what they perceive as appropriate parenting practices, primarily discussing, in a nonthreatening manner, the use of physical discipline. Many immigrants experienced serious physical punishment as children and believe that it is an appropriate parenting method. In these cases, families may require orientation to the laws of the U.S. regarding what constitutes child abuse and they may need additional support to reframe their views about physical discipline and in understanding, accepting and adopting more positive parenting practices.

The following are some of the indicators of risk and safety in cases of domestic violence.

Screening for domestic violence risk

- Do history and family dynamics indicate the likelihood of future domestic violence?
- Does the primary caregiver deny family dynamics that may lead to domestic violence?
- Is the primary caregiver unable or unwilling to protect the children in the event of future domestic violence incidences?
- Are there adequate supports (community, family, agencies) for the primary caregiver?
- Is the family geographically isolated from other members of the group?

Screening for safety

- Is the behavior of either of the child's parents violent or out of control?
- Has a parent caused moderate or severe harm (or made a threat of moderate to severe harm) to the child, spouse or partner?
- Is domestic violence impacting the caregiver's ability to care for or protect the child from immediate moderate or severe harm?
- Have there been previous incidents of domestic violence or does the severity of the incident or the primary caregiver's inability to protect the child in that incident suggest that child safety is an urgent concern?

Assessment of Family and Cultural Issues in Domestic Violence Cases

Domestic violence occurs in every community and group. All cultures contain a range of contradictions; on one hand, there may be a perceived acceptance of domestic and sexual violence, while on the other hand, there are long-standing traditions of resistance to violence against women and children. Domestic violence should never be excused as a "cultural" practice. For the assessment to be effective, it is always helpful to find someone in the agency or in the community that is knowledgeable about the family's culture before assessment. A "culture broker" can help child welfare workers understand how the family's beliefs, values, interests and concerns may differ from the workers' culture and how these beliefs may be impacting the behavior of adults and children.

Appropriate safety and service plans have to rely on ongoing assessment of domestic violence and its impact on both children and parents. Staff must have skills at both the individual and institutional levels in an effort to balance standardization with flexibility. For example, a woman may seem uncooperative with the service plan, but this may be a survival strategy to protect herself and her children from the perpetrator. Recognizing her survival strategies and developing safety and service plans that build on those strategies as well as hold the batterer accountable for the violence will increase the likelihood of success for protecting children. In cases of domestic violence in immigrant families, workers need to assess

[15] There are variations in state and local child welfare statutes, policies and practices that result in different standards for when child exposure to domestic violence warrants CPS involvement. State-by-state information on reporting requirements can be found at www.childwelfare.gov/systemwide/laws_policies/state.

the community, cultural or ethnic beliefs and practices and lifetime exposure to traumatic stress, which may be factors in the immigrant parent's behavior.

Especially relevant when planning for services with immigrant communities is how community and family cultural beliefs can be used to discourage domestic violence. It is important to review the family's strengths and community resources that can be used to ensure safety and provide supports to the victim and the child.

Planning When There Is Domestic Violence

One of the dilemmas of domestic violence and child abuse cases is how to keep children safe without penalizing the non-offending parent. Although there are times when child protective services must file petitions in juvenile court or place children away from their families, the following actions all keep power away from the adult victim.

- Labeling the adult victim as the perpetrator through "failure to protect";
- Telling the victim the children will be removed if the violence happens again;
- Placing children away from their families;
- Mandating restraining orders;
- Mandating services that could be voluntary; and/or
- Filing petitions in juvenile court.

These actions reinforce the perpetrator's message to the victim that he or she is at fault and a bad parent. Our message to victims should be that we can work together to help them protect themselves and their children.

For children exposed to violence, the child's needs (which may change over time) and progress are the constant frame of reference during planning and implementation. Staff, parents and community supports must be constantly mindful of the child's attachment, safety, security and other needs and plan to obtain the most appropriate services to meet these needs.

SECTION III: BUILDING CHILD WELFARE AGENCY CAPACITY

Cultural competence is the ability to transform knowledge and cultural awareness into interventions that support and sustain healthy client-system functioning within the appropriate context. Furthermore, cultural competence includes the ability to provide services that are perceived as legitimate for problems experienced by culturally diverse persons. What is important in these definitions is that cultural competence not only refers to a person's ability to understand the experiences of a culture, but also relates to the person's ability to provide meaningful assistance in accomplishing what the other person views as important.

Policies and Protocols

The focus of a child welfare agency serving immigrant families is for the optimal development of all children and their families who enter the system. Integrating this vision into state plans submitted to federal government and state legislatures, policy manuals for the system and its staff, and practice standards and procedures that guide everyday practice is an effective way to create broad and sustainable changes that impact all children and families. These infrastructure changes create the context for shifting attitudes and practice of staff who work with immigrant children and their families at all levels.

In addition, protocols should be created and implemented to guide child welfare staff in handling cases involving children separated from their parents due to immigration enforcement. Memoranda of understanding (MOUs) should be developed between child welfare agencies and departments of health; other federal, state and local agencies; the judiciary; dependency and immigration attorneys; and consulates and embassies. These MOUs should ensure coordination among all entities involved so that parents are able to participate in all state court proceedings that affect their children and so that parents facing deportation are provided with adequate time and assistance to make arrangements for their children to either accompany them or remain in the U.S. after their departure.

Undocumented children who are separated from their parents due to immigration enforcement should be provided with child welfare services, including foster care placement, when needed. Sometimes, a child left behind after a parent is apprehended in an immigration enforcement action is not a U.S. citizen but an undocumented immigrant. In a trauma-informed child welfare agency, immigration status should not be a barrier to the provision of all appropriate child protective services, including foster care placement and services, by a state and local child welfare agency.

Administrative Supports

Administrative supports are needed to institutionalize any changes throughout all levels of service. Consider:

- Clarifying the role of risk, safety and comprehensive family assessment, and noting when and how to conduct assessment of lifetime exposure to violence.
- Incorporating the workload implications of gathering this type of information into staffing needs and time frames for assessments to be completed.
- Balancing accountability with an understanding of exposure to violence. An understanding of the impact of exposure to violence will hopefully lead to more appropriate service plans and therapeutic supports that are responsive to this core problem. When parents engage in inappropriate behavior, it is critical to hold them accountable. However, in order for responses to be effective, they must reflect an understanding of the origin of that behavior.
- Describing expectations, laws and consequences. Immigrant families sometimes come from environments in which power is exercised arbitrarily and absolutely. It is important for these families to differentiate between methods that are abusive and those that are in their best interests.
- Using a framework for assessment that clearly guides staff through the process of gathering and using this information, including information on individual, family and community protective factors in the service plan.
- Ensuring that the staff represents the communities served.
- Involving consumers, communities and key constituency groups on all planning and evaluation efforts.

Staff Training

Because staff comes to the table with differing levels of knowledge and experience in working with immigrants or exposure to violence, each agency needs to assess the level of information needed. The training process can often be incorporated into existing structures, which minimizes additional investment of resources. Staff at different levels — not only staff assigned to work with particular populations — should be given the opportunity to brainstorm the training and supports they may need

to work with immigrant families that may be exposed to violence. Training is best when provided in an atmosphere within the organization that allows staff members to share their thoughts and questions regarding how to best serve diverse populations and when it builds on the competencies that the agency and individual staff have.

Some key areas to address in training include:

- The impact of violence and other traumatic experiences on children, youths and adults;
- The impact on parenting and partnering;
- Immigrants and exposure to violence;
- Understanding the legal context;
- Cross-cultural communication (including the use of translators);
- The role of mental health and other professionals;
- Psychosocial stressors relevant to diverse groups in the community (e.g., migration, acculturation stress, discriminatory patterns, racism, socioeconomic status); and
- Community resources (e.g., agencies, informal networks) and their availability to special populations.

When designing training, the agency should collaborate with other agencies, immigrant-specific providers and communities to guarantee that the trainings offered are properly developed and respectful of the diverse cultures and backgrounds of the clients served.

The lack of trained bilingual, bicultural professionals has been noted with respect to multiple ethnic groups. Most clearly documented is the gap between Spanish-speaking service provider availability and the increasing Latino population. In situations where bilingual professionals cannot be located, some programs are using ethnic paraprofessionals who may have lower levels of training in clinical issues. Some of these paraprofessionals who are themselves immigrants or refugees may have lived through traumatic events and may become retraumatized when working with refugee families. Extensive training and supervision are needed to address these concerns.

Developing and Nurturing Community Partnerships

To respond to the needs of immigrant families, the child welfare system needs the support of public and private agencies and organizations serving the community. This cross-program emphasis is difficult to achieve if there is not a culture of collaboration at different levels of the agency. Especially important is the development of meaningful partnerships with organizations that have specific knowledge and expertise working with immigrant individuals so they can be used as resources to develop and deliver educational and awareness workshops. Cross-training opportunities and opportunities for mentoring and job sharing promote better understanding across systems and communities.

Partnering with primary care providers in the community is also essential. A trauma-informed partnership between primary health providers, mental health providers and the immigrant community can be a powerful stimulus to the development of a holistic approach to trauma recovery and well-being.

Involving "cultural brokers" — community leaders and groups that represent diverse populations — is vital to positive outcomes with immigrant families. Collaboration with organizations and leaders who are knowledgeable about the community is the most effective way of gaining information about the community. Collaboration can assist in assessing needs, creating community profiles, making contact with and gaining the trust of families, establishing program credibility, integrating cultural competence in training and ensuring that strategies and services are culturally competent.

Outreach strategies to underserved communities should be a strategic process with the goal of working closely with the community and collaborating through shared power to create healthy environments for immigrants within those communities. Examine which communities are in the jurisdiction, their history of service use and their current and changing demographics, such as occupations, racial/ethnic groups, age distribution, etc. In addition, it is important to understand the history that guides a particular community perception of services such as domestic violence shelters, police and children's services, and create a plan that will meet the needs of individuals from that community.

In the specific case of refugees, the construct of trauma-informed care has the potential to help build effective partnerships between mental health and trauma providers and other key refugee services and supports. The development of trauma-informed interagency partnerships that embrace a holistic view of health and well-being is one strategy for meeting refugees' needs without anthologizing their experiences. Partnering with refugee advocacy and support organizations (mutual assistance organizations) is a top priority, consistent with the principles of choice, collaboration and empowerment.

Refugee service providers often recognize the need for mental health services, but they are also aware that traditional psychiatric care or treatments may not be indicated. They may not know that other forms of mental health care, such as trauma-informed services are available.

SECTION IV: FREQUENTLY ASKED QUESTIONS

How do I get a better understanding of an immigrant family's viewpoint to determine their needs and preferences?

The best way to gather information about the family while the worker engages families in the work is to ask questions that not only get information but also express genuine interest. Caseworkers can initiate conversations with a "culturally ignorant" approach; the family becomes the "expert" regarding his or her culture and experiences. At the beginning, it is most important to understand the individual culture. Restating the family's answer in one's questions is a signal that the caseworker is paying attention and listening, and not interpreting the person's statements from a different perspective. It is always helpful to summarize continually (not only at the end but also during all transitions). Summarization allows the family members to correct information if the message has not been understood. It is also beneficial to check for understanding by asking different people in the meeting to tell the caseworker what they have understood.

What is the best way to talk to immigrant caregivers about their children?

As with all work with parents (biological, foster, adoptive or extended family), the work must be done with them, not to them. Partnerships with parents are built through an effort to understand their perspectives and culture. Most of the immigrant children in the child welfare system have experienced some type of trauma. Often, their parents have made (or are currently making) decisions for them in the context of the parents' life history and considering all risk factors. For example, a woman who is the victim of domestic violence may decide to continue living with domestic violence even though her children are witnessing it so she can have a house and the child can continue in the same school.

Immigrant caregivers may be sensitive about their parenting and reject any discussion that makes them feel guilty or criticized. This is especially true for refugee and immigrant families that may or not understand (or approve) of some American child-rearing strategies. Building a relationship that strengthens what works may work best, but sometimes it is difficult, particularly in the child welfare system, when staff may have their own concerns about the parenting skills in the family.

Partnering with parents involves first and foremost helping them understand the strengths and resources of each child, of the family and of the community, in combination with the effects of traumatic stress on children.

Every parent and every one of their children is unique. Each has unique cultural contexts and strengths. All children face some risk to their development, which may include factors such as poverty, family problems, abuse and neglect, inadequate schools or disability. To help families understand how their children are doing, we must help them understand their children's feelings and their behavior at school, at home and in other contexts. The potential effect of traumatic stress must be assessed concurrently with the positive aspects of the child's life. How a child is doing at a particular moment involves much more than the effect of traumatic stressors in his or her life.

The following questions can help move the conversation about refugee and immigrant children.

- Tell me about your life as a child — what positive things do you remember? What was difficult?
- How was your journey to this country?
- What about your children (all of them) — what makes them happy? What do they like to do? What are they good at?
- Is there anything that worries you about your children?
- What do you want for your children?
- What is the relationship between you and your spouse or partner? What if your partner is not the parent of your children?
- What is the relationship between your children and their father (or mother)?
- Other parents tell me that their partner is sometimes mean to their children; do you ever worry about that?
- What can I do to I help you, your children or your family?

What happens if the view of the parents is different from that of the agency?

In the child welfare system, it is not uncommon to find that families have different perspectives about child rearing. This is especially true when working with refugee and immigrant families. It is critical that staff members check the accuracy of their views and talk to the parents about these differences. It is also important for families to clarify the accuracy of the system's and worker's views. Conversations about difficult topics are more likely to be successful if the worker listens and respects and values the family's view on parenting (even if the worker's and family's views are not the same). Beginning the

conversation with warnings about reporting, threats about losing children or immigration issues may scare the family and will not help the parent speak honestly. The best way is to connect with parents by discussing and validating the critical role they play in their children's lives and offering to partner with them to help their children.

When reviewing children's risks, it is also important to request information from sources other than the parents. For example, talk to the children (when they are old enough), staff from early care or school programs, the other parent or members of the community who know the child. All this should be done in a way that does not alienate the children's parents or make them distrust the worker.

When the view of parents differs from that of the agency, which is not uncommon in child welfare, it is important to change the paradigm from "what is wrong with this family" to "what happened to this family."

The worker should:

- Understand the family's perspective in the context of its culture before and after migration and in current life.
- Request information from members of the community who know the children and the family.
- Check their own views about parenting.
- Respectfully explain their view and that of the agency to get on the same page, always with the goal of helping the children.

What can be done to support parents?

One of the most important goals of the child welfare system (with all the families they serve) is to increase parental protective capacity. A range of strategies are increasingly being used in child welfare, such as Annie E. Casey's team decision making and family group conferencing, family-centered approaches that privilege family voice and, when accounting for cultural issues, are likely to be experienced by families as respectful and validating and thus conducive to creating hope and mitigating stress.

To expand parental capacity of immigrant families, it is essential to:

- Listen to parents and focus on their strengths.
- Encourage parents to talk about their hopes and dreams for their children.
- Offer information that will help families understand and "listen" to their children's behavior.
- Help parents cope with challenging behaviors within their cultural context and parenting approach.
- Help parents understand the impact of traumatic stress on themselves and their children.
- Talk about the children's needs and concerns and how they can help.
- Develop strategies that respect the cultural and physical contexts of the family and can be incorporated in the parenting approach.
- Help the family address basic needs such as nutrition, health care, emotional support and education.
- Link families with evidence-based supports to expand their parenting capacity.

How do you support the well-being of children who have been exposed to violence?

The primary goal of child welfare is to achieve a permanent, safe and stable family connection that enhances well-being. Before providing specialized clinical services that target psychological trauma, it is critical to first address the daily stressors that are particularly salient and can be affected through targeted interventions. The mitigation of traumatic stress and other mental health concerns is best addressed and interventions are more likely to be effective in the context of permanency planning with family members and other significant adults who the children see as meaningful in their lives. As with all families, safety and well-being of children and families should respond to the specific risks each child and family faces and make use of available resources. Whatever the situation, our work with refugee and immigrant children who have experienced toxic stress begins by helping the adult caretakers be safe and addressing their basic human needs (shelter, health care, nutrition and income support).

Research has documented the effectiveness of an array of programs to enhance resiliency and decrease the risks of vulnerable children and their families:[16]

- For all children, participation in high-quality early care and education programs can enhance physical, cognitive and social development and promote readiness and capacity to succeed in school. Effective programs combine small class sizes, high adult-to-child ratios, a language-rich environment, an age-appropriate curriculum, highly skilled teachers and warm responsive interactions between staff members and children.

[16] The article *Cultural Diversity and Children Exposed to Family Violence Adapting Interventions* by R. McDonald and N. Skopp (Protecting Children, Vol. 22, No 3-4, 2009) provides a framework to adapt evidence-based practices for culturally diverse groups.

- For at-risk families, early identification of and intervention with high-risk children by early education programs and schools, pediatric care and mental health programs, child welfare systems, and court and law enforcement agencies can prevent threats to healthy development by detecting and addressing emerging problems. There is empirical support for the efficacy of early intervention services for children in the general population; children receiving early intervention services are more likely to complete high school, maintain jobs, and avoid teenage pregnancy and delinquency than those who do not receive such services. Such favorable outcomes are most profound for children who are significantly at risk.
- For children and families already exposed to violence, intensive intervention programs delivered in the home and in the community can improve outcomes for children well into the adult years and can generate benefits to society that far exceed program costs. Evaluations have shown that effective programs must be implemented by highly qualified staff that has access to supports (e.g., supervision, consultation and training); programs implemented by poorly qualified staff have minimal effect on parents and children with significant needs.[17]
- Outcomes improve when highly skilled practitioners provide intensive trauma-focused psychotherapeutic interventions to stop the negative chain reaction following exposure to traumatic stressors (e.g., child abuse and neglect, homelessness, severe maternal depression, domestic violence). Treatment is an essential component of successful adjustments to exposure to violence, especially for children who have frequent exposure and complicated courses of recovery.

What if I have safety concerns (for children or adults)?

With violence and other dangers escalating in communities and homes, the issue of safety for children and families who have been exposed to traumatic stress can be a critical one. Some of the family situations or family history of immigrants and refugees that involve child maltreatment, spouse abuse, emotional disorders as a result of traumatic stress, or substance abuse may require special safety measures. Safety measures are important when a family member's current or past behavior includes violent or abusive acts, threats of harm, use of addictive substances, signs of serious emotional disorder or threats of suicide. These measures are needed at several points in the process through the child welfare system, before and during face-to-face visits, and as part of referral and follow-up services.

Crises or emotionally charged situations that trigger emotional reactions in adults and children who have been exposed to trauma may pose some risk to staff and families. To protect family members — and themselves — staff must be alert to danger or risk. First, be attentive to the psychological effects of the event and if the family exhibits psychological effects such as severe depression, refusal to take or provide prescribed medication, impulsive behavior or difficulty thinking clearly, there is reason to proceed very cautiously and access professionals with expertise, such as mental health consultants, substance abuse treatment specialists, domestic violence experts or law enforcement officers. Crisis states are likely to intensify a family's past reactions to trauma and increase current risks or "fight or flight" behaviors, which are natural ways people defend themselves and use to try to gain control over stressful situations. Fight defenses are spurred by the need to be the "winner." Flight defenses are used to avoid painful feelings or situations. Although these two defenses are commonly seen in people in stressful or crisis situations, the behaviors that characterize them can be quite difficult to deal with.

In addition, the traumatic event may pose danger to children or staff. For example, a crisis brought by domestic violence, gang activity, unsafe living conditions or drugs indicates that children's safety may be at stake. Overwhelming anxiety may undermine a parent's ability to exercise self-control when a child misbehaves, to complete routine parenting tasks or to reduce hostile feelings toward those seen as causing the crisis.

What is the difference between screening and specialized assessment for exposure to traumatic stress?[18]

Screening is a procedure designed to identify children who should receive more intensive assessment of the impact of exposure to violence. Screenings can allow for earlier detection of delays and improve child health and well-being for identified children. Many children who enter the child welfare system have never been identified as exposed to traumatic stressors and may miss vital opportunities for early detection and intervention.

There are simple yet significant differences between screening and assessment. Screening quickly captures

[17] A list of information on evidence-based practices is provided in Appendix C: Additional Resources, at the end of this document.

[18] The Measures Review Database of the national Child Traumatic Services Network provides information on tools to measure children's experiences of trauma, their reactions to it and other mental health and trauma-related issues. (www.nctsnet.org/nccts/nav.do?pid=ctr_tool_searchMeasures)

a glimpse of the child's developmental and risk status via the use of standardized screening instruments. Assessment is a continual process that occurs throughout a child's developmental progress. Screening is usually a brief process — ideally using a standardized screening instrument — to determine if a referral for further evaluation is necessary.

Screening does not lead to a conclusion about whether a child has a problem that requires intervention. Only the results of the assessment or evaluation done after the referral may lead to this conclusion.

Assessment is an ongoing process that tracks how the child progresses over time. Ongoing assessment is a process that identifies the child's unique strengths and needs. It is used to determine what skills and information the child has and in what situations the child uses them. The assessment process also considers the next level of development that the child is moving toward. The assessment process uses multiple sources of information on all aspects of each child's development and behavior, including input from families and other relevant members of the community who are familiar with the child's behavior. It is likely to include a clinical interview, as well as completion of various standardized assessment measures. When possible, these measures should be normed and validated on the population in which the assessment is being conducted and should be administered in the child and family's language of origin. For children who have experienced traumatic events, a thorough assessment includes understanding the traumatic events experienced by the child, and his or her reactions to those events. It is important to remember that many children who have experienced traumatic events and who are involved in the child welfare system may not meet the full diagnostic criteria for post-traumatic stress disorder. However, they may be exhibiting a number of troubling internalizing and externalizing behaviors that require the attention of trauma-focused mental health providers. Ongoing assessment helps support staff in communicating and working with families and staff in other agencies and in identifying other relevant services that may be needed.

What is the role of the child welfare agency in cases of domestic violence?

The goal of child protective services is to keep children in their own homes with their family members. When responding to families affected by domestic violence, it is critically important to consider simultaneously the safety of the child and the safety of any adult victim. Only when the child cannot remain home safely is placement of children out of their homes considered. Therefore, child welfare's role in working with children is to:

- Assess and assure their safety;
- Reassure them it is OK to tell adults about the violence;
- Reassure them it is not their fault if they did not tell anyone;
- Discuss with them ways they can be safe; and
- Maintain their bond with the non-offending parent.

Child welfare's role in working with the non-offending parent is to:

- Reassure the parent that he or she is not responsible for the perpetrator's violence and it is not his or her responsibility to stop violent behavior;
- Determine the parent's capacity for protecting the children;
- Assist the parent to plan for his or her safety and the safety of the children;
- Refer the parent to a domestic violence advocate for domestic violence safety planning; and
- Refer the parent to and help the parent access resources (domestic violence shelters and support services, housing, financial assistance, drug and alcohol treatment, etc.).

Child welfare's role with the perpetrator is to:

- Work with law enforcement and corrections to hold the perpetrator accountable and support the application of appropriate sanctions;
- Hold the perpetrator responsible for choosing to be violent and controlling;
- Assess the perpetrator's ability to remain safely involved in the family, whether in the home or through visitation;
- Look for strengths and commitment of the perpetrator's family that support him or her in being accountable;
- If it is determined that the perpetrator is going to continue to have ongoing access and contact with the children, integrate him or her into the case plan to receive support and services that better prepare him or her for parenting the child(ren) in a safe and protective manner;
- Make appropriate referrals for batterer intervention and follow-up; and
- Monitor compliance.

How do I incorporate community context and cultural values of specific groups into my work?[19]

The community in which services are being offered has a major impact on people's willingness to engage in services and on caseworkers' capacity to reach out and engage the population in services. For example, a city may pass a law that forbids hiring staff who cannot provide documentation to prove legal immigration status. This law can affect whether certain populations feel sufficiently safe to come to an agency or program that they believe might be related to a government entity and where they think they might be identified. However, within the community, there are many populations, with different cultural and linguistic characteristics. For Latino children and families, for example, this means people who are Spanish-speaking and who could come from many different countries, with different cultures and histories, have many reasons for being in the U.S. and have differing legal statuses. In order to provide culturally competent services, knowing about the population is essential, including their cultural view of children, history, resources and strengths.

Culturally competent services with specific families are geared to expand caseworkers' abilities to appropriately identify, understand and meet the needs of the particular groups being served. For example, religious and cultural beliefs are important to immigrants when they try to sort through their emotions. Their beliefs may influence their perceptions of the causes of the violent experiences. These beliefs can affect their receptivity to assistance and influence the type of assistance they will find most effective. Different groups may elaborate on the cultural meaning of suffering. Cultural norms, traditions and values may determine the strategies that will effectively help them cope with the impact of violence. Furthermore, admission of and expression of exposure to violence is affected by cultural background, geography and traditions. Different cultural, national, linguistic, spiritual and ethnic backgrounds may view and define key symptoms with different expressions. Flashbacks may be "visions," anxiety may be "un ataque de nervios" and dissociation may be "spirit possession."

Table 2 serves as an example of how to incorporate knowledge about a specific group (Latino/Hispanic) and offers ways to explore how these values may or may not be influencing their functioning. The table highlights some of the main Latino cultural values and provides examples on effective ways to integrate knowledge of cultural values into your work. However, it is important to avoid making general assumptions on the presence of these values but rather consider them as guidelines against other variables such as acculturation levels, socioeconomic status, etc.

[19] The document *Adaptation Guidelines for Serving Latino Children and Families Affected by Trauma* (by the National Child Traumatic Stress Network's Workgroup on Adapting Latino Services) identifies key areas and practices that should be addressed when adapting evidence-based practice to fit the needs of Latino/Hispanic children affected by trauma. (www.chadwickcenter.org/Documents/WALS/Adaptation%20Guidelines%20for%20Serving%20Latino%20Children%20and%20Families%20Affected%20by%20Trauma.pdf)

Table 2. Latino Cultural Values and Ways to Incorporate Them Into Child Welfare Work

Cultural Value	Description	Recommendations
Familismo	The preference for maintaining a close connection to the family. Latinos/Hispanics, in general, are socialized to value close relationships, cohesiveness and cooperativeness with other family members. These close relationships are typically developed across immediate and extended family members, as well as with close friends of the family.	To the greatest extent possible, it is helpful for providers to integrate extended family members into service plans. This may include meeting with grandparents, aunts, uncles and other relatives and working closely with them in making placement decisions and implementing case plans.
Marianismo	A gender-specific value that applies to Latinas. *Marianismo* encourages Latinas to use the Virgin Mary as a role model of the ideal woman. Thus, Latinas are encouraged to be spiritually strong, morally superior, nurturing and self-sacrificing.	Although this value also carries some negative connotations of women as submissive and can be seen as controversial, in some cases it may be important to join with the positive aspects of this value which can connote the role of women and mothers as containers of well-being, nurturing and family traditions.
Machismo	A gender-specific value that applies to Latinos. *Machismo* refers to a man's responsibility to provide for, protect and defend his family. The service providers should be aware that there is currently some debate surrounding the negative connotations of machismo, including sexual aggressiveness, male domination and arrogance.	When working with families, it is helpful to highlight the more positive aspects of *machismo,* such as a focus on supporting the family, keeping family members safe and encouraging fathers to protect their families from abuse and neglect.
Personalismo	The savoring of personal relationships. Latinos expect to develop warm, personal relationships with professionals with whom they interact. If they do not receive it, they may withhold crucial details of their situation and history and may not return for subsequent appointments.	*Personalismo* may be achieved by creating a warm, welcoming environment in your office. It is also helpful to allow time for casual conversation that is focused on getting to know the family, rather than proceeding directly to discussion regarding trauma, placement, etc.
Respeto	*Respeto* (the closest English translation is *respect*) relates to deferential behavior being expected on the basis of a position of authority, age, gender, social position and economic status, so professionals as authority figures would be accorded *respeto*. At the same time, families expect reciprocal *respeto* from authority figures, especially if the professional is younger.	This may be displayed through the family's relationship with the provider and in their openness to discussing family relationships. *Respeto* can be achieved by using Spanish terms of respect, such as *usted* (the polite form of "you") rather than *tu* (the informal "you") and appropriate titles (e.g., *Señor* [Mr.]).
Simpatía	*Simpatía* has no literal English translation, but means a mixture of cordiality, kindness and affection and places value on politeness and pleasantness in daily interactions, even in the face of stressful situations. Hostile confrontations are avoided. Professionals are expected to be pleasant rather than detached.	Because of s*impatía*, some Latinos/Hispanics may not feel comfortable openly expressing disagreement with a service provider or treatment plan. This can lead to decreased satisfaction with care, non-adherence to therapy and poor follow-up.
Religion and Spirituality	Refers to the critical role that faith plays in the everyday lives of most Latinos/Hispanics. Many Latinos/Hispanics are Christian, with the majority belonging to the Roman Catholic Church. However, different groups may have different faith affiliations. As it does for many people, religion offers Latinos a sense of direction in their lives and guidance in the education and raising of their children.	Depending on where they are from, it may be helpful to connect families with medical or mental health care from alternative healthcare providers, such as *curanderos, sobadores* and *espiritistas.* Integrating both Western and traditional healing practices may help engage families in the process and ultimately achieve better outcomes.

APPENDIX A
DEFINITIONAL CLARIFICATIONS

Stress and Trauma

The National Scientific Council on the Developing Child at Harvard University has identified three categories of stress:[20]

- *Positive* stress refers to the moderate, short-lived response to situations that are usually a normal part of life. Frightening events that provoke a positive stress response tend to be those that occur against the backdrop of safe, warm and positive relationships; children can learn to control and manage reactions to these events with the support of caring adults. The challenges of meeting new people, dealing with frustration, entering a new child care setting or getting an immunization can be positive stressors that help develop a sense of mastery.
- *Tolerable* stress refers to responses that can affect brain architecture but generally occur for brief periods and allow the brain to recover, therefore reversing potentially harmful effects. One of the critical ingredients that make stressful events tolerable is the presence of supportive adults who create safe environments that help children cope with and recover from major adverse experiences, such as a frightening accident or parental separation or divorce.
- *Toxic* stress, also called traumatic or complex stress, refers to a strong, frequent or prolonged activation of the body's stress management system. Stressful events that are chronic, uncontrollable or experienced without access to support from caring adults provoke toxic stress responses.

Post-Traumatic Stress Disorder

The American Psychiatric Association's *Diagnostic and Statistical Manual*[21] defines a traumatic event as "one in which a person experiences, witnesses, or is confronted with actual or threatened death or serious injury or threat to the physical integrity of oneself or others."

A person's response to trauma often includes intense fear, helplessness or horror. Trauma can result from experiences that are "private" (e.g., sexual assault, domestic violence, child abuse and neglect, or witnessing interpersonal violence) or "public" (e.g., witnessing community violence or war).

In recent years, *post-traumatic stress disorder* (PTSD) has been used to describe the consequences from exposure to a traumatic event. For adults, characteristic symptoms include persistent re-experiencing of the event, avoidance of stimuli associated with the trauma, numbing of general responsiveness and persistent symptoms of increased arousal. In small children the response may involve disorganized or agitated behavior that causes clinically significant distress or impairment in social, occupational or other important areas of functioning.

In this document, the terms *toxic* or *traumatic stress* and *exposure to violence* are used interchangeably (and preferred over PTSD) for several reasons:

1. Not all individuals, especially youths, who are exposed to traumatic stress in their homes or communities meet the criteria for a PTSD diagnosis, although some similarities may exist.

2. Symptoms of distress after exposure to traumatic events may differ for different cultural groups.

3. Providing a medical/biological focus relegates many complex psychosocial aspects of traumatic stress to secondary status and disguises symptoms of distress that may manifest in other ways, such as parenting and partnering difficulties.

4. Emphasis on PTSD symptoms often locates the problem in the individual, rather than focusing on the need to build resilience within families and communities.

[20] National Scientific Council on the Developing Child. (2005). *Excessive stress disrupts the architecture of the developing brain* (Working Paper 3). Cambridge, MA: Author.

[21] American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders.* (4th ed.). Washington, DC: Author.

APPENDIX B
CASE EXAMPLE

The following case is an example of a family that was referred to the child welfare system (their names have been changed). Important issues to be considered in the analysis of the case are outlined. The case example can be used to generate discussion during in-service training of staff (inserting each state's statutes, rules and practices), as a checklist to strengthen the quality of supervision, or to determine staff development needs.

Mario, age 7, was found wandering in a grocery store, about four blocks from his house. Police called Mario's mother, Ana, a 30-year-old, pregnant, Mexican citizen — who had also called the police when she found her son missing. Ana was questioned at the police headquarters and later arrested on child endangerment charges. Police reported the case to child protective services.

Mario's dad, Mike, is a U.S. citizen and first-generation Mexican-American. Although Mike went to school in the U.S., his primary language is Spanish. The couple's five children were removed from Mike's home because he was working and could not take care of them. There was no other family member with whom they could place the children.

- Does the family need an interpreter?
- What is the evidence for endangerment?
- Are risk conditions the result of poverty factors?
- What are the criteria used to determine that Mario is at risk, or his needs are not being met?
- If law enforcement is involved, there is heightened risk that parents may flee.
- Have other adults (neighbors, teachers and friends) indicated children may be at risk?
- Is it possible to conduct a team decision meeting that includes immigration staff and key family supports (here and abroad) to determine an appropriate level of intervention?
- What supports would Mike need to keep the children at home?
- How will immigration issues impact the design of follow-up steps?
- Is same-culture/-language placement appropriate and available?

After two weeks in jail, Mario's mother, Ana ,was transported to an immigration detention center where she spent three months. During her time in jail, she was severely beaten by other inmates. Ana was deported and found extended family across the border where she could stay until she was able to cross back to the U.S. She was almost raped by one of the individuals helping immigrants cross the border, but was spared because she was pregnant. Crossing the river, she fell off her floating device and was rescued by one of her travel companions.

- What are Ana and Mike's expectations of child safety and well-being for their children?
- What does Mike understand about the events that occurred?
- Is there a full trauma history on both parents?
- Is there a culturally appropriate assessment of Ana's current social and psychological status that can be used to plan for culturally appropriate intervention, including trauma-specific services if needed?
- What interventions would be helpful to prepare the family for Ana's eventual return, especially with her psychological needs after traumatic events?

Once reunited with her husband, Ana is very afraid of visiting the children for fear she will be found and deported again. She cries constantly and has intrusive memories about the assault in jail and her near-drowning. She becomes terrified every time she sees a border patrol car. Her husband is growing impatient with her and asks her to forget all that she went through and put it in the past.

- Is there a valid assessment of Ana's current social and psychological status that can be used to refer her to treatment, including trauma-specific services if needed?
- What are culturally appropriate supports that can strengthen parenting capacity, family functioning and social connectedness?
- What interventions would be helpful to prepare the family for Ana's eventual return, especially for her psychological needs after traumatic events?

The CPS caseworker thinks that Ana is not motivated to reunite with her children because she misses her visits with the children and has not attended counseling sessions. Ana, who is hypervigilant, confesses that she is afraid that the caseworker will turn her over to immigration authorities. The caseworker, a second-generation Mexican-American, believes that Ana does not care about the children and only wants to have more children to obtain more benefits.

- Has experiential training been provided to all caseworkers on how cultural background impacts attitudes, beliefs and behaviors?
- What is the caseworker's understanding of the impact of exposure to traumatic events for children and families?

The children are very active during the visits and are constantly fighting with one another, refuse to follow the parents' commands and cry when the visits are over. The caseworker believes that the parents cannot "manage" the children's behaviors and she suspects that maybe they do not have the ability to prevent another incident.

- What are some of the traditional and cultural parenting practices that can contribute to the care and protection of these children?
- What supports are needed to reduce migration and legal issues that are impacting the family's functioning and parental stress?
- What level of parenting support is needed for the parents to manage difficult behaviors?
- Have the children been evaluated for psychological, cognitive and social needs?

APPENDIX C
ADDITIONAL RESOURCES

Adaptation Guidelines for Serving Latino Children and Families Affected by Trauma

www.chadwickcenter.org/WALS.htm

This document addresses a number of key priority areas to fit the needs of traumatized Latino children and families. The priority areas range from micro-issues (assessment and provision of therapy) to macro-issues (organizational competence and policy). Portions of these guidelines are geared for advocates and therapists, while other priority areas are designed for program administrators and policymakers.

A Social Worker's Tool Kit for Working With Immigrant Families – Immigration Status and Relief Options

www.americanhumane.org/assets/docs/protecting-children/PC-migration-sw-toolkit-status-relief.pdf

This tool kit provides public child welfare workers with a basic overview of the dynamics of the U.S. immigration system as it impacts their clients. A *Child Welfare Flowchart* is the companion to this document.

Caring for Children Who Have Experienced Trauma: A Workshop for Resource Parents

www.nctsn.org/nccts/nav.do?pid=ctr_rsch_prod_rpc_guide

This workshop provides foster parents, adoptive parents and kinship caregivers with the knowledge and skills needed to effectively care for children and teens in foster care who have experienced traumatic stress. Participants learn how trauma-informed parenting can support children's safety, permanency and well-being, and engage in skill-building exercises that help them apply this knowledge to the children in their care.

Child Welfare Trauma Training Toolkit

www.nctsn.org/nccts/nav.do?pid=ctr_cwtool

This tool kit teaches basic knowledge, skills and values about working with children who are in the child welfare system and who have experienced traumatic stress. It also teaches how to use this knowledge to support children's safety, permanency and well-being through case analysis and corresponding interventions tailored for them and their biological and resource families.

Connect: Supporting Children Exposed to Domestic Violence

www.endabuse.org/content/features/detail/1314/

Connect is an in-service training for resource families, a trainer's guide and tools intended for use in child welfare settings with foster parents, kin caregivers and adoptive parents with all levels of experience in caring for children who have been exposed to domestic violence or who may have cause to care for these children in the future.

Family and Community Centered Child Welfare Practice With Refugees and Immigrants

www.brycs.org/documents/upload/brycs_spotfall2007.pdf

This article highlights the use of family group decision making and team decision making with immigrants and refugees.

Healing the Invisible Wounds: Children's Exposure to Violence — A Guide for Families

www.safestartcenter.org/pdf/caregiver.pdf

This guide is designed to help parents and other caregivers understand the potential impact of exposure to violence on the development of their children. It provides practical suggestions for supporting the healing process. Recommended strategies are tailored to children based on age (birth to 6, 7 to 11, and 12 to 18) and are easily integrated into everyday interactions.

(Available in English and Spanish).

Interviewing Immigrant Children and Families for Suspected Child Maltreatment

www.brycs.org/documents/upload/interviewing.pdf

This article discusses ways to improve interviewing immigrant youths and their family members for whom English is not a first language. The article reviews culturally important factors like the voice quality of the interviewer and interviewee, pace and time, and the interviewer's demeanor. The article also briefly reviews trauma symptoms in children that may not stem from caretaker abuse.

Refugee Services Toolkit

www.chcrtr.org/toolkit/

The *Refugee Services Toolkit* is a web-based tool designed to help service system providers understand the experience of refugee children and families, identify the needs associated with their mental health and ensure that they are connected with the most appropriate available interventions.

Review of Child and Adolescent Refugee Mental Health

www.nctsnet.org/nctsn_assets/pdfs/reports/refugeereview.pdf

This paper discusses empirical studies of pathology and services among refugees by describing unique populations of child and adolescent refugees. These data, as well as treatments, are organized by phase of the refugee experience and contextualized in cultural and developmental frameworks.

Serving Foreign Born Foster Children: A Resource for Meeting the Special Needs of Refugee Youth and Children

http://brycs.org/documents/upload/fostercare-2.pdf

This document highlights the needs of refugee children in the U.S. foster care system. Its goal is to raise awareness and provide suggestions to address the foster care placement and permanency planning issues of refugee groups.

Undercounted, Underserved: Immigrant and Refugee Families in the Child Welfare System

www.aecf.org/KnowledgeCenter/Publications.aspx?pubguid=%7BA6A32287-6D6B-4580-9365-D7E635E35569%7D

This report focuses on the specific needs of immigrant and refugee children in the child welfare system and presents best practices and policy recommendations for better serving these populations. It is a result of targeted interviews, a consultative session with national immigration experts and child welfare practitioners, and an extensive literature review.

Understanding Children, Immigration, and Family Violence: A National Examination of the Issues

www.brycs.org/documents/upload/immigrationDV.pdf

This report identifies challenges and opportunities in reaching out to and delivering services to immigrant children and families affected by domestic violence, best practices in serving them and policy implications for the work.

Websites With Information on Evidence-Based Interventions

California Evidence-Based Clearinghouse for Child Welfare
www.cebc4cw.org

National Child Traumatic Stress Network
www.nctsn.org

National Registry of Evidence-Based Programs and Practices
www.nrepp.samhsa.gov/

Promising Practices Network on Children, Families and Communities
www.promisingpractices.net

Safe Start Center Evidence-Based Guide on Children Exposed to Violence
www.cevresearch.org/EvidenceBasedGuide.htm

About the Migration and Child Welfare National Network

Formed in 2006, the Migration and Child Welfare National Network (MCWNN) is a coalition focused on improving public child welfare system response and services to immigrant children, youths and families. Membership to MCWNN is free and members learn from each other's experience and expertise. Questions about joining MCWNN or about this tool kit can be referred to CWMN@americanhumane.org. MCWNN funding partners include the Annie E. Casey Foundation and the American Humane Association.

About the Tool Kit

This resource is part of *A Social Worker's Tool Kit for Working With Immigrant Families,* a multicomponent resource guide developed by the MCWNN. This and other full tool kits can be downloaded at www.americanhumane.org/migration. Please contact CWMN@americanhumane.org with your feedback on how to improve this tool kit and make it even more relevant to the child welfare community.

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