

# Cultural Competency

*A Bibliography*



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## **Scope**

This bibliography provides citations and abstracts to publications related to cultural competence among professionals serving victims of child maltreatment. This bibliography is not comprehensive.

## **Organization**

This bibliography is organized in date descending order from 1999-2018. Links are provided to unrestricted publications.

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# Cultural Competency

## A Bibliography

Barber Rioja, V., & Rosenfeld, B. (2018). Addressing linguistic and cultural differences in the forensic interview. *International Journal of Forensic Mental Health*, 17(4), 377-386.

Given the increased cultural, linguistic and socioeconomic diversity of individuals undergoing legal proceedings, forensic mental health professionals around the world are often tasked with evaluating defendants who are drastically different from themselves. There appears to be a clear consensus that cultural competency should be a key component of both the training and practice of forensic mental health. However, despite the growing literature on multicultural assessment in clinical settings, there is little guidance on how to apply cultural competency principles to the area of forensic mental health assessment. This article reviews some of the challenges that arise during the forensic mental health interview with culturally diverse individuals. In addition, practice recommendations to mitigate some of these challenges are provided. Identified challenges and recommendations are organized around three stages: preparation for the interview (e.g., what type of knowledge about the defendant's culture is needed beforehand, how to attain that knowledge, or whether and how to use translators), the initiation of the forensic interview (e.g., the effect of culture in the informed consent process), and the interviewing process itself (e.g., cultural challenges to developing rapport, and identification of mental status assessment domains that may be vulnerable to cultural influences).

Braithwaite, J. (2018). Colonized silence: Confronting the colonial link in rural Alaska Native survivors' non-disclosure of child sexual abuse. *Journal of Child Sexual Abuse*, 27(6), 589-611.

Though there is evidence linking the history of colonialism and oppression of Indigenous people to the high rates of rape and child sexual abuse experienced by this population today, it is less understood how colonial processes, past and present, condition the decision to disclose or report victimization. Drawing on a survivorship storytelling study of rural Alaska Native survivors of child sexual abuse, this paper underscores the importance of centering colonialism in understanding the culture of silence surrounding sexual victimization among Indigenous people.

Results show that reasons for nondisclosure are quite embedded within larger social, historical and political themes of colonialism, oppression, and marginalization. Implications for policy and praxes are discussed, as well as a broader mandate of social change to remove barriers to disclosure.

Eisen, E., & Berman, Y. (2018). Situational factors related to childhood sexual abuse in the Orthodox Jewish community among adult and juvenile offenders. *Journal of Child Sexual Abuse, 27*(5), 537-553.

In recent years, increasing attention has been paid to situational factors associated with childhood sexual abuse (CSA) to explain incidence of CSA, as well as to provide potential targets for prevention efforts. However, very few studies have examined situational factors associated with juvenile perpetration, despite juveniles composing a substantial proportion of offenders. In addition, no studies to our knowledge have applied a situational framework to CSA research in the Orthodox Jewish community (OJC). In the present study, we obtained data from therapists regarding 80 victims of CSA in the OJC from both the United States and Israel. We hypothesized that (a) more abusers' first perpetration would be between ages 12 and 17 than between any other age range, which corresponds to increased sexual urges, as well as increased unsupervised access to minors; (b) among juvenile offenders, the time of day of the abuse would depend on the relationship of the offender to the victim; and (c) age of the victim and grooming strategies would be associated with the frequency of abuse. Our first two hypotheses were confirmed, and our third hypothesis was partially confirmed, as younger victims tended to have higher frequency of abuse. Additionally, we discuss possible implications of significant correlations found during exploratory analyses. Our results generally support the importance of considering culturally specific situational factors when studying or developing prevention efforts for CSA.

Joe, A., McElwain, C., Woodard, K., & Bell, S. (2018). A call for culturally-relevant interventions to address child abuse and neglect in American Indian communities. *Journal of Racial and Ethnic Health Disparities, 6*(3), 447-456.

The American Indian population has the highest rate of child abuse and neglect in the country at 14.2 cases per 1000 children. Yet, there is a paucity of child abuse interventions available and an even deeper need of culturally relevant interventions for American Indian families. This paper

explores the literature of the existing interventions that are specifically used with American Indian families affected by child abuse and neglect. This paper is also a call for culturally relevant interventions and a proposal of recommendations for child abuse and neglect interventions for American Indian families.

Rosmarin, D. H., Pirutinsky, S., Appel, M., Kaplan, T., & Pelcovitz, D. (2018). Childhood sexual abuse, mental health, and religion across the Jewish community. *Child Abuse & Neglect, 81*, 21-28.

Current estimates of childhood sexual abuse among Jews in the United States are only available for females and do not include a spectrum of religiosity. We examined sexual abuse, mental health, and religion, in a religiously diverse sample of male and female Jewish adults from North America, using a novel methodology to minimize sampling/response biases. A total of 372 diversely religious Jews participated. Prevalence of any form of childhood sexual abuse was statistically equivalent to national rates, except that females reported less involuntary penetration (OR=0.53). All Jewish religious groups reported equivalent levels of sexual abuse, except that history of involuntary penetration was greater among formerly (but not presently) Orthodox Jews (OR=3.00). Across our sample, sexual abuse was associated with increased likelihood of psychiatric diagnosis (OR=1.34), greater mental distress (F ranging from 2.99 to 9.08,  $p < .05$  for all analyses), lower religious observance (F=4.53,  $p=.03$ ), and lower intrinsic religiosity (F=4.85,  $p=.03$ ). Further, across our sample we observed a moderate buffering effect of spiritual/religious factors against mental distress ( $\Delta R^2$  values ranging from 0.028 to 0.045,  $p < .01$  for all analyses). Thus, we found childhood sexual abuse to occur across the spectrum of Jewish religious affiliation and greater prevalence among formerly Orthodox individuals. Furthermore, history of childhood sexual abuse was associated with greater risk for psychiatric distress and less religious involvement, however spiritual/religious engagement and belief appeared to facilitate resilience in the context of abuse.

Sanjeevi, J., Houlihan, D., Bergstrom, K. A., Langley, M. M., & Judkins, J. (2018). A review of child sexual abuse: Impact, risk, and resilience in the context of culture. *Journal of Child Sexual Abuse, 27*(6), 622-641.

Child sexual abuse is a problem with both a national and worldwide prevalence. In this review, the authors note that while empirical research has clearly shown the negative impact of child sexual abuse on social, psychological, and sexual functioning later in life, it has also been reported that some individuals remain asymptomatic despite a history of experiencing child sexual abuse. This implies that negative outcomes later in life are not inevitable and illustrates the critical need to elucidate how resilience may moderate the negative impacts of child sexual abuse. In addition to emphasizing the role of resilience, this review also underscores the important role that cultural context plays in understanding child sexual abuse, as there are known risk factors and protective factors specific to different cultures. Similarly, one's culture may also influence whether abuse is reported and addressed, and the topic is given special attention in this paper because it is not widely discussed within the existing literature. The impact of child sexual abuse on mental health, sexual health, and social functioning is also discussed.

Katzenstein, D., & Fontes, L. A. (2017). Twice silenced: The underreporting of child sexual abuse in orthodox Jewish communities. *Journal of Child Sexual Abuse, 26*(6), 752-767.

Child sexual abuse remains an underreported crime throughout the world, despite extensive research and resources dedicated both to improving investigative techniques and helping children disclose their experiences. The discovery of rampant cover-ups within the Catholic Church has exposed some of the ways religious and cultural issues can impede reporting to authorities. This article examines specific factors that contribute to the underreporting of child sexual abuse within Orthodox Jewish communities. It also explores ways in which these communities have handled child sexual abuse reporting in the past and describes recent progress. Implications are offered for CSA prevention, detection, and recovery in Orthodox Jewish communities as well as other minority religious groups.

Sawrikar, P., & Katz, I. (2017). The treatment needs of victims/survivors of child sexual abuse (CSA) from ethnic minority communities: A literature review and suggestions for practice. *Children and Youth Services Review, 79*, 166-179.

One significant finding from an exhaustive literature review on child sexual abuse (CSA) and ethnic minority communities is that victims appear to be at higher risk for suicidality. This may be due to the many barriers to professional help-seeking in this group, most commonly associated with protecting the family's name. This makes their treatment needs particularly critical, after the barriers have finally been crossed. Of all their treatment needs, cultural competency is identified as essential. It asks for non-racist attitudes and practice, self reflection and awareness, a 'multicultural framework' which recognises differences in power between mainstream and minority groups and respects the right to cultural differences, the provision of an interpreter trained in matters to do with sexual assault, choice about having an ethnically matched or non-matched service provider (and thus employment of workers from diverse backgrounds), the routine provision of training in cultural competency by management in service organisations, and mandatory data collection on variables related to ethnicity. A 'multicultural framework' is seen to be the most important of these elements, else it could lead to the vilification of collectivist and patriarchal cultures (which ethnic minority communities tend to be), threatening cultural safety. This adds trauma to the victim who has already suffered an abuse of power, and further alienates clients in critical need of clinical intervention.

Tishelman, A. C., & Fontes, L. A. (2017). Religion in child sexual abuse forensic interviews. *Child Abuse & Neglect, 63*, 120-130.

Religion is an under-studied factor affecting children's sexual victimization and their willingness to discuss such experiences. In this qualitative study, 39 child forensic interviewers and child advocacy center (CAC) directors in the United States discussed religious influences on children's sexual abuse experiences, their relationships to CACs, and their disclosures in the forensic setting. Participants reported both harmonious and dissonant interactions between religiously observant children and families on one hand and child advocacy centers on the other. Themes emerged related to abuse in religious contexts and religious justifications for abuse; clergy and religious supports for disclosures as well as suppression of disclosures; and the ways CACS accommodate religious diversity and forge collaborations with clergy. Participants discussed a wide range of

religions. Recommendations for practice and research are included. © 2016 Elsevier Ltd. All rights reserved.

Bigfoot, D. S., & Beasley, L. O. (2014). Cultural enhancement of mental health services for American Indian children. *APSAC Advisor*, 5(2), 1-3.

The authors report on a program of cultural enhancements and increased adaptation of services provided for American Indian children.

Hutchinson, A. J., O'Leary, P., Squire, J., & Hope, K. (2015). Child protection in Islamic contexts: Identifying cultural and religious appropriate mechanisms and processes using a roundtable methodology. *Child Abuse Review*, 24(6), 395-408.

This paper reports on a piece of research which brought together eight Islamic scholars, four child protection academics and two international development agencies to identify mechanisms and processes which safeguard children from harm that are congruent with Islamic scholarship and practices. Roundtable methodology was used to share knowledge, build networks and increase engagement with child protection by bringing together different stakeholders to share experiences and encourage collaboration in a relatively cost-effective manner. Four key themes were identified following initial qualitative data analysis of the roundtable discussion: (1) The convergence and divergence in Islamic thought on issues of child protection; (2) knowledge sharing and partnership working; (3) individual and collective wellbeing; and (4) mechanisms and tools for intervention. Findings from the roundtable indicate that a reliance on solely Western-based models does not allow for the trust and credibility that enable intervention at a deeper level in Islamic communities. Critically, the roundtable highlighted a significant gap in how Islamic knowledge and principles are practically applied to child protection policy and practice in international development contexts. Next steps are identified for building a knowledge base that can be practised in Islamic communities. Copyright © 2014 John Wiley & Sons, Ltd.

Weng, S. S., & Netting, F. E. (2014). Culturally responsive strategies used to deliver ethnic-specific services to Asian Americans. *Families in Society*, 95(4), 253-260.

Studies focused on a continuum of service delivery forms that target Asian Americans are examined: (a) ethnic agencies serving Asian and other ethnic groups, (b) pan-Asian ethnic agencies, and (c) ethnic agencies targeting specific Asian groups. Culturally responsive strategies being used to develop these Asian-specific service programs are identified, as well as assumptions/themes that undergird organizational identity, frame organizational culture, and guide practice.

Smith, N., & Harrell, S. (2013). [Sexual abuse of children with disabilities: A national snapshot](#). Issue Brief. New York: Vera Institute of Justice Center on Victimization and Safety.

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

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

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

influence the response to abuse. As such, enhancing the cultural competence of the therapist is key to facilitating effective cultural practice. Empirical research is required to investigate and substantiate these concepts as they relate to child sexual abuse in Arab-American populations.

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

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

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

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

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

This qualitative study used focus groups to explore child welfare and collaborating system decision makers, community partners, and families' perspectives on the dynamics that contribute to racial disproportionality and disparity in Oregon's child welfare system. Findings revealed that poverty, lack of trust, negative perceptions of clients' behaviors, inability to relate to clients, raising/differing expectations for families of color, holding onto the past, and lack of family engagement were dynamics that contributed to racial disproportionality and disparate treatment of families of color in the child welfare system. Practice and policy implications are discussed and recommendations for action steps and interventions to improve outcomes for children and families of color are presented.

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

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

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

We compared the likelihood of childhood (i.e., <18 years) sexual abuse, parental physical abuse, and peer victimization based on sexual orientation. We conducted a meta-analysis of adolescent school-based studies that compared the likelihood of childhood abuse among sexual minorities vs sexual nonminorities. Sexual minority individuals were on average 3.8, 1.2, 1.7, and 2.4 times more likely to experience sexual abuse, parental physical abuse, or assault at school or to miss school through fear, respectively. Moderation analysis showed that disparities between sexual minority and sexual nonminority individuals were larger for (1) males than females for sexual abuse, (2) females than males for assault at school, and (3) bisexual than gay and lesbian for both parental physical abuse and missing school through fear. Disparities did not change between the 1990s and the 2000s. The higher rates of abuse experienced by sexual minority youths may be one of the driving mechanisms underlying higher rates of mental health problems, substance use, risky sexual behavior, and HIV reported by sexual minority adults.

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

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

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

This article examines challenges posed in forensic interviews of immigrant children when there is a suspicion that these children may be victims of child abuse or neglect. Suggestions are made for interviewers regarding the interview setting, preparations, building rapport, conveying respect,

narrative training, pacing the interview, and trauma symptoms that may stem from issues that are unrelated to the abuse.

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

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

Kenny, M. C. (2010). Child sexual abuse education with ethnically diverse families: A preliminary analysis. *Children and Youth Services Review, 32*(7), 981-989.

This study assessed the effectiveness of a parent-child psychoeducational program, Kids Learning About Safety (KLAS), aimed at educating families about general safety and personal safety related to childhood sexual abuse. Following assessment of both parents and children (ages 3 to 5 years and primarily Hispanic), families participated in 16 sessions of simultaneous psychoeducational groups. Children were taught general safety and body safety (e.g., touching rules). Sessions lasted 1-hour and were held twice a week. Group facilitators employed modeling, didactic instruction, and bibliotherapy. Paired t-tests using pre-test and post-test scores from 105 children and their parents demonstrated improvements in preschoolers' knowledge of general safety concepts as well as personal safety rules. No negative side effects or increases in sexualized behaviors were reported. At the three-month follow-up, parents reported maintenance of their child's knowledge and continued satisfaction with the program. Suggestions for future prevention studies are offered.

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Tishelman, A. C., & Geffner, R. (2010). Forensic, cultural, and systems issues in child sexual abuse cases—Part 1: An introduction. *Journal of Child Sexual Abuse, 19*(5), 485-490.

This article introduces the first in a two-part special issue focusing on forensic, cultural, and systems issues in child sexual abuse cases. The five articles contained in this issue include a diversity of perspectives on approaches to extended interviews and evaluations of child sexual abuse suspicions, an exploration of the ways culture affects child sexual abuse disclosure and reporting, considerations relevant to the management of a child's mental health needs while forensic process are ongoing, and the use of anatomical dolls in forensic interviews. We call for attention to several practice areas, including (a) prioritizing a child's mental health needs while minimizing disruption of forensic processes, (b) developing best practices and models of child sexual abuse assessment and evaluation when a one-session forensic interview is insufficient, (c) appropriately evaluating child sexual abuse concerns when they occur without a disclosure and/or in children with communication limitations, and (d) the integration of cultural sensitivity into interviews and evaluations.

Tishelman, A. C., & Geffner, R. (2010). Forensic, cultural, and systems issues in child sexual abuse cases—Part 2: Research and practitioner issues. *Journal of Child Sexual Abuse, 19*(6), 609-617.

This article introduces the second issue of the special double issue focusing on forensic, cultural, and systems issues in child sexual abuse cases. We briefly review the articles, which include a discussion of child sexual abuse myths, an empirical analysis of extended child sexual abuse evaluations, an article on the role of the medical provider in child sexual abuse evaluations, a study of satisfaction levels with multidisciplinary teams in child advocacy centers, and a commentary advocating for the credentialing of forensic interviewers. We call for further empirical examination of media related to child sexual abuse risk, research on appropriate models for extended sexual abuse interviews and evaluations, and optimal practices relevant to each member of multidisciplinary teams in a child advocacy center.

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

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

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

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

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

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

Fontes, L. A. (2007). Sin vergüenza: Addressing shame with Latino victims of child sexual abuse and their families. *Journal of Child Sexual Abuse*, 16(1), 61-83.

This article explores shame issues for Latino children who have been sexually abused and their families. Latino cultural concerns around shame that are associated with sexual abuse include: attributions for the abuse, fatalism, virginity, sexual taboos, predictions of a shameful future, revictimization, machismo, and fears of homosexuality for boy victims, and the intersection of shame from sexual abuse with societal discrimination. Quotes and case material are drawn from the author's research and clinical work. The article includes clinical suggestions.

Cassady, C., Kellogg, N., MacDonald, M., Mouny, J., & Northrop, K. (2006). [Guidelines on Children's Advocacy Center Services for Children Who are Deaf/Hard of Hearing](#). Nancy Chandler (Ed.).

What began as a project of the Aetna Foundation Children's Center to develop a program that addressed the needs of Deaf/Hard of Hearing children has progressed to be guidelines specific to Children's Advocacy Centers (CACs). The hope is that these guidelines will assist the staff and team at CACs to provide the most appropriate and thorough response possible to children who are Deaf/Hard of hearing and are seeking the unique services offered by a Children's Advocacy Center.

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

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

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

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

of culturally competent care by culturally competent nurses and healthcare organizations can be significant improvements in the health and well-being of women and children.

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

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

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

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

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

This chapter explores how to improve therapeutic and professional interactions with those from other cultures. It addresses cultural competency from a generic perspective, presenting a brief historical overview of human science's attempts to look at the role of culture, a rationale for cultural

competency, and a tripartite approach to the culturally different client. Although the focus is primarily at the practice level, what is discussed can be generalized to the organizational level.

Cunningham, P. B., Foster, S. L., & Henggeler, S. W. (2002). The elusive concept of cultural competence. *Children's Services: Social Policy, Research, and Practice*, 5(3), 231-243.

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

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

The objective of this article is to comment on current issues in the relationship between culture and child maltreatment. A review of the literature on culture and child maltreatment is the basis of the article. While attention has been directed to the relationship between culture and maltreatment for more than 20 years, there is a need for further development in this area. Efforts need to be made to “unpack” culture, to promote understanding culture in context, and to enhance research on child maltreatment and culture. © 2002 Elsevier Science Ltd. All rights reserved.

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

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

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

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

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

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

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

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

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

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