

## CHAPTER TWO

# Working with Immigrant Families Affected by Child Maltreatment



This chapter provides information on how the experience of immigration itself can affect family life and particularly child welfare. It also describes ways to intervene effectively in child abuse and neglect across cultural and linguistic differences. In the year 2003, 20% of children in the United States were found to have at least one foreign-born parent (Federal Inter-agency Forum on Child and Family Statistics, 2004).

### **SOCIAL STRESSORS FOR IMMIGRANT FAMILIES**

Immigrants to the United States and Canada are widely diverse, ranging from highly educated professionals who speak English fluently, hold white-collar jobs, and are well integrated into the dominant culture, to people who are illiterate, undocumented, unemployed, speak no English, and may be marginalized in every way. Of course, most people who immigrate to North America fall somewhere in between these two extremes.

The process of immigration can place people in puzzling situations. Political changes may force a rural peasant from Somalia or Guatemala to flee his homeland overnight, thrusting him suddenly into a large North American city where his centuries-old skills in village social relations and farming are useless and unmarketable. Or a prominent dentist from the big city of Bogotá, Colombia, may come to North America in search of a safer environment for her children, finding after arriving that her dental license is not valid here, and that she has to work as a janitor, with coworkers who treat her as a “dumb foreigner.”

Even when migration has been carefully planned, its effects can be gravely disorienting. My in-laws immigrated to the United States from Portugal when they were in their mid-50s. My husband was able to find them steady work almost immediately. Although my father-in-law's age and poor hearing interfered with his ability to learn English, by all criteria he seemed to be adjusting well to his new homeland. Nevertheless, 10 years after he'd immigrated my mother-in-law confessed to me that my father-in-law was still so uncomfortable handling U.S. money, and felt so diminished by his lack of English skills at the checkout counter, that he refused to buy even a quart of milk without his wife. Clearly, the psychological effects of immigrating had made him powerless in ways we did not imagine and had radically altered both his self-image and his personal relationships.

The disruptive effects of immigration cannot be overestimated. The greater the difference between the culture of origin and the new environment, the longer lasting the resulting culture shock is apt to be. This chapter primarily concerns those immigrants who are less well acculturated, and who therefore may present the greatest challenge to professionals unfamiliar with the beliefs and behaviors they have brought with them from their countries of origin.

### **Culture Shock and Disruption**

*Culture shock* may be defined as the anxiety and disorientation people feel as they try to adjust to a culture that is different from the one they are used to. Since culture shock distorts almost every aspect of daily life for recent immigrants, it may complicate efforts to obtain an accurate assessment of parenting. Immigrant families face cultural differences from the moment they wake up to a foreign voice on the radio to the moment they go to sleep in an unfamiliar room. The need to learn a new language can be overwhelming, particularly for older adults and for those who have had little formal schooling. Some people simply refuse to learn the language of their new country, believing that to do so would in some way betray their ties to their country of origin. For others, their effort to express themselves in a new language is a constant source of stress and feelings of inadequacy.

Daily interactions with people outside the ethnic group can be a continual source of anxiety. Immigrants may try to smooth out relationships by smiling and nodding convincingly, even though they understand little of what is being said. Immigrants are often confused by their interactions with institutions such as schools, courts, hospitals, banks, and housing and immigration authorities, which may differ dramatically from those agencies "back home." Immigrant families who are undocumented live in

constant fear of deportation. And political refugees must cope with the after-effects of the trauma they have suffered.

Moving to the United States or Canada can cause families' traditional gender roles to unravel, provoking temporary periods of stress and conflict until family members settle into new roles. Women who may never have had paid employment sometimes become the sole breadwinners in the new country, leaving them exhausted and their family members resentful. Immigrant men who are unable to find paid employment, or who are forced to work at jobs where they are demeaned and exploited, may become angry or depressed, and turn to gambling, alcohol, drugs, or violence to help them cope.

Or the opposite may happen. Women who have been lively and active members of their communities, engaging in paid work outside the home or contributing to the family's livelihood through farming or selling wares at the market, may become isolated and homebound in their new countries. This has occurred among many of the Somali refugee families who have recently moved into my area. The women typically stay home and do not attend English lessons. Ostensibly this is because the women have young children and must stay at home to care for them. In Somalia, however, women continue to engage in public life throughout their pregnancies and the rearing of young children; they bring their children with them. I am fearful about the future of this generation of refugee women who are not learning to speak English and who are remaining vastly less acculturated than their husbands and children. I do not know how they will fend for themselves if they become widowed or are separated from their husbands. Even if their families stay intact, their contributions to the family income are apt to be needed once their public benefits have expired, and they lack even the most minimal language skills. I also worry about their psychological well-being if they remain unable to communicate in their new land.

A certain degree of paranoia is not uncommon among immigrant families. It may endure for years in the absence of intervention from caring neighbors or professionals. The immigrants have lost their "road maps," they do not know what is expected of them in daily interactions, and they are frightened about the dangers that may lurk in unknown places. An immigrant man who is experiencing paranoia may restrain his wife and children in ways that seem incomprehensible—perhaps refusing to allow them to leave the home, answer the phone, or attend after-school activities. When professionals encounter this kind of behavior, they need to ask questions about the family's functioning prior to immigration to ascertain whether these current behaviors were practiced in the country of origin or if they have been adopted in response to the stresses of migration. In either case, a family needs to be helped to function in ways that allow each of its

members a measure of self-determination and freedom from exploitation and control, while still respecting the family's deeply held values.

### Isolation

In one of her brilliant short stories about the life of South Asian immigrants in the United States, Jhumpa Lahiri (1999, p. 116) presents a conversation between a recent Indian immigrant who is the wife of a college professor and the 11-year-old boy whom she cares for after school each day:

“Eliot, if I began to scream right now at the top of my lungs, would someone come?”

“Mrs. Sen, what's wrong?”

“Nothing. I am only asking if someone would come.”

Eliot shrugged. “Maybe.”

“At home, that is all you have to do. Not everybody has a telephone. But just raise your voice a bit, or express grief or joy of any kind, and one whole neighborhood and half of another has come to share the news, to help with arrangements.”

By then Eliot understood that when Mrs. Sen said home, she meant India, not the apartment where she sat chopping vegetables.

Migration has an isolating effect on many immigrant families. Some immigrant families move back and forth to their countries of origin every few years. Others, especially refugees, may have made a single traumatic break with their native land. They may have lost forever the possibility of returning home or of maintaining contact with friends, family, and even spouses and children in their native countries. Many immigrants move repeatedly within the United States or Canada in search of better employment, education, housing, healthcare, or social service benefits. When children are uprooted a number of times, they are less likely to develop strong ties with people they can trust in their communities.

Many immigrant children sense early on the vulnerability of their most trusted relatives. “How can Mami protect me from our neighbor,” the child of an immigrant might wonder, “if she needs me to read her mail and answer the phone?” Although I have not seen research on this topic, I have noticed that sexual molesters sometimes deliberately prey upon immigrant children because they perceive the children's isolation and consequent vulnerability.

One therapist told me that when he works with a child who has been sexually molested, he tries to identify a family member whom the child can trust, and then uses this person as an ally in therapy. However, he has found this practice more difficult to accomplish with immigrant families

because the most trusted family members may not be in this country, but rather may remain in the country of origin (Fontes, 1993b).

Discrimination also isolates immigrant families. Unless they are personally close to immigrants, native-born Americans may find it hard to understand the far reach and dire effects of anti-immigrant sentiment. I knew an immigrant who worked as a janitor at a university. When he was transferred from an office building to a dormitory, he was regularly harassed by a group of football players on one floor who seemed to enjoy taunting him. They would upturn garbage cans in front of him and smear feces in the bathrooms. He endured such treatment for months before his son helped him complain to his supervisor. He did not understand that official avenues of redress were available to him. Besides, he mistrusted the university authorities. For 2 months he had cleaned a chemistry laboratory before he was informed that he was working in the presence of radioactive materials that required special precautions. His employers could not find an interpreter to teach him the necessary safety training, so they did not bother to alert him to the radioactive dangers, nor did they tell him how to protect himself. When he found out about the missed safety training and his supervisors' lack of concern for his well-being, he lost his faith in them as sources of help or support.

Immigrants are often subjected to discrimination by the very organizations that are charged with protecting and caring for them, such as school, police, legal, and social service personnel. Although teachers and school counselors can be key players in the prevention and detection of child abuse, children will refuse to confide in them if they perceive the school as an alien or even a hostile place. Many immigrant children have been taught to fear people who represent "the system." One Puerto Rican woman told me proudly that she had instructed her children *never* to go to the school nurse. The mother believed that the nurse was prejudiced against Latinos, and so she told her children, "I don't care how sick you are. If you talk to that lady I'm not going to come pick you up." In her attempt to protect her children and herself from prejudice, this mother was actually isolating her children.

When professionals carry a bias against people who do not speak English well, or who request an interpreter, they serve to further isolate their immigrant clients. At a talk I gave recently, one social worker stated that some colleagues at her agency believe that their immigrant clients actually speak English better than they are letting on, and that they are pretending they don't speak English to get some sort of special treatment. "Why," she asked, "would anyone possibly pretend he doesn't speak a language if he were capable of expressing himself in that language?" Like this social worker, I cannot imagine any secondary gain to be derived from feigning a limited ability to speak English. Rather, I think her colleagues

were mistaking the clients' ability to "get by" in English for greater English-speaking skills than they actually possess. We should work hard to provide whatever bilingual or interpreting services might be necessary so people with limited English proficiency can feel as comfortable using our services as other people.

After the social worker spoke, a police officer chimed in, "I can do you one better! In my department the chief won't assign Spanish-speaking officers to Spanish-speaking neighborhoods, because he thinks it will be good for the Latin American immigrants to be forced to speak English. He doesn't seem to understand that when they can't communicate with the police easily, people just run away from us."

I empathize with the officer's frustration. An encounter with a police officer is not an opportunity to practice language skills. Anything less than providing the best possible police protection to *all* residents is discriminatory, possibly illegal, and certainly not compassionate.

Lack of telephones and transportation also isolates many low-income immigrant children from potential sources of support. Children who live in neighborhoods marred by crime and violence may not be allowed to visit friends and relatives, even if they live within walking distance. Lack of health insurance may also lead poor families to rely on emergency rooms rather than a family physician, thus cutting them off from another adult who might notice a change in their behaviors, or whom they might otherwise trust with a disclosure.

We should work to reduce the isolation of immigrant families. Extended family members, godparents, neighbors, friends, teachers, and clergy may be able to provide physical and emotional support to families, and may even serve as formal or informal foster parents when necessary. Sometimes a teacher or a school counselor can be enlisted to watch over or to meet regularly with a child. Reducing parental isolation through parent aides, English tutors, vocational or reading classes, and contacts with religious or civic organizations is also likely to benefit children.

## **FAMILY LIFE, CHILD BEHAVIOR, AND DISCIPLINE**

For many immigrants, family is a source of pride, strength, identity, and help, as it was in their country of origin. But during the process of immigration, families may literally be torn apart. Family members may not immigrate all at the same time. The children may be left behind in the country of origin until the parents are settled, or the children may be sent to the new country first to live with an extended family member while the parents work to obtain the necessary money or visas to join them. While these atypical family configurations are often safe and loving, occasionally this dis-

tance from their parents exposes children to greater risk of physical or sexual abuse.

In Latino families, it is not uncommon for a father to migrate first, while the mother stays in Mexico or Puerto Rico with her children, supported by members of her extended family (Falicov, 1998). The family reorganizes around the father's absence, and subsequently may undergo considerable distress when they eventually move to the new country and try to adapt to the father's presence again. Some fathers become rigid and even violent in attempting to reassert their position in the family.

Triandis (1994) has proposed that cultures are divided into those that are *individualist*, emphasizing autonomy, individuality, and independence, and those that are *collectivist*, emphasizing family loyalty, closeness, interdependence, affiliation, and cooperation. The dominant cultures in the United States and Canada are considered individualist, whereas the dominant cultures in much of Latin America, Africa, southern Europe, and Asia are considered collectivist. When the child of an immigrant learns individualist values in school and through the mass media, and brings them home to a collectivist household, intergenerational tension commonly results. In extreme cases, this conflict can result in child abuse. For example, a teenager who insists that it is more important to do his homework or attend a friend's party than to accompany a family member to the airport may be viewed as selfish and uncaring, and punished accordingly.

Above all, immigrant parents want their children to be safe and protected. This may be particularly true of recent immigrants who are bewildered by all the potential dangers of their new country. They are unlikely to leave their young children with caretakers other than family members, even when professionals might believe the child would be better off in an established childcare center than at home with a member of the extended family. If you believe current childcare arrangements are unsound in a given family, it may be important to explain carefully and in great detail the advantages of a childcare center for this particular child at this particular time (e.g., increased opportunities to prepare for school, access to stimulating activities rather than television, social interactions in the English language). Alternatively, you may want to facilitate the training and credentialing of the informal caregiver as a licensed childcare provider.

Immigrants often feel that their welcome in their new country is contingent on their being as invisible and compliant as possible. For this reason, many immigrants insist that their children behave impeccably in public. Unlike many White native-born parents who prefer to keep up a conflict-free public image, immigrant parents who observe their children acting disobediently or disrespectfully in public may respond immediately with a cutting comment or a blow, placing them at greater risk for reports to child protection authorities.

Many traditional immigrant families may use an authoritarian style of parenting, demanding total obedience and respect from their children. While these practices do not necessarily constitute child abuse, they are apt to clash with the child-rearing norms of mainstream U.S. and Canadian culture, and may bring the parents to the attention of the child protection system. Additionally, studies consistently establish a link between both familial and neighborhood poverty and neglect or physical child abuse, also increasing the likelihood that child abuse professionals will have low-income immigrants in their caseload.

Many immigrant parents expect their children to follow orders. Caribbean parents, for instance, tend to be more strict and authoritarian than both U.S. White and Black parents (Payne, 1989). When children of Caribbean parents disobey, their parents often respond harshly, sometimes resorting to corporal punishment. Educated Caribbean parents are likely to speak with their children *and* to use corporal punishment. Less-educated parents may simply respond punitively. The more educated and acculturated the family is, the closer its child discipline norms may be to those of the mainstream culture. Whether an immigrant family's corporal punishment constitutes physical abuse depends on its frequency and severity and the impact it has on the child (see Chapter 5).

## IMMIGRANTS AND THE CHILD WELFARE SYSTEM

The child protection system in the United States is, for the most part, cruelly unfair to immigrant parents. This is not a criticism of the individuals who work in the system but rather of the system as a whole. Fortunately, many dedicated professionals are working to improve it.

Immigrant parents often do not know what is expected of them, but they are still punished when they fail to comply with unwritten cultural expectations. Language and cultural barriers have always made it difficult for immigrant families to access services. But today the isolation of immigrant families is compounded by recent federal and state laws that restrict immigrants' eligibility for certain services. The 1996 federal welfare and immigration laws in the United States, coupled with harsh anti-immigrant sentiment and legislation enacted in response to the September 11, 2001, World Trade Center and Pentagon attacks, have made many immigrants worry about endangering themselves by contacting government agencies. Those laws have also made many immigrant families fear that if they or their children use any government services, this might negatively impact their immigration status. They often fear that the benefits agency will share information about their family with immigration authorities. This fear applies not only to undocumented immigrants and people seeking ref-



ugee status, but also to legal immigrants who want to renew their permanent resident status (green card), to change from permanent resident to citizen status, or to sponsor relatives to come to the United States.

There seems to be a backlash today against giving needed help to immigrant families. The U.S. myth of self-sufficiency and “pulling yourself up by your own bootstraps” is being applied wholesale to immigrants and refugees. State and local governments are making drastic cuts in bilingual education, social services, and healthcare for documented and undocumented aliens and for citizens who are children of the foreign-born, without compassion for the immigrant families and without facing up to the impact of these cuts on the nation as a whole.

The vision of the United States as a welcoming refuge for one and all—as symbolized by the Statue of Liberty—seems to have been cast aside. Citizens whose families have been in this country for several generations seem to forget that the government supported *their* ancestors when they settled here decades ago. No immigrant group that has settled successfully in North America ever accomplished this entirely “on their own,” without help from those who came before them. Immigrant children and families need supports and specialized services until they gain the skills to survive and thrive in the dominant culture.

### **Neglect Issues for Immigrants**

Low-income immigrant parents are vulnerable to charges of neglect that stem from lack of acculturation to U.S. and Canadian norms. For instance, parents may be penalized for leaving their children home alone or allowing them to play unsupervised in the street, even though this was the norm in their communities of origin, where neighbors watched out for each others' children. Rogoff (2003) documents that supervision by siblings is the norm in many cultures, and can be highly beneficial for children's development. In many cultural settings, although siblings and older children may be doing the direct supervising, adults will be within earshot. In the U.S. or Canadian context, however, children who are left for even short periods of time without an adult's supervision may be seen as “neglected” depending on their age and circumstances. Faced with this backdrop, before undertaking any other intervention, professionals need to assess and affirm immigrant parents' substantial efforts to educate and provide for their children despite difficult circumstances. Educating parents about the norms of the new country is apt to be more helpful than a punishing response.

Automobiles represent another source of potential conflict for which well-meaning immigrant parents might be found neglectful. Many immigrants to the United States and Canada come from poor communities and are not familiar with the responsibilities inherent in owning a car in their

new country. For instance, they may believe it is cruel to allow a child to cry alone in a rear car seat, believing it is more caring to cradle the child in their arms. They may not understand the cultural proscription against leaving a child alone in a car for brief periods (in some states, this action in and of itself constitutes child neglect). Their sense of community may lead them to lend their car to a neighbor or family member, even if the individual does not have a license. In a form of male bonding, a father may give his son a driving lesson before the son has obtained a proper learner's permit. In addition to learning how to read traffic signs in their new country, immigrant drivers should be educated about norms around cars and children.

### **Misunderstandings with Schools**

Falicov (1998) describes the entrance of the oldest child into school as the "first direct, sustained, and structured contact with an American institution" (p. 224) for many Latino families. This observation would also hold true for other immigrant groups. This contact presents numerous occasions for parents' behaviors to be interpreted as neglectful. Sometimes the seemingly neglectful practices result from poverty or circumstances that are difficult for a family to control, such as when children arrive late at school because of inadequate transportation, parents who work night shifts, or older children walking their younger siblings to school.

An immigrant family I know was reprimanded regularly over a period of months because of their failure to get their elementary-age children to school on time. Both parents worked two shifts, and simply could not wake up in time to give their children breakfast. Finally a compassionate counselor figured out a solution: the parents began waking up the children at 6:00 A.M., when they returned from their night shift and before they lay down to sleep, and put the children on the earlier high school bus. The children were able to eat a free breakfast at the high school, and then to walk down the block to their classes at the elementary school on time each day. Such a simple solution made by a conscientious counselor who took the time to think "outside the box" spared this family from further traumatic and punishing encounters with child protection services, and enabled the children to attend school appropriately and to eat breakfast each day.

School staff frequently characterize immigrant parents as uncaring because they miss parent-teacher conferences, not realizing that some of these parents are unable to read the notices or talk to the teacher in English. Moreover, schools often schedule these conferences at times that are inconvenient for working parents. (In 2004 the state legislature in South Carolina considered legislation to make it a felony for parents to miss three parent-teacher conferences in a row.) Immigrant parents sometimes avoid schools out of a sense of respect for the educators—they do not want to be

seen as intruding upon a teacher's turf. Additionally, refugee and undocumented parents may fear walking into the school because of the official authority it represents. One Puerto Rican therapist noted the following:

“Professionals have to get clear about who is the enemy. Or who is the client. [Professionals] have the client in front of them, but the client is responding to a totally unfair system, a totally unjust and ineffective system in the school: That because a kid is bilingual he's stupid. Or because he speaks two languages but doesn't speak English perfectly, he's stupid. . . . It's hard to hold onto hope when you have an oppressive system on top of you.”

Immigrant parents are reprimanded for sending children to school when they are sick, even though they may have no reasonable alternative, and they may have been previously scolded for the child missing school. Also, less-educated parents are often made to feel inadequate if they cannot help their children with their homework. Bilingual children and their parents frequently feel alienated and ashamed at school, rather than applauded for having abilities in two or more languages.

Immigrant children may have substantial work obligations at home that interfere with their attendance and progress at school. These may include family responsibilities such as caring for siblings, cousins, or infirm grandparents, and employment such as helping out in the family business. The administrators of a school near me were puzzled by the frequent absences of three high-school-age Salvadoran “brothers.” It turned out that the three boys were not brothers at all, but rather had been smuggled into the United States to drive a van and work in a furniture warehouse by an exploiter who provided them with housing and allowed them to attend school when they were not needed for work. These boys attended school rarely, performed poorly, and were frequently truant for almost a year before anyone in the school grew close enough to them to ascertain their true circumstances. They were part of the underground slave trade in immigrants that can be found throughout the United States and Canada (U.S. Department of State, 2004).

Parents from countries that have relatively easy transportation to and from the United States, such as Jamaica and Puerto Rico, may take their children out of school every winter for a month or two so that the children can celebrate Christmas and stay with members of their extended family during this time. This visit is more than a simple “vacation,” it is a time to cement family and cultural bonds. For many parents, their children's contact with the “home country” is more central to their education than the weeks missed in school. Education authorities should give some thought about to the best way to handle this issue—whether it is better to provide

children with schoolwork to bring with them, to give parents clear reasons why their children should not miss this time in school, or whether it is best to unenroll the children officially during their weeks away and re-enroll them upon their return—so the children will not have to be held back a grade for excessive absences.

### Medical Neglect

Dubowitz (1999) offers two criteria for establishing neglected healthcare: “(1) the lack of or delay in care involving actual or potential harm to the child’s health and (2) the child not receiving the recommended care, which would offer a significant net benefit, outweighing the costs, side effects, and risks” (p. 121). Unfortunately, in practice these criteria are not always easy to determine.

Because explanations for physical ailments and ways to bring about cures vary so widely by culture, immigrant parents are sometimes vulnerable to charges of medical neglect. Immigrant parents are penalized for failing to immunize their children when they may not be able to afford preventive care or know how to access free immunization programs. In some cases, the children may indeed have been immunized but the parents do not have the paperwork to prove it because of a lack of continuity in healthcare.

Sometimes immigrant parents seek medical help for a child, but have trouble communicating about the child’s condition (Erzinger, 1999). Professionals should explain how the healthcare system works, and help families gain access to quality healthcare. If a parent appears not to have attended to a child’s medical condition, it is important to elicit the parents’ explanation for the condition. The parent may believe that the child is cursed, has caught the evil eye, or is suffering from a draft or other traditional explanation of illness (Fadiman, 1997; Krajewski-Jaime, 1991).

Caring immigrant parents may avoid mainstream healthcare and opt for traditional medicine in the belief that this is the best way to heal their children or protect them from illness. In some cases these practices are helpful or indifferent, such as the use of most medicinal teas and herbs, acupuncture, or the laying on of hands. In other cases the traditional practices may lead to bruising and scarring, such as the Vietnamese practice of coining, or *cao gio*, and the Chinese *cheut sah*, in which a traditional medical practitioner or parent rubs the edge of a coin on or applies a hot spoon to a child’s skin to relieve a variety of symptoms. Eastern European, Asian, and Mexican American families may practice cupping, in which hot cups are applied to parts of a child’s body to create a vacuum that moves the blood to the surface of the body, creating bruises that are essentially large hickies. Russian, Asian, Arab, and African families sometimes practice

moxibustion, in which incense or small balls of burning cotton, yarn, or herbs are applied to parts of the body, which may leave burns or scars. Somali Bantu families may rely on a traditional healer who will pray over the sick family member, and may heat up a metal rod or a piece of dry wood and then apply it to ailing body parts. While these cultural practices mimic abuse, the social science literature increasingly recommends that we show tolerance and respect for these practices because they were intended to preserve children's lives rather than to harm them (Levesque, 2001). Jurisdictions vary in how they handle these cases. In some cases, cultural evidence has been dismissed as a defense in court; in others, it has been used successfully to acquit or substantially reduce the charges against parents who acted in ways with their children that would customarily be considered abusive or neglectful (Levesque, 2001).

On the other hand, certain cultural healthcare practices have the potential to harm children permanently and must be stopped, regardless of the parents' intentions. For instance, some Central American parents give children potions containing mercury or use mercury to "clean" rooms of *el mal de ojo* (the evil eye), which is highly dangerous.

The inclusion of lead in folk remedies for various illnesses is disturbingly widespread, given that even minimal exposure to lead has been associated with serious neurological damage. Some Central American medications for *empacho* (a stomach ailment that may include vomiting, diarrhea, lethargy, and nausea) are almost pure lead. These medications include a bright orange powder that goes by the names of *azarcón*, *ruedo*, *corol*, *María Luísa*, *alarcón*, and *ligo*; a bright yellow powder called *greta*; and a white powder called *abayalde*. Other folk medicines containing high levels of lead include a red powder called *pay-loo-ah*, used by the Hmong for rash or fever; a brown powder called *ghasard*, a red powder called *kandu*, and a liquid called *bala goli*, used by Asian Indians for indigestion and stomach aches; *kohl* (also called *alkohl*), a powder used as eye makeup and also applied to skin infections and the navels of newborn children by some people from the Middle East; *farouk* and *santrinj*, used in some countries in the Middle East for teething; and *bint al zahab* and *al murrab*, used by some people from Saudi Arabia for colic (Texas Department of State Health Services, 2004; New South Wales Environmental Protection Agency, 2004).

Professionals who work with immigrants are well advised to ask them about the traditional remedies that they are using with their children. The remedies mentioned above and others may contain harmful levels of lead. You can get the folk remedies tested for the presence of lead, while at the same time informing the family of the risks of lead poisoning. Korbin (1999) advises us to honor the cultural importance of treating conditions

such as *empacho*, while at the same time protecting children from high levels of toxins such as lead.

Most forms of genital cutting of girls, which is practiced by some African and Muslim families, are harmful. Practices range from partial removal of the clitoris to full removal of the external labia and clitoris and sewing the vagina shut. The more extreme of these practices can leave girls and women with difficulty passing their urine or menstrual blood, and make them highly vulnerable to infections including HIV/AIDS. Sometimes families from regions where female genital cutting is practiced will pool funds together to bring a person from their country of origin to perform this practice on their daughters in their new land (Hassan, 2004). In the United States and Canada, this is likely to be considered criminal assault. Many African families from regions where this genital cutting has been practiced have abandoned these customs, while others choose to nick the clitoris with a surgical tool and draw a drop or two of blood in a symbolic nod to cultural tradition.

Male circumcision (i.e., removing the foreskin of the penis) that is performed by a medical or trained religious professional is not considered a form of child abuse, perhaps because its practice is so widespread in Western culture. While male circumcision performed in early infancy has been found to be painful to the infant, this pain can be controlled through medication. Unlike most forms of female genital cutting, male circumcision does not result in long-term impairment of functioning.

To overcome their vulnerabilities to accusations of medical neglect, immigrant parents should be supplied by professionals with information about expectations and legal requirements in their communities regarding healthcare, and especially with information about free or low-cost healthcare. Professionals should also investigate their local healthcare providers' practices regarding sharing information with immigration authorities so that they can advise clients appropriately.

### **Marriage by Capture and Forced Marriage of Minors**

Issues concerning child sexual abuse and immigrant families are discussed extensively in Chapter 6. In this section I address issues that could be described as bride theft, marriage by capture, forced marriage, or simply "rape," depending on one's perspective and the circumstances.

In widely diverse cultures, a certain number of men have secured a wife through force. Although this custom is less widespread than it once was, it can still be found in some countries in Africa and Asia, in Kyrgyzstan and some of the other countries of the former Soviet Union, among the Hmong

from Laos and some rural peoples of the Dominican Republic and Central America, and among some renegade Mormons in the United States.

Yang (2004) describes marriage by capture as “a continuing cultural practice among Hmong communities of America” (p. 38). This practice is just one of three ways the Hmong marry, the others being marriage by courtship (consensual) and marriage by elopement (when parents do not give permission for the marriage but both the bride and groom consent). In marriage by capture, a man kidnaps a young woman and rapes her. After holding her for 3 days, he arranges for a traditional Hmong go-between, called the *mej-koob*, to legitimize the marriage by arranging a bride price and performing a marriage ceremony. The girls are often between the ages of 14 and 18, whereas the men are typically between the ages of 18 and 30 (Yang, 2004). Sexual assault and rape are part of the marriage-by-capture custom. Although a young woman can reject her captor as a husband, her family is apt to pressure her to submit, since she has already engaged in sexual activity and only a marriage can save her and her family’s reputation. Although marriage by capture is not the primary form of marriage among the Hmong in the United States, it still occurs. Authorities have responded with surprising leniency, often allowing Hmong men to use a cultural defense and plead guilty to charges that are substantially less severe than rape and kidnapping (Yang, 2004).

In rural parts of Central America and the Dominican Republic, there is a similar tradition of marriage by capture called *me robó* or *me llevó* (“he robbed me” or “he took me”). In some cases, a young woman will conspire with an older man, meet him in a designated spot, and the two of them will run off together. After a number of days she will contact her parents and report, “Me robó.” The notion is that by presenting the initial pairing as against her will, she is preserving her honor. Now that her honor has been stained, her parents are forced to consider the two a legitimate couple and the two are considered married. A church wedding may even follow. In other cases, as among the Hmong, the young woman is in fact kidnapped. Sometimes, although the girl has given her consent, she may still be below the age of legal consent, and therefore the case may still be open for charges of rape, statutory rape, or child sexual abuse, as well as abduction of a minor. And finally, in some instances a man will trick a young woman or girl into spending some time with him and engaging in sexual activity. He pretends that this is meant to be an announcement of their engagement, and then will abandon her after having ruined her reputation.

In many cultures around the world, including some in Africa, Asia, and the Middle East, girls (and, less commonly, boys) may be forced into marriage by their parents. Arranged marriages differ from forced marriages. In arranged marriages, the families of both spouses take a leading role in making the arrangement, but both spouses can decide whether or

not they wish to comply. In forced marriages, one or both of the spouses (usually the bride) are forced to comply against their will.

Families may persist in forcing their teenage children into marriage, even when they know it runs counter to the culture of their new homeland. They may be motivated by threats or promises, or believe that it is the most honorable way for marriages to be conducted, that they can secure citizenship or other benefits through the marriage, or that they can control their child's perceived sexual or other transgressions.

The British Association of Chief Police Officers (2000) released guidelines for the police on handling forced marriages, which are reported at the rate of about 200 per year in Britain but are thought to occur at a much higher rate. (I am not aware of a similar document in the United States or Canada.) The guidelines describe the motivations behind forced marriage and ways to handle it. The document asserts that there is usually criminal activity involved in forced marriage, including kidnapping, false imprisonment, harassment, assault, and rape. Guidelines include taking the victim's report seriously, maintaining confidentiality, and instructing the victim as to her rights. Sometimes the forced marriage has already occurred on foreign soil, sometimes it is planned to occur when the girl is forced on a trip overseas, and sometimes it occurs in the new country.

It can be extremely difficult for professionals to know how to handle situations of marriage-by-capture or forced marriage when members of the victim's cultural community claim these practices are acceptable in their country of origin. Yang (2004) makes a strong case that immigrant women and girls have the same right to protection from sexual assault and kidnapping as do native-born women. She writes that "the cultural defense fails to respect the victim's values and rights in America, and privileges the abductor's cultural standards. . . . Cultural preservation is important, but gender equality and justice are necessary for human rights" (p. 46). We must also remember that within every culture there are those who support and those who decry traditional practices, especially those practices in which certain people are victimized. People from all groups deserve protection from sexual assault and kidnapping.

## DOMESTIC VIOLENCE

Domestic violence, otherwise known as "wife beating" or "intimate partner violence," coexists with child abuse about half the time (Edleson, 1999). Husbands who beat their wives are much less likely to apply for permanent residence for their undocumented wives than husbands who do not beat their wives. Put plainly, immigration status appears to be another way



in which abusive husbands control their wives. Abusive husbands often threaten their wives with deportation if they do not comply with the husband's wishes or if they threaten separation. Frequently, undocumented abused wives are afraid to cooperate with child protection authorities for fear that their husbands might retaliate by turning them in to immigration authorities. The *U Visa*, described below, offers undocumented women a measure of protection against this threat. Women who cooperate with investigations of child abuse and/or domestic violence have unusually good access to legal permanent residency, but are unlikely to be aware of this.

When intervening with a family with both domestic violence and child abuse that is from a culture different from one's own, it may be easy to accept explanations that this treatment of women is "cultural" and therefore not open to scrutiny or questioning by professionals. Fernando Mederos (2003) urges us to remember that there are "aspects of manhood in many cultures that support respectful and egalitarian relationships with women." He continues:

I grew up in Cuba. My father was physically and psychologically abusive and embodied traditions of machismo in many ways. His first cousin is Jorge, a contemporary of my father's whom I have known for 50 years. Jorge is respectful and nurturing to his partner and family and is an egalitarian decision-maker. He is not violent, coercive or controlling. Jorge and my father were both imbedded in their culture as Cuban men. Jorge is not a feminist. He derived his sense of manhood from his milieu in Cuba in the 1930s onward, and he was somehow able to create a sense of manhood that, along with his positive characteristics, was also proud, assertive and fun-loving. In my culture, I see men who embody both of these polarities of manhood. When I established batterer intervention programs for Latinos in Boston in the 1990s, I saw something similar emerge amongst the men I worked with: many group participants realized that within their cultural traditions and life backgrounds they had clear choices and models of oppressive as well as nurturing and responsible manhood. This was crucial in their change process.

I am including this quote because it illustrates the variability within a single culture. Also, I have sometimes seen child abuse professionals assume that abusive practices are culturally based, and therefore hesitate to challenge them. Even when a certain behavior or attitude toward women or children does have a cultural underpinning, a culturally competent practitioner will work to increase safety for all family members, and demand accountability from abusive men (Almeida & Dolan-Delvecchio, 1999).

Battered immigrant women face several impediments to seeking protection and services, including language barriers, negative perceptions of the law enforcement and legal system, fear of deportation, cultural and religious issues, and discrimination (American Bar Association, 2001).

## BASIC U.S. IMMIGRATION DEFINITIONS

- *Immigrants* are also called “resident aliens.” These are people who have been given permission to live indefinitely in the United States. In the first years of this millennium, a number of unprecedented laws were passed that restrict the rights of resident aliens and make them vulnerable to deportation.

- *Refugees or asylees* are people who have been granted asylum in the United States because they will be persecuted because of race, religion, national origin, political opinion, or membership in a social group if they are forced to return to their home country. A person granted asylum may reside in the United States until conditions are better for them to return. Individuals granted asylum may apply for permanent residence. Refugees have often undergone almost unimaginable hardships in their countries of origin, including torture, sexual assault, and being forced to witness the torture or murder of family members. In addition, escape from the country of origin may have been a harrowing process, including being forced to grant sexual favors in exchange for immigration papers, being hurt by pirates or bandits during the escape, being enslaved by military or rebel soldiers, starvation, illness, and the separation of families. Refugees often experience great fear and symptoms of posttraumatic stress.

- *Nonimmigrants* are people who have been granted permission to come to the United States for specific purposes and limited periods of time, such as students.

- *Undocumented aliens* are people who are living in the United States without official permission or whose permission has expired. This term is preferred over the term “illegal aliens,” which implies that the person’s entire being is illegal, or that the person has been engaged in criminal activity.

- *Naturalized citizens* are people who were born outside the United States but who have applied for and been granted citizenship in the United States.

- *U Visas* are available to immigrants who are either victims of—or who possess information concerning—a variety of criminal activities including ones that are most relevant to child abuse: rape, torture, incest, domestic violence, sexual assault, abusive sexual contact, prostitution, sexual exploitation, female genital mutilation, felonious assault, or solicitation to commit one of these offenses. A federal, state, or local official must certify that an investigation or prosecution would be harmed without the assistance of the immigrant or, in the case of a child, the immigrant’s parent. Individuals granted U Visas may adjust to legal permanent resident status 3 years after they are granted the U Visa. Any immigrant who has information about child abuse, sexual assault, or domestic violence and who cooperates with an investigation may request a U Visa.

Whatever the results of the investigation, the immigrant's cooperation should entitle him or her to obtain this visa, paving the way to permanent residency.<sup>1</sup>

## SUGGESTIONS FOR IMPROVING CULTURAL COMPETENCE WITH IMMIGRANTS

### **Gain Familiarity with the Culture**

Learn about your area's immigrant cultures and history. Professionals who work closely with immigrants need to read books, attend cultural events, and make friends with members of immigrant communities. If your only contact with immigrant families is with your clients, who are usually in crisis, you will have a distorted view of their cultures. You should learn about the specific national origin and circumstance of immigration of the largest immigrant groups in your area, as well as facts about the specific families with whom you're working.

### **Truth, Lies, and Immigration**

As illustrated in the following example, getting basic demographic information from a refugee family or a family of recent immigrants may be especially difficult:

A Liberian father who had been tortured and threatened with death fled to the U.S. embassy with several family members when civil war broke out in his country. His wife and their two children, along with his older sister and her two children, fled with him. They claimed that the older sister was his wife's mother and that her two children were their own. They could bring these extra three family members to the United States only by representing them as first-degree relatives in this way. They needed to lie to save their extended family. In the chaos of the war, they were able to obtain new documents and arrived safely in the United States as refugees.

However, these are big secrets to keep. The children entered school, knowing they had a "grandma" who was really an aunt, "sis-

---

<sup>1</sup>For more information on the U Visa and other protections for immigrants in cases of domestic violence and child abuse, contact Legal Momentum's Immigrant Women Project in Washington, DC ([www.legalmomentum.org](http://www.legalmomentum.org)), or the National Immigration Project of the National Lawyers Guild in Boston, Massachusetts ([www.nationalimmigrationproject.org](http://www.nationalimmigrationproject.org)).

ters” who were really cousins, and so on. Their birthdays had also been falsified to make it all work out.

This family was called into the principal’s office because the 8-year-old daughter was caught lying to her teacher. The family punished the girl for lying by placing a hot pepper on her tongue—they thought they were responding appropriately to what they interpreted as the school’s request that they punish her. The child told a teacher about the punishment, and that teacher called in child protective services. The investigator working with the family had a hard time figuring out who was who and what had really happened. The family lied about basic demographic facts like birthdays and relationships. The lies looked suspicious, and the family appeared fearful, but not because they had anything to hide in the way of child abuse. Rather:

- They feared deportation for having lied upon entry.
- They feared losing their lease because they had so many people living in one apartment.
- They were afraid the niece and nephew—who they had said were their son and daughter—would lose health benefits because they would no longer qualify under the father’s plan.
- They feared their children would be held back at school if their true ages were revealed.
- They were afraid of U.S. authorities because they were so mistreated by authorities in Liberia.

This was a loving, united family, which needed education about child-rearing norms in the United States, not punitive intervention. They needed reassurance that the social worker was not going to report them to immigration officials.

When working with immigrants, professionals sometimes notice that birth dates seem to keep shifting. Every time I escort my mother-in-law to the doctor so I can interpret for her and I ask her birth date, she says, “Which one?” She was born in a small town in Portugal where there was a law mandating that parents register their children within a couple of months of the child’s birth. Because her parents were poor and lived far from the registry office, and because they did not want to attract “the evil eye” by taking her survival for granted before passing those crucial first months of life, her parents waited several months before registering her. To conform to the law, they had to say she was just 2 months old. Hence, she has two birthdays: an official one that is on all her documents, and her real date of birth, which the family celebrates. This kind of situation is not uncommon with immigrant families.

Chinese families often celebrate the day a person was conceived, rather than the day the person was born, as the birthday. There may also be confusion when translating dates from the Chinese to the Western calendar. Somali Bantus and people from other traditional agricultural societies often do not keep track of birth dates or celebrate birthdays. Children's maturity is traditionally measured by how grown up they look and what they are able to do, rather than by a chronological date.

Other immigrants create new stories including new dates to hide incidents that they consider shameful—such as a pregnancy resulting from a rape, children born out of wedlock, and even previous marriages or liaisons. People who come from rural societies or those whose lives have been disrupted by war or natural disaster may simply have no idea of their “true” birthday on a Western calendar.

Fleeing war or persecution, immigrants are often faced with situations where they have to find “the right story” so they can obtain refugee status. They may believe that they need to present in one way to obtain entrance into refugee camps, to present another story to gain entrance into the United States or Canada, and to frame their situation in a third way to be granted official refugee status. Rumors abound in refugee camps about what is an “acceptable” story to the authorities, and families with legitimate claims to refugee status sometimes distort their histories in response to these rumors. If their lies are discovered, the family is likely to face deportation, regardless of the true dangers they face if deported.

Children from families of all kinds are raised to tell lies: to hide immigration status or an illegal activity, to keep secret a birthday surprise, or to get the kids-price meal at a restaurant. While lying may be of concern to professionals and certainly complicates matters, it does not necessarily indicate that child abuse has occurred.

How should professionals handle concerns about truthfulness with immigrant families? It is important to gain the family's trust, clarify the professional role, and let the family know who will have access to the information they provide. We should acknowledge that in the process of immigration many families have had to tell new stories about their lives. We should ask for the truth *about things that matter*, but avoid punishing or embarrassing immigrant parents who lie about unimportant or unrelated matters. So, for instance, an investigator could say to a family:

“I'm having trouble understanding certain things here. There may be things you are afraid to tell me, or don't want to talk about in front of the children. I don't need to know everything today. But I would like to meet alone with the parents now to help me understand those things that *are* important for me to understand today.”

By speaking with the parents alone, without children present, the professional allows the parents to save face.

In democracies we say “The truth will make you free.” In Spanish there is a saying, “*La verdad no mata, pero incomoda*” (Truth doesn’t kill, but it makes us uncomfortable). In fact, truth *can* kill people living under repressive governments. Telling stories that are not entirely truthful may have helped certain immigrants and refugees to survive—a reality that is alien to most people growing up in the United States and Canada. Lying for self-protection is a hard habit to break. Child abuse professionals need to seek the truth, but should do it sensitively after establishing trust and without humiliating their clients.

When working with people of uncertain immigration status, it is always helpful to be able to say, “Our agency has a policy—we do not release information to immigration authorities.” If your agency does not have such a policy, it should develop one—and this should be posted in several languages in the waiting room and in written materials. In some jurisdictions, however, law enforcement and child protective services may be required to report certain classes of crimes committed by undocumented people to the U.S. Immigration and Naturalization Service. You should become aware of your responsibilities in this regard.

### **Be Helpful as Soon as Possible**

Many immigrant families are unfamiliar with social services and do not expect that interventions will help. The professional’s reputation and working relationship will be established in the first meeting. One social worker from Colombia shared her approach:

“I start with the presenting problem, and I work with behavioral things that the parents can do to help the child. I work on the rules in the house and the boundaries in the family. And I connect with the father, even if he refuses to meet with me in the beginning. I try to make him feel his importance, and I get in with the family through him.”

Doing something concrete that is helpful to a family, such as translating a letter from a landlord, making a call to a teacher, arranging for daycare or fuel vouchers, enrolling a parent in English lessons, contacting a soup kitchen, or putting the family in contact with a medical provider can make for the beginning of a trusting relationship. Immigrant families who are less acculturated need support of all kinds. The abstract, more long-term “help” that social service providers often give may be less valued, immediately, than something a family can put their hands on or eat

that very night. Once the immigrant family trusts that the provider means well and can deliver, they are likely to be immensely loyal.

### **Demonstrate Caring, Warmth, and Respect**

Immigrants often describe U.S. and Canadian professionals as cold and distant. To work effectively, professionals should be warm and demonstrate caring. The professional should show the client a personal and specific caring for him or her (*personalismo* in Spanish), not simply generalized empathy. This can be achieved by remembering details about the client's situation, starting meetings with time to socialize, and truly listening to the client's concerns.

Because of their experiences with discrimination, many immigrants who are involved with the social service system are acutely sensitive—maybe even overly sensitive—to possible demonstrations of disrespect. For instance, many professionals like to dress informally in jeans and sneakers. An immigrant adult may be so insulted by this perceived lack of professionalism and respect that he or she will not return for a second appointment. It may appear to the immigrant client that the professional who has “dressed down” is not taking his or her job seriously.

One Puerto Rican client I interviewed suggested that professionals communicate the following:

“I'm not here to judge you. I am not God. I am just a human being, just like you are. Whatever you've gone through, I'm here to help. And I'll let you know if I can help and I'll let you know if I can't help, but we'll try. And if we both work at it, we're going to get some place. . . . We have to both be together and be honest with each other, not try to pull one over on the other.”

### **Be Careful in Your Use of Time**

Although most professionals are constrained by heavy caseloads, managed care, and busy schedules, it is important to pay attention to how we handle time with our immigrant clients. Time spent building the relationship is not wasted but rather is essential to the success of our work. To accommodate this need many professionals schedule longer sessions with their immigrant clients, particularly early in the course of their work together. Professionals often grow frustrated with immigrant clients who arrive at scheduled meetings late—sometimes hours late. It is important to explore this issue with the clients rather than making threats such as “Two more missed sessions and I can't see you anymore” or “If you are not on time for our appointments, I have to tell your social worker that you are

noncompliant.” The client may be late because the appointments are not scheduled at a convenient time, but the client does not realize he or she can request a different time, or does not want to inconvenience the professional by requesting a different time. Sometimes clients are late because they cannot afford the transportation or childcare that would enable them to attend appointments punctually. Sometimes clients are late because of experiences in their countries of origin and their new countries where they have to spend hours and hours in waiting rooms to meet with a doctor. Sometimes they simply have a different sense of what a starting time means. Vietnamese clients will often arrive late so as not to appear overly enthusiastic. I experienced a culturally different sense of time once with a Nigerian student, who arrived at class consistently 15 or 20 minutes after it had begun. After a number of class sessions I finally asked him if something specific was interfering with his arriving at class on time. He replied, “Oh, would you like me to be here from the beginning?” He was never late again. Clear communication is key.

Professionals should be especially careful to avoid rushing their immigrant clients, if at all possible. This rushing, which is so characteristic of Western society, may be interpreted as evidence of a lack of caring and respect.

### **Language Preference**

When working with an immigrant family, it is important to ask about the language(s) they prefer to speak, and their educational backgrounds. Some immigrants are highly educated, some are illiterate, but most fall in between. Professionals should not assume that the immigrants they work with have low levels of education or intelligence simply because they do not speak English fluently.

Rich information can often be obtained by asking about the language(s) a family speaks. It may turn out that the father is from one ethnic group and speaks one language with his children, while the mother speaks another, and the entire family has learned to speak a third language that was used in public settings in their country of origin.

Sometimes a family will deny that it needs an interpreter, overlooking the fact that a key family member, such as the mother, may not speak English. They may be so accustomed to leaving the mother out of conversations, or having a child interpret for the mother, that they do not even see the ways in which using an interpreter could enhance their work with professionals.

Being allowed to speak in one’s first language, “the language of the heart,” can allow a person’s personality to shine forth in a way that may be impossible while speaking a second language. For instance, a Brazilian



mother may seem removed, disinterested, formal, and cold in English, but she may brighten considerably and interact in a lively way with her children when speaking Portuguese. If she uses her English mostly in formal interactions with her host culture, which she may experience as frightening, an assessment conducted solely in English will not tap into her true knowledge, ability, and personality. (See Chapter 1 for further discussion of language.) The author and poet Julia Alvarez (2004) writes of the alienation of speaking in a second language: “I didn’t know if I could ever show genuine feeling in a borrowed tongue” (p. 29).

### **Language Competency as a Legal Obligation**

Title VI of the Civil Rights Act of 1964 forbids discrimination against any person on the basis of national origin in offering any services that receive federal financial assistance. This has been interpreted by the courts to include delivering adequate services to any individual who does not understand English, including arranging for interpreters, as well as informing clients or patients that interpreters are available. On August 11, 2000, President Clinton signed an executive order stating that all agencies receiving federal assistance must provide services that are accessible to people with limited English proficiency. These stipulations apply to most healthcare, legal, criminal justice, education, and social welfare settings. Besides the moral obligation to provide these services, agencies should be advised that they ignore these legal obligations at their own peril.

Immigrants deserve prompt access to high-quality interpreters: this is the law. Prohibited practices include services that are more limited in scope or of a lower quality; unreasonable delays; limited participation in a program or activity; failure to inform people with limited English proficiency (LEP) of their right to an interpreter; and requiring people to provide their own interpreters (see the U.S. Department of Justice websites for further information on obligations toward people with limited English proficiency). Because this is a federal obligation, it is in force even in states with “English only” laws. (For more information, see Chapter 7.)

### **Translated Documents**

The problems for immigrant families in the child welfare system are exacerbated by a serious shortage of translated material at government and private agencies (see Chapter 7). I have conducted trainings in a large northeastern city where 40% of the school population was Latino, but *none* of the current child protective services documents were available in Spanish. The workers told me they had some old handouts in Spanish, but these did not elaborate on important changes that had been instituted 4 years earlier.

Every day families were being asked to sign forms, including treatment plans, that they could not understand, and then children were permanently removed from their homes when these families failed to comply. Although the state agency serving this major city had been informed of the need to translate documents, and had apparently translated a limited number of forms a decade earlier, the new, computer-ready forms had not been translated. Unfortunately, this problem is common throughout the country, and is even more drastic for families who speak languages that are less widespread than Spanish.

Even qualified bilingual social workers have described their frustration when they must ask families to sign legal documents that the families do not understand. The bilingual workers do their best to translate documents spontaneously at the moment, but the immigrant families have no chance to study them, to think about possible consequences, or to show the documents to trusted friends for advice. This kind of situation is far worse if the social worker does not speak the clients' language fluently. Some immigrant groups, such as Cambodians, Russians, and the Hmong, very rarely have the opportunity to work with professionals who speak their language, virtually guaranteeing that the services they receive will be inferior to those received by native speakers of English.

Paperwork must be available in all the languages of the clients in our communities. Providing an interpreter to help with filling out forms, one client at a time, is time-consuming and expensive. (However, providing an interpreter is still more effective than expecting nonnative speakers of English to fend for themselves.) Clients who have an opportunity to fill out paperwork in their own languages are apt to feel more empowered and welcomed than clients who have to seek others' help with basic paperwork. Often, several state or local agencies find it advantageous to develop uniform intake forms, for instance, and then pool their resources for translating these into a variety of languages. Much of the work that I have seen in child maltreatment that has been translated into Spanish or Portuguese—intake forms, research surveys, flyers, even signs on buildings—has been poorly translated and is nearly incomprehensible to native speakers.

Occasionally, paperwork has been translated into a variety of languages, but no qualified professional has checked it over to assess the quality of the translation. For instance, in an attempt to reach out to the diverse immigrant communities in my area, the local middle school recently printed in the school newspaper a short announcement in a variety of languages that the school would make translators available to help parents read the newsletter or any other school communications. While this was certainly done with the best of intentions, the paragraphs in Portuguese and Spanish were unintelligible (I cannot comment on the paragraphs in Tibetan, Khmer, and Mandarin). The principal had relied on children

within the school to translate these paragraphs from English. While it is possible that these children *speak* their first language fluently, it was clear that their written skills were poor. The paragraphs were full of spelling and grammatical errors, and even an invented word or two, adapted from English. If Spanish or Portuguese speakers were to read these paragraphs, they would have trouble understanding them, and would certainly doubt the school's commitment to reaching nonnative speakers of English. Translations of official documents must be done by people who are fluent *writers* of the language in question. Presenting immigrant families with materials full of errors is just as egregious as presenting English-speaking families with materials full of errors—it damages the school's or agency's credibility.

I have attended meetings at schools, hospitals, and mental health clinics where the professionals stated that certain forms were available in languages other than English, but had neglected to bring these along for the meeting. Translated materials must be easily available to those who need them, whenever they might be needed.

### CONCLUDING THOUGHTS

In the United States and Canada, most professionals hold a highly individualistic view of child maltreatment (Fontes, 1995a). That is, they look upon maltreatment as something that parents inflict on children. They view issues of child poverty and hunger, inadequate housing and healthcare, child prostitution, overcrowded and underfunded schools, and dangerous neighborhoods as something other than child maltreatment. This delimiting of the category of “child maltreatment” does not hold in most other nations, where concerns about human rights and children's basic human needs dominate the discourse (Finkelhor & Korbin, 1988). Before focusing on possible family dysfunction, professionals would be well advised to consider the interactive effects of social stress, individual psychology, poverty, and culture on child maltreatment (Zayas, 1992). Certainly, improving the material and social conditions of immigrant families will not only benefit children directly, it will also make parenting easier and less stressful. Therefore, professionals who care about the well-being of their immigrant clients would be well advised to work to bring about changes on a systemic level.

Helping parents cope with their economic and social stress is apt to improve parenting and reduce levels of neglect and physical abuse. Professionals may need to intervene in ways that stretch their traditional roles, through political activism (e.g., petitioning civil authorities for better legal protections for immigrants), advocacy (e.g., helping parents manage their relationships with social services), and counseling on immigration issues (e.g., helping families understand how their differing levels of accultura-

tion affect them). When working with immigrant families we should try to address the family's welfare in general rather than just the narrowest questions of child abuse.

Immigrant families caught in the child welfare system often fail to comprehend the system that has taken over their lives—such a system may not exist in their home countries. In much of the world, only the most extreme cases of child abuse will receive intervention, and this may consist of removing the children to an orphanage, or of the local people beating up a sexual offender. In Spanish, for instance, there is no exact word or concept for “foster family,” “foster care,” “foster mother,” “preadoptive home,” “parenting class,” or many of the other concepts that are so central to our work. Similarly, in the Russian language there is no term for “battering,” “batterers,” or “battered woman.”

Immigrant children deserve the same protection from child abuse as all other children, and this includes formulating and implementing responses that take into account the immigrants' special needs. Psychoeducation that includes detailed information about cultural expectations for child rearing in the United States—geared especially for immigrant families—would seem to be a key part of any child abuse intervention or prevention program involving immigrant families.

These generalizations about working with immigrant families are meant to be suggestive rather than exhaustive. To work well with clients from diverse cultures, professionals must approach cultural issues with the same seriousness as they approach other issues of professional development. They must seek to understand the ecosystem in which the clients live. Only then will every child and family affected by child maltreatment receive the high-quality professional response they deserve.

### QUESTIONS TO THINK ABOUT AND DISCUSS

1. How might the process of immigration change the way a family raises its children?
2. What are the origins of the main immigrant groups in your area, and what does your agency need to do to meet their needs better?
3. What are some of your assumptions about immigrant families, or about families from a particular immigrant group?
4. What are some of the ways you can demonstrate your respect toward a parent from an immigrant family?
5. If you were going to explain to a group of immigrant parents what they needed to know to raise their children in your country, what are some of the main points you would make?