

# Think Tank Report

*Enhancing  
Child  
Sexual  
Abuse  
Services to  
Minority  
Cultures*

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The National  
Resource Center  
on Child Sexual Abuse

ENHANCING CHILD SEXUAL ABUSE SERVICES TO MINORITY CULTURES

Proceedings of a Think Tank

Salt Lake City, Utah  
October 22, 1989

in conjunction with the  
Eighth National Conference on Child Abuse and Neglect

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MS. BLICK: My name is Linda Blick, and I'm the executive administrator of the National Resource Center on Child Sexual Abuse. Our project is a collaborative effort of the National Children's Advocacy Center in Huntsville, Alabama and The Chesapeake Institute, Inc. of Wheaton, Maryland.

Our mission is to advance and improve intervention, research, and treatment in the field of child sexual abuse. This think tank is an example of our efforts.

We are involved in many endeavors, including national and international training, the sponsoring of think tanks, our Information Service and *RoundTable Magazine*.

We are very excited about the think tank design. In addition to the presenters, we have invited respondents, some of whom will respond directly to the presenters others will highlight additional issues.

We have two guests who are discussants. They will raise questions and issues throughout the presentations. We ask, for the sake of time and information, that our audience remain silent until the end of the program, when we will open the floor to general discussion.

Our moderator for today's meeting is Dorothy Harris. We have known each other for many years, have worked as colleagues in many different capacities, and have become friends. Dorothy is a licensed clinical social worker, and holds her ACSW. She serves as the director of the Maryland Governor's Office for Children and Youth.<sup>1</sup> She was the president of the National Association of Social Workers from 1985 to 1987. She is also a fellow at the U. S. Department of Health and Human Services, and a board member of the National Committee for the Prevention of Child Abuse and Neglect. I am delighted to introduce Dorothy, who will then introduce our panel of speakers.

MS. HARRIS: Thank you very much Linda. Good afternoon to you all. It gives me great pleasure to welcome you here today. It's especially impressive because you have probably given up your "free time" in Salt Lake to come to this session.

I'm not going to tell you about all of the experiences our presenters, respondents, and discussants bring to this session this afternoon. Suffice it to say that every person will speak has a wealth of experience in the areas of involvement of minorities in leadership positions, child welfare training minority staff, and in the whole field of child sexual abuse.

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<sup>1</sup>[Ed. note: Ms. Harris is currently Project Director, National Head Start Training & Technical Assistance Resource Center, Research Assessment Management Corporation, Inc., Silver Spring, MD.]

Those of you who are attending this afternoon session also have a wealth of experience, and I hope we will have time at the end to talk about some of the things you're doing and some of the ways that this session will help you.

We have four separate panels. There is an hour for each, 20 minutes for the presenter, 20 minutes for the respondent, and 20 minutes for the discussion. We want to leave time at the end of the session for you to ask questions or make comments, because we know that as a group you bring a wealth of information.

The first panel will be comprised of Lilia Hernandez-Enciso, director of the Child Sexual Abuse Program for Latino families in Chula Vista, California.<sup>2</sup> The respondent will be Dominique Cattaneo, a clinical social worker in San Diego, California.

The second panel will be JoAnn Hayashi Frugé, an outreach coordinator for the King County Sexual Assault Resource Center in Renton, Washington. The respondent will be Ann Tran, who is the Southeast Asia Community Specialist with the King County Sexual Assault Resource Center.<sup>3</sup>

The third presenter will be Terry Cross, director of the Northwest Indian Child Welfare Association in Portland, Oregon. The third respondent, Antonia Dobrec, is the president and director of programs for Three Feathers Associates in Norman, Oklahoma.

Our fourth presenter will be Joyce Thomas, president of the Center for Child Protection in Washington, D.C. Hershel Swinger, director of the Southern California Child Abuse Prevention Training Center at California State University in Los Angeles, will be the respondent.

Our discussants, Dr. John Holton from the National Committee for Prevention of Child Abuse, and Dan Sexton, director of the National Child Abuse Hotline, will lead discussions after each panel.

Lilia Hernandez-Enciso is our first presenter.

MS. HERNANDEZ-ENCISO: I work at the Family Stress Center in Chula Vista, California. I've been there for the last six years, and my experience in the area of sexual abuse has been

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<sup>2</sup> [Ed. note: Ms. Hernandez-Enciso is the former Director of Child Sexual Abuse Programs for Latino Families, Family Stress Center, Chula Vista, California, and is currently in private practice.]

<sup>3</sup> [Ed. note: Ms. Tran is now Program Manager, Southeast Asian Women's Alliance, Seattle, WA.]



primarily with Hispanic families. With my understanding of the treatment of sexual abuse, I started Parents United groups, comprised of mothers and victims of these families. When the opportunity came up for the Family Stress Center to sponsor the first Spanish-speaking chapter of Parents United in San Diego, California, I was given the opportunity to coordinate both programs.

With this experience came the awareness that there were some families whose needs were not effectively met by the model of Parents United. Fortunately, the Office of Criminal and Justice Planning of the State of California funded a unique program, specialized to meet the needs of Latino families. I am the director of this program. We are very small and are staffed by myself, one part-time employee, and eight volunteers. These volunteers are from the San Diego area, but they also come from Mexico for training at our site. I am a member of the Binational Committee of the San Diego Child Abuse Coordinating Council, which Dominique, the respondent to my presentation, will talk about in more detail.

This Committee has enabled us to join forces with Mexico to train more professionals in the area of child sexual abuse. The program which I direct has served as many as 40 adults and 35 victims at one time. Also, the Parents United and the Daughters and Sons United groups have been able to serve up to 80 families (80 adults and about 65 victims) simultaneously.

I will be discussing the important cultural aspects that I took into consideration in developing this treatment model which more effectively addresses sexual abuse in Hispanic families.

Initially when I was invited to this think tank, I felt it was a great honor, but then I realized that it was a great responsibility. I was not only responsible to the Hispanic community, but also to all the members present here. So, I called several friends who are all professionals in the State of California, experts in the area of child sexual abuse and Hispanic families, and I asked them to share in my preparation of this think tank. So, I will not only be presenting my views, but also those of all the other professionals that I have consulted.

To be able to evaluate the appropriateness of child abuse prevention, intervention and treatment in the Spanish community, one must determine if a number of issues are acknowledged and evaluated. First, the one needs to acknowledge the diversity of the Hispanic community, because we represent hundreds of countries in many regions -- Europe, North America, Central America, South America, and the Caribbean. It is very important not to generalize or stereotype.

As an example, I'll share something about my own country, Mexico. We have 31 states, composing the southern region and the northern region. The southern region of Mexico has much more traditional customs and conservative traditions. For example, we celebrate the holiday of those who have passed away, the equivalent of Halloween in other parts of the world. In the northern regions, our custom is only to take flowers to the cemetery. In the southern part of Mexico, however, the tradition is to take food and gifts to your loved ones who have passed away; there is a ritual process of making the food: the special bread which is often shaped like a human skull, and crosses made of bread or sugar. A whole day is devoted to preparing and delivering these kinds of foods.

For someone who is of the mainstream culture, this southern Mexico tradition might seem eccentric, odd, or maybe even morbid. It could be misunderstood as pathological, and unless questions are asked about the culture and traditions, one might form an erroneous concept of someone's behavior.

The second key point is that knowledge of the cultural ideals and values that influence a family's development and organization, and awareness of changes introduced by the process of migration and enculturation can provide crucial guidelines for assessing and intervening with Hispanic families.

Migration needs to be acknowledged when working with Hispanic families. The process of migration produces a transitional crisis in a Hispanic family. Migration represents one of the main sources of stress in the Hispanic family. The family who has recently migrated to the United States is at the opposite end of a continuum from a family who has been here for several generations. So, from one end of the continuum to the other, one will find families with different levels of stress.

It is important to understand that even within the same family there are different levels of acculturation. An example is that of a second generation family, in which some of the children have been born here but the parents were born in their country of origin. Often, the children are fluent in English and the parents are not. Often the children have to translate for the parents, which in a way turns out to be the loss of authority for the parents.

First generation families experience cultural shock. They are faced with discrimination, unemployment or underemployment, a foreign language, the loss of support systems from the country of origin, a loss of family, friends, community, and very often the loss of previous possessions that they were not able to bring with them to this country.

In assessing the process of migration, it is also helpful to know the reasons for migrating. Are they migrant workers? Was the family seeking political asylum? Also, one needs to know if they are from a rural, urban or suburban area. We need to know who has come with them and who they have left behind.

The third key point: our awareness of cultural differences enables us to set up culturally sensitive programs for the Hispanic community. Cultural differences need to be acknowledged and addressed before any interaction can occur.

Let me share some of the cultural differences that affect treatment of child sexual abuse in the Hispanic family. We have a culturally specific concept of family: we are extended family oriented; we have a tendency to large families; we are patriarchal; children are subordinate to parents; authority is delegated by age and status; kinship and *compagrasco* ties -- those that are made through being a godfather in baptism, confirmation, marriage, or any similar religious ceremony -- are very important.

Family interdependence and reputation is most valued. Familial role is the most important cultural factor, and families are our main source of support. An awareness of our view of family can help one understand how difficult it is for a victim of child sexual abuse and his/her family to disclose. Disclosing brings shame, disgrace, and dishonor to the family. What a sense of betrayal the victim feels in having to disclose! We have a saying in Mexico, "Dirty laundry is washed at home."

Let me briefly outline some views on how we interact socially: we are very personal; we focus on the relationship, not on the task; we have high levels of interpersonal involvement; we have high levels of affective expression. Relationships develop slowly and become lifelong associations with mutual obligation. Social interactions are formal, and traditional rules are observed. It is a vertical society with double standards. Indirect communication is preferred.

Hispanics have a great respect for education. Most often they do not want their children to struggle as they did. Elementary level education in most Latin American countries is mandatory, but it's not enforced. Economic status determines access to education, and males have priority. Education is teacher-centered, and passive participation is expected. The teacher is well respected and is seen as a surrogate of a parent. Education is formal and reinforces moral conduct. It stresses deductive learning, nonverbal skills, work, and achievement. Educational success may be rewarded by respect, status, wealth, and an elevated social position within the family and extended family.

Competition occurs between groups, but we are very loyal to the group that we belong to. Compliance with rules and regulations is subjective. Progress is important but not at the expense of losing one's cultural values. Men are expected to be good providers. Women are expected to be good mothers and housewives.

On individuality: families and nature shape each person's individuality; family interdependence is encouraged; self-discipline is valued; family welfare is valued over individual concerns.

There are Hispanic views on wealth and materialism: family welfare is a priority; spiritual wealth is highly desired; formal education symbolizes status, success and power. We believe in saving and sacrificing for the needs of the family.

We are not as time conscious as the mainstream American culture. Following a schedule is not often practiced; leisure time is unplanned; activities are not viewed as separate projects. I have a friend who says that Mexicans are the worst organizers but are the best improvisers, and I really believe that. We live in harmony with time, and we are present oriented.

About age: our culture is not youth-oriented; decision-making is the responsibility of the adult; growing old is natural; the old are highly respected and are taken care of by family members.

We have traditional structural forms of communication. When addressing people we don't know, we always call them by their last name, and address them by "Mr." or "Mrs." or whatever. We only address people by their first name when we have formed a relationship with them. Otherwise it may be mistaken as a sign of disrespect.

We prefer subtleness and indirectness. My experience in working with Hispanic families has been that you can deal more effectively with them when you use a lot of analogies and metaphors. To share an example, I worked with a father whose son had victimized his younger daughters. It was really difficult for him to come to the group and share his thoughts and feelings. After a couple of sessions in the group, I asked him if he would share his experience in the group. The way he answered was metaphoric. He said, "I have always felt like I was carrying a sack of stones in my back, and every time that I come here I leave the stones." And I picked it up from there, and I said, "That's wonderful, because this way you leave your stones here, and I can always use them to build bridges to communicate with people who come here, and to facilitate the road for other people who need to come to these groups."

Finally, on religion and philosophy: we are very emotional and spiritual. Probably 90% of Hispanics are Catholic. Sex is not openly discussed. Modesty is highly valued.

By acknowledging the diversity of the Hispanic community, the stresses caused by migration and adaptation to a new environment, and the cultural differences, I believe that you will take the first steps in appropriately addressing child sexual abuse in the Hispanic family. And if you can implement the existing methods of treatment of child sexual abuse with a cultural lens or filter, you can provide what is needed to help heal Hispanic families which have been traumatized by child sexual abuse.

One doesn't have to be of the same culture to address child sexual abuse appropriately, but one does need to be sensitive and open to other values, beliefs and norms. I have seen professionals who are not Hispanic provide treatment just as well as the Hispanic professional. I believe these professionals have transcended to a universal culture. They have educated themselves in this particular culture. They have asked questions; they have read books. They have exposed themselves to this culture in a formal and in an informal fashion. These non-Hispanic professionals have transmitted a sense of respect for values and cultural differences.

Besides what I have discussed, there is another area one needs to acknowledge. It is the strength of the Hispanic individual who leaves his country of origin to make his dreams and hopes for a better life, a better education, and a better life style come true. When one migrates, one leaves behind countless priceless possessions. Not only am I referring to physical things but also spiritual things. But because one believes that there is something better for us and for our families, we'll take the risk of having to be confronted by all the dangers, hardships, difficulties, discrimination, and racism that one is faced when one migrates to the United States.

I live in Tijuana, a border town, and I have seen people crossing the border. I have seen people run over by traffic when they're trying to cross the border. And I always wonder if I had to make this kind of a choice, to come to the United States in the manner that my countrymen are coming, would I have come? I really respect them for the strength that they have when they go through with their decision to come.

I have a great sense of respect for Hispanics who migrate, because they have tremendous survival skills. And if they are provided with the proper environment to heal and grow, they will flourish, and they become survivors of sexual abuse.

To summarize, in evaluating the appropriateness of approaches to child sexual abuse prevention, intervention and treatment

in the minority community, I would determine if they take into consideration: 1) the diversity of the Hispanic population, 2) the stressors, such as migration and acculturation, 3) the cultural differences, and 4) the unusual strengths inherent in the Hispanic population.

In implementing any of the treatment or intervention methods that we have, I believe that you need role models that are bicultural -- not necessarily bilingual, but bicultural -- and they must truly represent the culture. They must be able to transmit to the parents an awareness of sexual abuse, and to help them protect their child from exposure to abusive situations. They need to have people to whom they can really relate, people who are appropriate and sensitive.

MS. HARRIS: Thank you. Ms. Cattaneo.

MS. CATTANEO: My name is Dominique Cattaneo, and I'm a licensed clinical social worker in San Diego, California. I have worked in the field of social services for the last 12 years. As an undergraduate student, I worked as a home visitor, providing child abuse prevention services to immigrant Hispanic families with preschool children. We also worked to decrease the stress of migration, isolation, and adjustment to this country by providing information on needed resources, as well as by advocating for them and being role model: we provided them with information on child development, parent-child interaction, nutrition, health, and safety. This was a voluntary program.

Once I received my master's degree in social work, I worked as a psychiatric social worker in a community mental health clinic in San Ysidro, California. San Ysidro is a border town with Tijuana, Mexico. Seventy-five percent of my clients were monolingual Spanish-speaking, and approximately 10% were bi-lingual.

The rate of usage of these services was high in both programs, not only because the services were provided either in their home or in their community, but because the staff was bilingual, bicultural or both. Our success rate in retaining clients usage was recognized by the state Mental Health Board.

Research studies have demonstrated that minorities will use mental health services if the clients believe the provider can understand and help them during that initial session. Otherwise, they will discount treatment. We may not get a second chance, which is what we are talking about today. How can we develop, provide and maintain culturally competent services?

Two years ago, I began to work at the Center for Child Protection at Children's Hospital in San Diego. I work within the forensic evaluation clinic to psychosocially evaluate allegations of child sexual abuse. The evaluations involve a video-

taped interview directed to the child's developmental level, and make use of a variety of play therapy tools, including puppets, dolls and art. I am the bilingual, bicultural social worker at the Center.

Prior to my being hired, very few Spanish-speaking evidentiary interviews were conducted at the center, as there was no one consistently there to provide the service. There was an on-call medical social service social worker who was available on an occasional basis only. Therefore very few of those cases were brought to the Center for Child Protection.

Once the referral sources -- that is, law enforcement, child protective services, district attorney's offices, and community physicians -- became aware that the bicultural service was being provided, our referral rate increased significantly. Of the approximately 1,200 cases seen a year at our center, approximately 10% are Spanish-speaking, and another 7-10% are bilingual Hispanic children. This percentage is consistent with the Hispanic population for San Diego County.

I am often asked to conduct evidentiary interviews with bilingual children, as the referral sources are beginning to be sensitized to the fact that many children would refer to their native tongue when speaking of intimate body parts or very personal information. We know that this is the case with adults. For children to be able to speak to someone who understands them linguistically or culturally reduces the trauma of disclosure and provides a safe environment for them. I often accompany these children for their medical forensic evaluation as well.

This service has aided significantly in the prosecution phase of the investigation, as well as in the protection of children either from their parents or from the system by helping child protective services assess whether removal from the home is necessary or not.

I also have a part-time private practice specializing in the treatment of sexually abused Hispanic children and their families. As I become specialized in this field, I have participated and conducted many workshops on the issues of child sexual abuse in the Hispanic population.

In San Diego we have a Community Child Abuse Coordinating Council with members representing many professional areas in the field of child abuse. Under this Council, there are many committees. In 1984 the Binational Committee was formed to offer assistance and training to Mexican child abuse professionals along the California/Mexico border. I have conducted several child sexual abuse workshops in Mexico for the Binational Committee.

I will focus my presentation as a respondent on the present and future efforts of this committee, as I believe it addresses many of the questions provided by the National Resource Center to help the presenters and respondents focus on the issues to address at this think tank.

In January 1989, I was appointed chairperson of the Binational Committee. As we begin to set goals for our committee, it became apparent that most members felt the need to focus not only on the needs of Mexico, but also on the needs of the Hispanic community in San Diego, and on those of the professionals providing the services in the area of child abuse. That is the direction we have begun to take.

During our meetings, the concerns expressed were the need for more bilingual, bicultural services, our need to unify our efforts, and our desire for greater influence in establishing policies for services provided to the Hispanic community. Out of this combined awareness came a strong desire to use this committee to address these issues. This was the first time these issues had been collectively addressed.

This desire has given birth to a united effort by professionals with varied backgrounds and experiences in the field of child abuse, representing many agencies in San Diego County, to take leadership in the child abuse community in order to better serve the rapidly growing Hispanic population.

The Hispanic population in San Diego will continue to be the largest ethnic group. In 1980 Hispanics comprised 14.8% of the county's total population. By the year 2000 this proportion is expected to increase to 22.9%. These figures do not reflect the undocumented persons in our county.

The 1980 age-breakdown showed that the Hispanic population was much younger than the county's average. Eleven and one-half percent were under the age of five and 26.8% were between five and seventeen years old. A total of 38.3% of the Hispanic population in San Diego County were children.

Nearly 25% of the Mexican immigrants in San Diego County had incomes below the poverty level in 1989. Nineteen and one-half percent of the undocumented population lives below the poverty level, and an additional 30% live at the near poverty level, compared to 5.7% for the rest of the county. These statistics were compiled by the United Way of San Diego County.

Because of their low earning power, both spouses in Mexican families often work. Many children are left with extended family members, and many are left unsupervised. Parents cannot afford child care.



The numbers mandate that we appropriately address the issues of the Hispanic culture, as well as the culture of poverty in our assessment and intervention in the child abuse field. We of the Binational Committee wish to provide leadership and direction in dealing with this mandate in our community. We are still at a stage of infancy; however, we are growing every day.

To begin to address the many issues, subcommittees were formed based on the needs identified by members. We formed a parenting Education Subcommittee, which is developing bilingual, bicultural parenting classes. In the future, we would like to open a parenting education center for Hispanic families.

San Diego County is very large. It runs from the border at Tijuana all the way to Orange County near Los Angeles. We have developed a North County Binational Subcommittee to address needs of the north country residents, many of whom are migrant workers and their families. We have also developed a speakers bureau. We plan to participate on career days in schools and colleges, to serve as role models and to inform students about the varied areas of services in the field of child abuse.

Projections are that by the year 2000, half of the children in San Diego schools will be Hispanic. In the school year 1986-1987, 30% of the dropouts in the senior high schools were Hispanic children. We are losing a valuable resource. Most of those dropouts will live in a culture of poverty, and the cycle of abuse will continue, if it existed, or increase due to the stress of poverty. We need to engage Hispanic parents in their children's education.

Many immigrants risk the severe losses they suffer because they believe their children will have a better education and future in this country. Education is very important and respected by Hispanics. However, we need to reach out to those parents.

Pilot programs are being developed in San Diego by members of our committee to address this need. More scholarships for minorities entering the field of child abuse services are also necessary. A Bicultural Consultation Subcommittee has been formed, comprised of many bilingual or bicultural professionals who have over the years formally and informally offered consultation on cultural issues in the area of child abuse.

As the Bicultural Consultation Subcommittee, we are making ourselves available to professionals, paraprofessionals and the San Diego community to provide cultural training, case consultation and to answer questions regarding cultural issues when there are identified concerns of child abuse.

Agencies need to make every effort to hire Hispanic professionals; however, the reality is that there are not enough of

them. Perhaps we need to look again at the use of Hispanic paraprofessionals. It fits with the culture. Many of the support services, such as the home-based services and liaisons with the schools, could be provided by these community men and women. We could institutionalize *compadre* networks. As Lilia was saying, we could even extend that to men and women who are recognized in the community as leaders. Perhaps there are many families in the neighborhood who are often turned to for information and support by the newly arrived immigrants. A paraprofessional child welfare job could be an entry-level position for many of these people, leading to further schooling and professional positions.

How do we address the development of competency-based cultural practice by both Hispanic and non-Hispanic professionals? We need to address the education of professionals. Higher education on both the undergraduate and graduate levels needs to address cultural issues. We need to make relevant courses mandatory rather than elective. Clinical courses need to address cultural issues, and not leave culture as an independent issue. In many universities, the programs and classes that offer cultural training are independent of clinical training. We need to bring culture into every clinical class that we teach. Licensing exams need to incorporate cultural questions. We need to offer high caliber workshops on dealing with cultural issues, so that we can further the education and development of professionals.

How do we address and offer support to the Hispanic professionals already working in this field? Our Binational Committee is beginning to offer this to each of our members. It has decreased our sense of isolation. It has provided us with a feeling of connectedness, mutual support for each other, as well as the issues. It has increased our sense of power to effect change, and it acknowledges our expertise and validates us.

Agencies need to support staff training and community training efforts by including training duties in the job descriptions of the culturally competent bilingual professional members of their staffs. Too many Hispanic professionals end up providing these training services on their own, without compensation. This contributes to burnout.

Many Hispanics are front line workers. Training them for positions of leadership, so that cultural issues are addressed from the top down, will increase support as well as make them more visible. Experience shows us that when these professionals are visible in leadership roles, programs and services to minorities are more successful for minority staff members as well as for clients.

Boards of directors need to be educated in the recruitment of board members of different cultures in order to increase support and visibility to minorities. We must develop a plan of

action to increase ethnic membership and set a time table for this to occur. The Child Abuse Coordinating Council has encouraged our community to take this new leadership role by giving us a format for a coalition of providers of child abuse services to the Hispanic community. This has given us more visibility, as well as an opportunity to make recommendations and effect change.

We believe we have developed a unique model to address the special needs of both the Hispanic population, and the Hispanic professionals in this field. Our future goals are to do a needs assessment and to develop research in the field of child sexual abuse. We have already begun to address some specific data that we have collected during evidentiary interviews at the Center for Child Protection. We know that the research validates, sets standards, brings credibility and leads to theory and practice.

We plan to develop a resource list of Hispanic providers, both within agencies and in private practice, and to distribute this to our community. We have begun gathering relevant research material on child abuse within Hispanic families, in order to build a specialized library for educational use.

As our presentations have reflected, both Lilia and I came here today representing many Hispanic professionals within California. (I have brought a list of their names.) We are making ourselves available as a resource committee, on the national level, to provide training. We hope that our community can be a model to others in our nation.

MS. HARRIS: Thank you, Dominique. Our distinguished discussants are John Holton, who is the director of the Greater Chicago Council of the National Committee for Prevention of Child Abuse, and Dan Sexton who is the director of the National Child Abuse Hotline.

DR. HOLTON: I see many similarities in the areas that were covered, particularly as I thought about the migration process, and how that is not used or understood in therapeutic settings. I thought of the similarities of the composition and culture of the extended, supported Hispanic family, in relation to Black families.

I had a question that Lilia might want to address, based on her comments that the Hispanic culture is not youth oriented, that the elders are respected, and expect to be cared for by the family. I don't question that at all. I'm trying to understand, though, how one develops an approach to, or how the culture supports, the protection of children, and how that is part of the culture. I'm differentiating between this notion of being youth-oriented as opposed to being protective of children.

I wouldn't argue with Dominique's remarks, although I do have a couple of thoughts. Unrelated at all to the remarks by the presenters, I would like to talk about the presence of the photographer who came into the room. Obviously, he was sent in to record the proceedings in a photographic way, but I thought he intruded upon the proceedings. I was reminded of the fact that in this country colored people who have a minority status are often intruded upon by the dominant culture for the dominant culture's own assumptions and wishes.

But going back to the need for hiring more Hispanic professionals, the reality is that there aren't enough available. Sometimes I hear grumbling around the country that to hire minority staff, larger amounts of money for staff positions have to be figured into the budget, that "We would love to get a black MSW or a Latino MSW, but they don't want to work for \$18,000 or 19,000."

Quite frankly, the market is such that minority members can choose who they wish to work for, and often money is a considerable factor in choosing who they wish to work for. Conditions within the country have created that situation. We face a tremendous problem of human development on the community and family levels, and this is perhaps, one of the unfortunate byproducts.

That leads me to a comment about the need for a greater sensitivity to cultures in our formal education systems, both on the undergraduate and graduate levels. As I read in this country, the trend is toward reestablishing the western philosophy, science and literature as part of a core curriculum in many of the universities.

So it seems as though we are moving away from an appropriation of cultural pluralism, seeking to reestablish the notion that western philosophy, western religion, and western science and literature make up the dominant and most precious value that we can teach young people. Even as you call for more cultural responsiveness on the secondary level, the trend is moving quickly to the opposite direction, particularly at the schools in the Ivy League, or at the other so-called trend setters in American education.

MR. SEXTON: The information that I heard from both women as well as John's comments was very clear. I am also from southern California. There is a very large Hispanic population in our part of the country. The white population has been fearful of the Latino population taking over, and concerned about how they are supposed to respond to this. Historically, the white population has responded by doing everything possible to push Hispanics away, pretend they are not there, and make jobs unavailable and inaccessible.

Contrasted with the rest of the United States, however, southern California has taken some steps to include people of color in various situations. That is still not happening nationally. I function on a number of different national boards, and the issue that comes up constantly is, "Where are the people of color on these boards?" Why is it that at our national conferences the only people of color we see are Joyce Thomas, Dorothy Harris, and Hershel Swinger? Why? Where are the other people whose expertise has been valuable in this field for a long time? How come those people are not here at these conferences?

There needs to be a major voice for People of Color, certainly at the national level, at all conferences, at all think tanks, at all meetings. Time and time again you go to meetings in Washington, D.C., Chicago, or in any other major city, and there may be one person of color out of a group of 15 or 20 people. The question "Why?" is always raised, but nothing really seems to happen from it. That's got to change. I hope this think tank will start the process to get this kind of information out to people.

I would like to see the National Resource Center on Child Sexual Abuse focus on disseminating this kind of information on a regular basis to everybody in the field, not just to white professionals. Also, the people who plan national conferences must realize that people of color ought not be asked to speak only on "people of color" issues. That is just another example of racism.

Until there is an ethnic voice at professional meetings, and until people of color are included at the national level (from the top down), change is going to be very slow. The National Association for Children of Alcoholics now has a National group called NANACOA. (National Association for Native American Children of Alcoholics). I would like to see more of that happen in the child abuse area, as well.

MS. HARRIS: Thank you. A couple of thoughts came to mind as I listened to both presenters and discussants. Lilia talked about use of the first name. It's funny the kinds of things that we pounce upon. Not too long ago I was in my dentist's waiting room, when one of the receptionists called out, "Dorothy." I didn't respond. She kept looking around. She finally asked if I was Dorothy. I was angry and startled. It was extremely disconcerting that a person, unknown to me and even younger than my youngest daughter, was calling me Dorothy. At the end of my treatment, I told my dentist I was really troubled by the informality. I explained that it really could be considered a put-down.

When I was at Johns Hopkins Hospital, I remember the interns calling elderly men by their first names. And I used to say to

them, "Strange, his first name is George, and your first name is Doctor. Now explain that to me. Get the message?" I tried to help physicians with this concept. Now, at my dentist's office, interestingly enough, I walk in and everybody in the office says, "Mrs. Harris," They can't stop. When you said that, Lilia, it really struck a cord with me, because I remember how it affected me.

John spoke about not being able to find minority professionals and employers' perception that they will have to pay higher salaries for minority staff members. I'm told that schools of social work are experiencing difficulty in their recruitment efforts with minorities. Therefore, it will become increasingly difficult to recruit minority professionals. Schools of social work are going to have to find innovative ways to attract minority students. We are going to have to do the same for our agencies. Then, we must figure out ways to retain them. But I think all of this work needs to be done in a thoughtful and orderly way.

Our second team of presenters will give us their perspective on the issues related to Asian Americans. First we have JoAnne Hayashi Frugé, and then Ann Tran.

MS. FRUGÉ: My name is JoAnn Hayashi Frugé. I came to the field of child sexual assault from recruitment efforts at the university level. I recently graduated from the University of Washington School of Social Work, where I worked with the admissions office in their Minority Recruitment Project. I will be discussing recruitment on the graduate and undergraduate levels, as well as the development of what we call a "competency-based cultural practice."

First of all, the development of a competency-based cultural practice requires that we first recognize what skills are part of that practice. We then need to apply these general skills to our specific field, which is child sexual assault. Cross-cultural social work, which is what a competency-based cultural practice would be, is founded on an awareness about how our culture affects us as individuals, and how it adds to our personal wholeness, and sense of self.

Sir Francis Bacon said that men generally feel according to their inclinations, speak and think according to their learning, and act according to their customs. When we can understand the importance our culture has on what we think, on what we say, and how we act -- when we are able to appreciate ourselves in our own cultural context -- then we can fully appreciate our clients in their cultural context.

Such self-awareness requires that service providers fully recognize their attitudes about cultural pluralism. They must be

fully cognizant of their attitudes, and realize the extent to which they believe that cultural assimilation -- especially into the majority culture -- is the desired outcome of therapy.

We have to recognize that a person of any given ethnic background is at the very least bicultural. I am multicultural. I'm Japanese, I'm American, and I'm Asian-American. These are three different cultures that I live within. Cross-cultural competency requires that professionals fully understand how the client integrates his or her minority status and membership values with that of Anglo-American society.

We must strive to appreciate the values and relationships that are special and essential to our client's sense of self. It is only then that we will be able to let our own cultural affiliation be separate from and not interfere with the client's healing process.

Culturally competent social workers must recognize how the client's cultural values will affect his or her own behavior and perception of the world. Values found in one segment of an ethnic community are not necessarily valid for the entire community. An individual's acceptance of traditional values will vary based on his or her generation, level of enculturation into the majority culture, socioeconomic status, and regional influences.

Competency requires that we see all cross-cultural encounters as learning opportunities. This concept assumes the client brings with him or her a wealth of cultural knowledge that can be elicited and used appropriately in therapeutic intervention.

According to James Green,<sup>4</sup> the ability to help clients recognize and make use of cultural resources, be they people or ideas, is one of the critical tasks performed by the ethnically competent worker. The professional must encourage clients to draw from the well of natural strengths inherent in their culture and community, thereby participating in their own healing process.

We must recognize that, as a group, people of color tend to be overdiagnosed as depressed and psychotic. There is a tendency in our society to blame the victim for his or her circumstances. Americans believe that it is a sign of personal failure if an individual fails to succeed in the "American way."

As service providers, we must recognize that our clients may buy into this misconception and blame themselves for their situation. We know that people of color are overrepresented among the

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<sup>4</sup>Green, James W., CULTURAL AWARENESS IN THE HUMAN SERVICES. Englewood Cliffs, NJ: Prentice-Hall, Inc. 1982.

poor, and that poverty leads to deprivation and want. Professionals must bear in mind how this phenomenon of owning into their own plight affects their clients' health and sense of self-esteem.

Because a person's behavior is influenced by his or her interaction with the environment, one must be able to see the difference between a sick individual and a sick society. Before entering into a counseling relationship with a person from another culture, the competent professional will ask himself or herself, "Why should this client trust me?" This is especially true in the area of sexual assault.

There are a number of topics that should be reviewed when working with a victim from a culture different from one's own. The specifics vary for each culture and for each individual, so these are general guidelines.

Firstly, we must be aware of any special discomfort the victim may have with medical and social institutions. There may be a fear of insensitive treatment by staff, financial barriers, or humiliating language and procedures. This fear could be well-founded on past individual and collective experiences.

Imagine yourself as a young female Southeast Asian victim who has been taught not to talk about sex in the home, let alone to strangers. Now imagine being asked a number of times to describe your ordeal for people -- including men -- that you don't know. Be aware of the implications that being raped has on the values, virginity, marriageability, and general worth, not only for an individual of Southeast Asian background, but also for victims of any minority group.

Be aware of the negative feelings that a minority member may have about reporting to the police or Child Protective Services. These may be related to a personal or collective history of oppression by these agencies. What is going to prompt a Native American mother to report to Child Protective Services that her child has been assaulted, if she feels that this is the agency that takes children away from parents and puts them in homes outside of the reservation?

We must be aware of the differences in extended family systems experienced by minority victims, and how these may potentially help or hinder their healing process. We must be aware of feelings of anger, ambivalence, confusion, or despair that a victim and her family may have as a result of being assaulted by a rapist of their own culture or by somebody of an outside race or culture.

We must constantly be aware of our personal biases with persons of other cultures. If we cannot deal with these biases,



then we must be comfortable referring the person to a more empathetic provider. We must be ready to consult others, or refer to specialized agencies in the community that exist to serve specific minority groups.

Integral to the development of a competency-based cultural practice is the adequate training of our professionals. Training often begins in our universities and colleges, but it should not end when we exit school and enter the profession. The curriculum for professional training needs to be both broad and specialized, because minority professionals must be prepared to work both on the macro and micro level of social work. The macro level consists of the various social service systems that we will encounter. Our education must give ample opportunity to explore and learn about how various cultural groups have experienced those systems of social services. On the micro level, our training must be specialized, not only in the area of child sexual assault, but also on the effects of those issues on specific populations.

Remember, people of color in this profession are called upon more often to do cross-cultural work than our Anglo-American counterparts. We need, therefore, to prepare ourselves for that reality with in-depth and specialized training. One important aspect of our professional training must be practicum placements which reinforce minority students' experience within the profession.

In the field of child sexual assault, we must find ways to attract students to spend their internships in agencies whose focus is multi-ethnic work. We must build relationships with these people. These students bring with them to the agency fresh insight and enormous amounts of energy. This type of relationship benefits both the student and the mentor: the student gains insight from somebody who has been in the field for years, while the professional is gaining the sense of vitality, renewed vitality for some, and also valuable information on new trends and models of intervention.

There is another possible benefit. The majority of the research on prevention, intervention, and child sexual assault issues are based on the majority culture and the majority culture's needs. Involvement with child sexual assault programs within the minority community will help students recognize the deficiencies inherent in established models, which do not take into account the strength of the minority culture, and what that brings to the victim.

By getting students involved, by getting them to see that these models don't work for the minority community, we are more likely to pique their curiosity as to why minority-specific research has not been done. The fact that somebody asks why it

isn't done will increase the chance that it's going to get done, especially at the university level. Such research will benefit us all.

Minorities and women have historically been excluded from the higher levels of education. Complex social factors have kept them away from the universities and have caused them to pursue other developmental paths. Yet these experiences and these different paths of development enable people to bring new perspectives and different values of equal (perhaps even higher) capabilities to the profession, especially to our educational institutions.

Active recruitment is needed to help these people attain the professional accreditation often necessary to advance their careers. Such recruitment efforts must take into account the need for financial assistance. At the University of Washington School of Social Work, the majority of students coming into the graduate programs are in the middle of their careers, the middle of their lives. They have homes, they have responsibilities, they have families. It's not very easy for them to work full-time and also go to school. They must support themselves and their families, and pay tuition. If we want more minority professionals coming out of our universities, we must help them get in. And that's going to mean scholarships, grants, and other forms of financial assistance.

Again, at the University of Washington, there is a family preservation program which gives grants to students who are studying how to keep families together. This is also true of the maintenance program for families experiencing difficulties. There is also money available for people studying to be Indian child welfare workers. These are good programs, but they are a small portion within the entire field of social work.

As professionals we are asked over and over to give to our profession. I think that we also need to participate in our alumni associations, to start giving back to our schools and our field by helping students continue to do the work that we have started.

If we are going to place value on the various developmental experiences that minorities bring with them to the university setting, then I think we must also take this into account when we look at their admissions applications. Then we must be committed to assist them in gaining academic equality with the majority-culture students once they are admitted.

To achieve this, several universities have developed what they call "bridge programs," to help minority students acclimate and orient themselves to graduate school expectations. I went through graduate school late in life, so to speak, and it was

quite a challenge after not being in the school setting for ten years. I was one of the younger people going through school, but my study habits certainly declined in the years I was away from it. I think about people who are coming back after 20 years in the profession, and how difficult it will be for them to write a term paper.

This year was the University of Washington's first year of providing a bridge program. Ten students attended: less than half of all the minority students enrolled in the graduate program that year. It entailed five all-day workshops covering writing skills, the organization of papers, the use of computers, and basic research methods. All of these topics had been found to be problem areas or areas of concern for entering majority students. The total cost of the program was \$6,000. The cost to students was nothing. The school felt that this was a very good use of their money.

The University of Washington isn't the only school that offers one of these programs. The University of California at Berkeley does as well. We need to be careful with such programs, however, because there will always be those who will assert that the need for such programs by minority students is reinforcement of the stereotype that minorities are academically inferior to the majority culture. Other schools are able to balance this out by maintaining programs for all entering graduate students. In times of limited resources, however, we need to prioritize. We must recognize that some will see this as helping the minority student who shouldn't be there in the first place and defend our choices against those who will cry reverse discrimination.

The most effective way to recruit professionals is to start in the junior high schools. We must show students that this is a career worth pursuing, that there is more to working against child abuse than professional martyrdom. In order to do that, however, we need to show that there are some career advancement possibilities; otherwise, we are not going to draw any new blood to the profession.

What steps need to be taken to revive the obstacles for visibility of minority professionals in this field? I see one major obstacle which we must address: institutionalized racism. The social work profession is dedicated to eliminating racism, sexism, -- basically all the "isms." Yet, all the key administrative policy positions within our human service organizations are filled by white male middle class persons. Where are the women and minorities? Generally we are occupying the most subordinate direct service positions. We don't reach the administrative policy-making levels.

In Washington state, it was considered a breakthrough that an Indian actually headed the Indian Affairs unit of the Department of Social and Health Services. I think it is a tragedy that it took a "breakthrough" like that for someone of that culture to be working on issues that effect people of that culture the most.

So, how can we address this institutionalized racism? We need to take inventory of the racism in our own social agencies. Whether at the grass roots level or above, we need to ask the following questions: What percentage of the staff is composed of people of color, and what job levels do they have? Are these jobs advertised in the media? If so, what media are they advertised in: the major newspaper only, or in ethnic newspapers as well? Are the interviews conducted by people of color, or are they white? In reviewing the job, we must look at mobility. What possible levels can employees attain when they move up the ranks, or can they move up at all?

Unfortunately, as people of color, we are sometimes hired to fill government Affirmative Action quotas. We are expected to have expertise on all minority issues, and to solve the problems of all minority clients. It's already been said today that we need to concern ourselves with who sits on the boards of directors, and who makes the decisions for our agencies.

People of color have traditionally been asked to act as watchdogs for acts of racism, to be advocates on issues of racism. We need to start getting other people involved in this, because we have been talking about issues of racism within our field for a long time. All the research on institutionalized that I read in school was ten years old. I'm asking, why is it that racism is still part of our organization?

MS. HARRIS: Thank you JoAnn.

MS. TRAN: I am glad to be here today and to share some of my own experience as a Southeast Asian woman.

Every culture has sexual taboos, but today I am going to talk about the Southeast Asian community and how it relates to sexual assault. Within the Southeast Asian community there are very strong sexual taboos which have been operating for many generations and in many cultures.

Originally I planned to say something about the variations of cultures within Southeast Asia, but because the situation is very similar to the variety in Mexican culture, which Lilia has already discussed, I'm going to skip that and go on to how it's related to sexual assault. Traditionally, Southeast Asian children are not allowed to learn about or be exposed to sex until

they are married. Sex is considered a dirty topic, highly personal and not to be discussed with anyone.

Our community is constantly upset with American sex and there are serious concerns about children being exposed to sex on television, in magazines, or in school. In our culture there is no sex education in school, and so parents worry that it's a negative influence on their children over which they have no control. Many American parents express concern also, but coming from a much more sexually modest culture, the degree of alarm over these influences is much greater in the Southeast Asian community.

Parents are also worried about their lack of control over their children in the U.S. The behavior code at home is much more strict, especially in the area of dating. Dating is not considered acceptable behavior for a couple until they're engaged. Normally they could not date just as boyfriend and girlfriend without getting a bad reputation.

Generally in our culture, touching is limited to the touching of children by adults or a little touching between children. Parents do not hug or kiss in front of their children. Also, I've done some research on family social work, and some of the Southeast Asian people interviewed believe it's okay to play with the genitals of a male infant up to the age of two. It's considered a normal way of teasing a child, and considered perfectly acceptable without any sexual intention attached to it. It's also okay to touch the genitals of a female infant.

Contact between adult males and females is more stringent. It is considered shameful for a female to be touched by a male in public. It's considered very shameful if they are not related in any way. It is okay for the same sex to touch, like sharing friendship, by holding hands but never for a male and a female to do so.

So it's difficult for us when we first come to this country, and people come up and give us a hug or shake hands as a sign of showing friendship. Some of us, myself included, find it really difficult to accept if a male member of the church comes to give us a hug. I feel very uncomfortable. It's very difficult to accept because I was brought up in a culture in which I was taught by my family that you never use any physical contact between males and females.

Most of the people I surveyed thought sexual assault of children was rare, meaning they seldom hear about such a case. This is not to say it doesn't happen, but because they're not ready to accept it, people think it doesn't happen.

In cases involving stepfathers and stepdaughters, not only do they think it could occur, but it is taken for granted, because they believe that the stepfather and stepdaughters have no blood relation. However, because it's hard for them to believe that somebody might sexually abuse their own children, they think this is not an area of concern.

Researchers think it's much more likely to happen in America than back home, because of the domestic living situation. Here everybody has his or her own room and living is independent. But in the Southeast Asian home, because of economics, the whole family lives in the same room. The opinions gathered suggest that sexual assault within the family was less common in Southeast Asia because of the lack of privacy there.

There are many reasons why a victim would not likely report sexual abuse of herself or her child, get professional help, or turn to social services. She may be afraid of damage to her family's reputation. She may be too embarrassed to discuss sexually related topics. Immigrants face tremendous barriers in a new country: the language barrier, the cultural barrier, the lack of knowledge of the American social, legal and medical systems. All of these factors may prevent them from coming out for help, especially the children, who are taught to comply with the wisdom of the elders.

Children are more likely to do whatever adults want them to do, especially if it is a respected person that does something wrong to them. They may not know it's okay for them to report to an adult about what happened to them.

Seeking counseling for emotional trauma is new and threatening to the Southeast Asian people because mental health counseling tends to be associated with mental illness. One must be severely mentally ill to seek counseling outside of the family. We've always been taught that the individual should not express emotion in public, because it's a sign of lack of self-control. Whatever happens, we should control ourselves, and deal with our problems within the family, rather than talk with outsiders.

Our culture emphasizes keeping harmony in any relationship. Because of this emphasis, Southeast Asians strive to deal with each other in a polite manner. For example, if someone did something bad, they wouldn't want to tell, for fear of hurting, offending, or being disrespectful to that person. So, in a counseling situation, one must try and determine the direction of the encounter within the values of the culture. Within our culture there is usually ambiguity: in keeping harmony in relationships, we tend to be concerned with what others think. In a counseling situation, Southeast Asians may tell you what you want to hear, rather than what they need your help for. That's another polite manner of dealing with counseling.

The western style of counseling uses a more direct interview style, which is often not suitable for the Southeast Asians. In the Asian culture, counselors spend more time with the client than is necessary simply to ask all the questions they need. Our people are more likely to talk freely about themselves if they get to know you on a personal basis rather than business only.

Sometimes to get an answer, we have to repeat our questions over and over in different ways. Sometimes the answer is not straight. Sometimes the answer is hidden because it's hard for them to say something straight out. If you ask a question and it seems like the client is silent, you should be sensitive to this, and try to rephrase the question, making it easier for the client to give you an answer in a different way.

Language barriers are a main concern because a majority of social and health agencies, in Washington state, at least, do not have adequate Southeast Asian services. By "adequate," I mean interpreters who understand English fairly well and who are also familiar with the subject matter. Otherwise, that interpreter may not translate the message you are trying to relate to the client. If the translator is not trained in and sensitive about the topic, he or she might translate in a way that is insensitive to the victim, perhaps creating a situation worse than not having an interpreter at all.

In getting translation services for a client, it is important to ask what language they speak at home. Southeast Asian refugees often speak two or three languages in their culture. Ideally, the counseling should be the language with which the client feels most comfortable.

When getting a translator, another thing to keep in mind is that the Southeast Asian community tends to be small, with very few people. It is possible, inadvertently, to get a translator who is related somehow to the victim or to the offender. This would make the victim very reluctant to talk to this translator; or, the translator could give you misinformation because of his or her personal bias.

The basic sexual assault prevention/education concepts that we use are based on helping children help themselves to be safe. The basics we teach are: 1) your body belongs to you, and 2) you can decide who touches it. The goal is to teach children what they can do to make decisions about their own bodies.

It's important that children know that they can come to adults when something happens to them. They can come to a school counselor, to a friend, or parents, of course. And children need to know that it is not their fault if someone touches them in a way that's confusing to them, or that's not okay with them.

It's not their fault, even if they assumed the touch was okay. I mentioned earlier that sexual relations are very highly taboo in the Southeast Asian community. This would clearly hinder the children's ability to tell an adult when something happened to them, because they would be afraid an adult disbelieved them. Children need to learn that if a respected person molests them, they can report to an adult and they would not be blamed for whatever they say.

We need to emphasize to the children that it's not their fault. Whatever happened is not their fault. We believe them, we support them and we will find some help for them whenever we can.

The King County Sexual Assault Resource Center is sensitive to the needs of the refugee community, and is developing material especially for them on child sexual assault prevention. We intend to make it widely available in the community, because prior to this project, refugee parents had no way to get sensitive material on child sexual assault education. We were able to get this material published by involving a lot of community providers, who work closely with refugees and are knowledgeable about the issues. It is translated into four languages: Vietnamese, Chinese, Cambodian and Laotian. At the end, I have included my own notes and some tips about the special sensitivities that are helpful when working with a Southeast Asian victim.<sup>5</sup>

Then the last thing I wanted to mention is that every case varies with the individual, so try not to put too much stock into stereotypes of Southeast Asians.

MS. HARRIS: Thank you, Ann.

MR. SEXTON: I have been very convincingly reminded by the first two presenters of how inadequate my education has been. I had one cross-cultural class in graduate school, taught by a woman of color, but it was only one class period. Some of these issues were covered but most of the books used in grad schools are inadequate in areas of cross-cultural studies.

I was struck by the similarities in the family structures between the Hispanic community and the Southeast Asian community. There are also great similarities in the diversity of the populations, the migration issues, different levels of enculturation, living in a country with a foreign language, the intimidation felt by people of color dealing with the Anglo-American popula-

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<sup>5</sup>Wong, Debbie & Scott Wittet, *Be Aware, Be Safe; Helping Your Child to Be Safe*. [Ed. note: Both are available from the King County Sexual Assault Resource Center, P.O. Box 300, Renton, WA 98057.]



tion, and the various languages spoken within a particular people of color communities.

I also was struck by the fact that the word "minority" was used a lot, and I am uncomfortable with that. "Minority" always connotes "less than," and I would like to see that word struck from everything that is written in the field of child sexual abuse, and a lot of other areas as well. I don't think it shows respect for people.

The American Humane Association is developing a curriculum of competency-based training for child protective services. They are trying to standardize it across the country and would do well to include more culturally sensitive material. The curriculum should be reviewed by people of color. I would like to facilitate a way for members of this panel, and interested attendees, to meet with representatives of the American Humane Association and offer their expertise.

There needs to be a way to locate the services and resources for specific populations, available around this country. Perhaps this is something that the National Resource Center might want to look into. There needs to be a data base through which to share the information that we each know within our own communities, but which nobody else knows outside of our own community. There has got to be a way to access that information and then redistribute it in various languages. Also, most publications, and videos, and other public information material in our field are not very culturally sensitive. I don't know whether the National Resource Center has the funding to do that, but it should be looked into by its Advisory Board.

APSAC, the American Professional Society on the Abuse of Children, is a professional membership organization;<sup>6</sup> some of us in this room sit on its board. We would love to have this session's panel come to the next membership meeting and share your information. APSAC needs direction on these cross-cultural issues.

The need for scholarships for paraprofessionals was brought up again. You have all emphasized that the family is a very strong element within both the Hispanic and the Asian Pacific Island communities. Can extended family members be trained as paraprofessionals and simultaneously respond to the sensitive issues of child sexual abuse, offsetting the lack of professionals within the system? I would love some feedback on how that might be facilitated. If trust is so critical within the extended family, and if the mistrust is so deep about services primari-

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<sup>6</sup>332 S. Michigan Ave., Suite 1600, Chicago, IL 60604. Joyce Thomas chairs the APSAC Ethnic/Minority Task Force.

ly controlled by the white community, paraprofessional training for extended family members might best be incorporated in the treatment process.

MS. HARRIS: Thank you, Dan. John?

DR. HOLTON: Ms. Tran's and Ms. Frugé's remarks were quite well presented. I thought Ms. Frugé's general remarks about how to develop competency-based skills could apply across the board. I thought that she laid those issues out quite well. I was particularly interested in the recruitment and development of professionals, particularly the use of mentor relationships and the practical experience. That is something we should develop further in our particular regions, especially the idea about supporting one's alma mater as a way of putting some dollars earmarked for students of color back into the system. I think that is very important, and it brings to mind the fact that most of the needs that we have discussed in this session are going to have to be filled by people of color.

I don't get the impression, as I look at the trends in this country, that the dominant culture is totally interested in supporting our efforts. Therefore, much of what we do must be self-generated.

To some extent, it can be done as a result of this particular session. Our previous two speakers talked about a binational organization, and that idea makes a lot of sense to me. Trends projected for the 21st century show a majority culture consisting of a conglomeration of minorities. If we don't begin now to talk to and learn from each other, we will simply repeat historical disasters over and over again.

I thought that Ms. Tran's presentation on Southeast Asian culture was just fascinating. I would have appreciated more discussion about the similarities between Hispanic families and Southeast Asian families. I think if we are going to develop a common language, there has to be some bridge-work done, and some commonalities established, so that we can refer to our respective cultures.

On a personal note, I wish I had known early about the Southeast Asian custom of dating only after engagement. It would have saved me quite a bit of personal trauma. I also think the information about the use of a translator is quite a fascinating and important angle. The translation and the translator are key. Often, in court, the translator plays a role that I'm not quite sure is beneficial to the victim or the victim's family. I'm glad that you brought that out.

MS. HARRIS: The third team of speakers will give their perspectives on Native American issues. If there is some thing

during your presentations to discuss the similarities between your culture and some of the other groups that were presented earlier, that would be fascinating.

MR. CROSS: I don't mean to disappoint you, but I really don't want to spend a lot of time on the similarities. There are a lot of similarities: the extended family issues, and some of the customs. But, there are some unique issues that are important for us to consider, and some things may be commonalities that haven't yet been shared by the speakers from the other communities.

I don't think we can evaluate the appropriateness of services, or prevention efforts, in child sexual abuse, until we look at the context in which we must work. I want to begin by setting a context for the Indian community.

We have to start by looking at what we know, and one of the things we know about the Indian community is the higher risk factors. The dominant society's research tells us about risk factors of isolation, alcohol abuse, dysfunction of families, and family violence. We have all of these things in Indian country. Unless we begin to address some of those risk factors at a core level, we are not going to successfully develop appropriate approaches. We can continue to put on band-aids, but unless we reduce the level of poverty, substance abuse, and violence, and increase economic opportunities, we are not going to have an impact on the other problems. So, we need to look at holistic approaches.

We also need to look at our history to see where child sexual abuse comes from in our Indian communities. One of those places it comes from is the boarding school experience. From the 1870's to the present, our children have been sexually abused in boarding schools. Fran Felix, a social worker from the lower Sioux Reservation in Minnesota, has been gathering the stories of elders who grew up in boarding schools. Almost invariably, there are stories of child sexual abuse at the hands of Bureau of Indian Affairs (BIA) employees.

As recently as last year, the U. S. Senate's Special Investigations Committee found a network of pedophiles who announced on their computer bulletin board that if you wanted to abuse children and not get prosecuted, you should work for the BIA.

We also need to realize that 25 percent of all Indian children have been in out-of-home care at some point, and the experience in foster care has not been a positive one. Historically, taboos in Indian communities prevented sexual abuse and incest in families, perhaps more so between brothers and sisters, and between different clans than father-daughter incest. But, those

aspects of the community and traditional spiritual beliefs have largely been driven underground.

We need to realize that the prevalent attitudes of sexism and racism tend to lower self-esteem, and increase the risk of being a victim. One has to have the feeling of one's own power and authority to say no.

We need to recognize the loss of natural cultural protection mechanisms. In our history, our extended families provided a natural protection. No one person had the solo responsibility for raising a child. There were always aunties and grandmas nearby to be careful observers. Under their watchful eyes, things didn't happen as frequently. But the natural traditional child-rearing practices that prevented child sexual abuse have been lost because of the boarding school era and a variety of other reasons.

We have also lost the spiritual teachings and traditional stories that prevented child sexual abuse. When the traditional Indian spiritual belief systems were largely replaced by Christianity, it became unacceptable to tell the stories that prevented child sexual abuse. We have only remnants of those stories these days.

There is a story of a Coyote who changed himself into a baby and floated down the river, where he saw three young girls. Coyote decided that he was sexually interested in those young girls, so when he came by the first, he cried and made himself sound like a baby. She picked him out of the water, and he changed back into Coyote and he had his way with her. Then he put himself back into the water, and floated farther down the river to the second little girl. When she saw him crying and looking like a baby, she pulled him from the water and he changed and had his way with her.

And he went back into the water, changed himself again into a baby. But the third little girl had been observing. She had watched what had happened to the other two girls. So, when Coyote made himself cry like a baby, she went over to the water and she opened his diapers and saw that his member was larger than a baby's should be. So, she grabbed him by his member and she threw him across the river.

Today, that's a story we can't tell to our Indian children, but it used to be okay. There are others like that. There were stories that protected children, and told them what to be watchful of, what to be careful of. Those are things that we have lost.

We also need to pay attention to a whole set of Indian community dynamics. In a reservation community, where everybody

knows everyone and everyone is related to everyone else, there is a great advantage of supportiveness and closeness. But there is also a disadvantage: the possibility for entrenchment of child sexual abuse. The problem is that our greatest strength is also our greatest weakness.

The family is the fabric of the tribe. Families are organized into clans, and then clans are organized into tribes. The tribe is a large family of people. The notion of separating the perpetrator from the victim flies in the face of what a tribe is. The dominant society's solution of separating people from one another is not going to work in a close network of people. It's unlikely that perpetrators will be removed completely from the community. So, we must find better ways to treat the perpetrator.

The whole idea of confidentiality is based, largely, on the dominant society's concept of the importance of individual privacy. But we should think about the roles that gossip and rumor play in social controls. While we as professionals need to maintain confidentiality, we need to respect the community's capacity to control behavior itself, through its system of checks and balances. It's a touchy, difficult subject.

We need to think about the social distance between people. The fact is that our workers on reservations don't get to go home to the suburbs at night. They have to shop at the same store; they have to go to the same store; they have to go to the same post office. There is no social distance between clients and workers. We need to find ways to support workers if we are going to keep them in the field.

If people are going to confront child sexual abuse in their own communities, they need to be prepared, and to have supports within the community, and I mean support that goes beyond professional linkages.

When I do workshops about child sexual abuse in Indian country, one of the things I often hear is, "If we really confront this issue, there is danger to the people, because people don't want this talked about." People get fired because they investigate the wrong people, or because they bring up the wrong subject.

It can be a difficult process to investigate the family of somebody who's a powerful member of a tribe. Much like our warrior societies of the past, our workers and people who prevent child abuse must have the warrior mentality. People think the warrior mentality has to do with fighting, but the warrior way has to do with meeting one's creator. The warrior is the defender of the people. He must always be spiritually right because if you are in this kind of work, you had better have the spiritual

support you need, because of the things you will confront are as dangerous to the community as the attacks of outsiders were in the past.

Indian workers confront grave things, and we have to do it in the face of the BIA and Indian Health Service paternalism that tries to tell us how to solve our problems. People don't tend to solve their own problems until they have full responsibility for them. We need to consider help-seeking behavior. As JoAnn pointed out, people do not turn for help to a system that has abused them. So, Indian people are not likely to report child sexual abuse.

The patterns of keeping information and problems within the family is a commonality with other groups. We also need to face the reality that there aren't services available on reservations and that the help-seeking behavior tends to keep problems in the family. What can we do in that context?

One of the things we can do is work on prevention and community education of both parents and children. Parents are our best preventors, so parenting education based on traditions is going to be very important. We must revive all of the old stories, perhaps in new garments. But certainly we must revive the acceptability of telling the stories, and the acceptability of talking about child sexual abuse. We need to start early, in Headstart and in the primary grades. We have to emphasize a prevention curriculum, self-esteem development, and alcohol abuse prevention. We need to build in this community a sense of responsibility, so that we can build solutions from the inside. We have to localize the solution.

Those are my observations in setting a context in which to answer specific questions.<sup>7</sup> The first question was, "What method should we use to evaluate the appropriateness of the approaches?" My answer to that is, ask the people. One of the places to ask is the National American Indian Conference on Child Abuse and Neglect,<sup>8</sup> which has been held for seven years. If you're not aware of it, then that's a symptom of what's going on here. The most recent conference consisted of 52 hours of instruction on child abuse and neglect. Attendance reached 600 people, and all the presenters were Indian.

At each of those seven conferences, I have yet to see representation of more than two people from the National Committee for

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<sup>7</sup> See Appendix A, pg. 61.

<sup>8</sup> Sponsored by the American Indian Institute, Continuing Education and Public Service, University of Oklahoma, 555 Constitution Ave., Norman, OK 73037.

Prevention of Child Abuse, American Humane, or any of the national resource centers. It disturbs me to be asked to speak, summarizing my culture's difficulties with child sexual abuse in a 20 minute period, when we can't fit it into a 52 hour conference.

"What modifications, if any, are needed in the area of child sexual abuse prevention?" Well, we need more resources. We need dollars to flow to tribes in the same way that they flow to states. We need more self-determination. We need to have the capability and the responsibility to solve our own problems. We need more talent development. We need all of the outside world to believe that Indian people have the capacity to heal themselves. We need a holistic approach that focuses not only on child sexual abuse, but on our economy, on the issues of oppression and self-esteem, and on our health, well-being, and education.

The third question was, "How can we support the development of a competency-based cultural practice?" First, define what it is and teach it. Second, make it a policy and enforce it. Third, change attitudes and monitor them. That's the solution, but I have grave doubts about the willingness of the dominant society to do that.

"How can we increase efforts to recruit, support, and develop minority professionals?" We need to make learning environments that are culturally appropriate. That means content. I went to graduate school for two years, went back to my reservation, and had to throw most of it away. The site of the education needs to be changed. We must stop taking people off of reservations and having them go to school in cities. The process of integration back to the reservation takes two years. That's two years of precious wasted time, and some people never make it back.

We need approaches and theories that are based in Native American thought. Those approaches must be respected and seen as legitimate by the rest of society. We need to have teaching approaches and learning approaches that are as culturally relevant as the content. I think if people of color had done the planning, we would have a much different kind of learning environment than we have today.

"What must be done to remove the obstacles that block the visibility of minority professionals in our field?" I don't really know what this questions means, but my thought is: "Get out of the way." I don't mean to be flippant, but I do want to close with a story that came to mind.

My daughter liked books when she was younger. The name of one story was, Pretty, Pretty Peggy Moffit. Peggy Moffit was very, very beautiful and everyone told her she was very, very

beautiful. Pretty, pretty Peggy Moffit always looked at herself in a mirror, and couldn't go any place without it. She always walked down the streets that had windows so she could look at her reflection and admire herself. As she walked, she would say, "Pretty, pretty Peggy Moffit." She gave up all of her friends, and she gave up looking at all other things in her world but herself.

One day, she was walking down the street, and she passed a big mirrored building. She was so fascinated by her own image that she said, "Pretty, pretty Peggy Moffit," she fell in a coal hole and got all black, soiled, and bruised. And pretty, pretty Peggy Moffit had to begin to notice the world around her.

And I hope that we can think about visibility in a different way. There is another world out there, folks. We must not look through one lens only. If the dominant culture is more interested in itself than in looking outward at the rest of the world which is rapidly enveloping it in color, then we will never get to that place where we need to be.

MS. HARRIS: Toni.

MS. DOBREC: Terry was very provocative. In preparing for this assignment, Terry and I had discussed what we might possibly do. I read and reread the five questions to which we were supposed to respond. I went over and over them, and really had some difficulty with the list. And all of a sudden I realized the difficulty I had with the questions.

Typically, we all are adaptive individuals, and these questions were asking us to be adaptive again. I really have strong concerns about that, because particularly looking at the Native American population, we need to throw away a lot of the adaptive activities and start developing our own particular models. We have to draw forth our traditions, even if we have to put them in different clothes to make them fit our particular contemporary cultures.

If you look at the Native American population, there are over 500 nationally recognized tribal governments existing in the United States today. There are some similarities, but there are differences in traditions, histories, and backgrounds on how Tribal people relate to the world.

It would be nice to have all of the social work publications coming out of the national centers written in our languages, for those who still speak them. That would increase the national debt considerably! That's facetious, of course. The reality is that it's not workable.



It is workable, however, if we go back to the community and have the community develop its own perspective, determine its own direction, and work with its own people. I think we have to get away from professionalism. The reality is that Native professionals, whether in social work, psychology, public health, mental health -- whatever field -- simply are not out there. Currently, there are about 400 Native American M.S.W.'s in the United States; 80 Ph.D. psychologists, typically clinical psychologists; masters of Public Health -- maybe 200.

So, we must stop looking at professionalism, and where we have gotten our education. The comment was made that we need "new blood." We need blood that has not been siphoned through an educational system which doesn't pay attention to us.

In one of my past lives, I happened to venture into social work education, as a student, but also as a faculty person. I am currently active in the Council of Social Work education. I am really getting tired of talking about culturally-based practice, and integration of minority topics into curricula as electives, or occasionally as a requirement if you're in a progressive social work school.

When I was a student in the early seventies, at least the social work school I attended had a required course. I had a black experience, which was helpful to me because I was ignorant in those areas. But issues of the other minorities within the larger population were not addressed. When you look at their curricula and the types of research they produce, you see that academic disciplines have not moved very far. You see more topics on culturally relevant practice in all the helping professions, but there is still a strong void in particular minority areas, and little research to document what has occurred.

My area of interest is program evaluation, and I've been taught the process well. It's one of the most highly researched processes you can get involved in. We have to adapt existing models to serve our cultural needs, primarily because we are dependent upon the broader society. We have to respond to them; we must integrate. Because we are, at times, brought forcibly into the standardized systems, we have to deal with those.

When we attempt to adapt those models to our communities, the individuals involved in child sexual assault must participate in the evaluation process, so it becomes an educational process rather than just an evaluation. That way, we can continue to get funding from the Children's Bureau,<sup>9</sup> and the Bureau of

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<sup>9</sup>Administration for Children, Youth, and Families, Office of Human Development Services, U.S. Department of Health and Human Services.

Indian Affairs. We could possibly get additional funding from the Indian Health Service to support our social services programs on the reservations or Indian communities.

We have to work from existing models by evaluating each aspect carefully, examining ourselves from within. We must throw out those models the things that are biased, and adapt more of our spiritual orientation, our religious orientation, our community orientation. Then, I think we have a stronger opportunity to combat child sexual abuse, family violence, and violence within our communities.

In order to change things, we must be very well aware of what needs to happen. We must be very selective in reviewing those models that we want to implement, and also we must be very cognizant of the fact that the major mental health provider in Indian country is Indian Health Services (IHS). It is not very helpful to evaluate IHS workers on the basis of where they have been schooled, or whether they use a power model or a participatory model. The individuals who direct those services should be evaluated on the basis of how individuals have been treated, and how fast or how slow the system works.

Historically, Indians distrust those agencies, even though the people providing the services out of those agencies may be Indians. Just because you're Indian doesn't mean that you know how to serve the community. Sometimes the bureaucracy molds and shapes one's perception of what needs to be done, or what can be done.

There are a couple of models that have existed for recruitment. For a great number of years, the National Institute of Mental Health provided support to schools of social work throughout the nation. Originally, there were about ten model programs, but over the last 20 years, all but one have disappeared. The next to the last one just got axed this year. Only the University of California School of Social Work at Berkeley still operates a very strong program for recruitment and retention, providing support for Indian students within that particular education program. The University has also been very strong. All the major schools of social work are graduating increasing numbers of Indian M.S.W.'s. I think the Utah School of Social Work holds the record for producing Indian Ph.D's.

But what also comes with that must be very severe criticism. In 1974, I was supported with one of those grants, and at that time, a stipend was \$5,000. In 1989 a stipend is almost that exact amount. The Indian students we recruit into social work education, typically, are single parents with three or four (or more) children. Unfortunately, because they can't master enough financial support, we lose a lot of those students.

This year a young fellow was placed with our agency but lasted only about two months. He dropped out and went home because he couldn't maintain himself and his family on the amount of assistance that he was getting, working with us and going to school.

The successful models provided extremely good support to the students once they got into the academic setting. Not only from the standpoint of socialization, but with the tutoring and academic supports necessary just to get through the process of competing in that particular environment.

I think that is a good model, but as resources become more and more scarce, those funds are pulled away, in particular from Native American populations.

Another highly appropriate model, used with Indian pre-law students is a three-or-four-month "institute." Individuals interested in becoming lawyers have an opportunity within a university setting, to determine whether or not it is appropriate for them to commit themselves to that particular competitive academic environment. And if they can build confidence of success in that environment, while they're in that environment, they will continue to get the support throughout their educational careers.

Again, the Bureau of Indian Affairs is interested in supporting this program because we do need lawyers in our system. We operate systems almost parallel to the environments you folks live in, so we need attorneys and judges within our own internal systems of government.

I think that model could work for all individuals of color, especially after learning how you go about recruiting individuals in the field of child sexual abuse.

Prior to coming here for this conference, I had the opportunity to quiz a few people on their staff about the types of course work they had in their educational programs that related to child sexual abuse. I had a couple of psychologists, and even a couple of lawyers. (I knew that I was off the wall, but I thought, "Why not?")

Typically, the response I received was: We had a course on child welfare issues; maybe 4 hours on the total, broad field of child abuse; some mention of child sexual abuse, looking at some indicators in a fancy, but spooky film.

What goes on, I think, is that we have so many issues to face, that it's difficult to really say we are going to specialize in child sexual abuse. The tribal sex abuse programs that exist are basically one or two person operations, and those child welfare workers are the investigators, the prosecutors, and often

the expert witnesses. They have to be a little bit of everything.

We set ourselves up for failure, if we try to evaluate relationships and how clients react to whether we are Indian or non-Indian. I would like to reinforce Terry's comment that we really lack the resources to attack the problem.

We don't know the extent of child sexual abuse in the communities. We read that it's across all cultural and economic lines, and that abused children represent 1.5% of the nation's population. But we don't know whether that same percentage is a valid measure of the problem within the population of the Native American communities. Very little research has been done in that area. Indian groups are finally smart enough, and assertive enough, to say, "You're not coming in to research us," unless they really trust the researcher, whether he or she is Indian or non-Indian.

I recently participated in a national study of the implementation of the Indian Child Welfare Act.<sup>10</sup> One of the most difficult things we encountered as an Indian group was going into the Indian community. It was very tough to get acceptance into the communities that we were looking at, because we were doing research. Our "test" was, probably, more rigorous than one a non-Indian group might have experienced. It's just not an area into which researchers are automatically invited. So, we don't understand what the problem is. It's hard to even look at adapting models.

Terry and I are in the business of adapting models, training social service workers throughout the nation, encouraging individual workers to improve their methods of practice. We don't know whether we are encouraging correctly, or if we are even providing the right information. That could be more detrimental to our people than having no model at all, using our own institution.

DR. HOLTON: I think Terry Cross and Toni Dobrec did us a tremendous service by talking strongly about some of the larger societal forces that have not yet been discussed today: The sociological forces, such as poverty; historical realities like the boarding school experience; and the duality of governmental forces, as Toni mentioned. All of these are issues that we don't recognize or that we overlook in trying to address Native American culture.

But, I think the most critical thing Terry mentioned is the suppression and removal of cultural ways from our population. If

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<sup>10</sup>Public Law 95-608, 25 U.S.C. §1901 et seq.

we are not careful, we will soon turn around and realize that we must be the cause of a host of consequent issues and problems.

Terry's remarks that prevention is a key and that the community is a source of localized support are very well stated. Toni's comments about resources and blood are also quite well taken. We all face tremendous shortages of resources, and it's hard to get a transfusion of "type O" blood, when we are told that it really doesn't exist any more, as if \$5,000 in 1974 dollars means the same as \$5,000 in 1989 dollars. Those are very real issues.

I would like to share two other observations. First, on the notion of re-traditionalizing cultural ways: We must look back to our cultural traditions, and update them so that they meet the contemporary needs of our children and families. Second, the idea that professionalism is not the end-all in providing resources, therapists, or solutions for addressing child sexual assault. This is a key point, because I don't think that any particular minority group has enough professionals, or that we are so convinced that our professionals have all the solutions. I think this notion of professionalism needs to be examined closely, and not just taken wholeheartedly into our prevention and/or treatment systems.

And then the last point, mentioned by Terry and touched on a bit by Toni: that parents really are our best prevention. This can't be emphasized enough. That is, as I see it, the primary source by which we are able to prevent not only child sexual assault, but many of the ills that we see plaguing our respective cultures.

MR. SEXTON: I certainly concur with a lot of what John said. I also apologize for my comment about publications, I didn't mean to minimize them, and I'm sorry.

Some of the information that hit real strong for me was the sense of spirituality, the holistic approach, and intuition. Are we really trying to transfer use of models that may not be appropriate? When Toni mentioned that, it made me question whether we are out there trying to adapt models that may not be appropriate models for anybody. We don't know, in general, if much of the stuff we are doing in our field is working. Child abuse continues to increase every year, but we question the whole notion of using our intuition, or spirituality, or whatever we want to label that feeling, as the place that we work from.

I certainly have found in my own work as a clinician, primarily working with adult survivors of abuse and adult children of alcoholics, that my intuition is what works most often for me, as opposed to the graduate course work that Terry talked about. Yet, there is almost nothing that I got in graduate school that

prepared me to deal with child sexual abuse, or that prepared me to deal with almost any human condition, period. Instead, graduate school taught me not to trust my intuition, not to share my own personal space with other people. I was taught to use my initials as a way to label myself as better than you. Because of those initials, I know what was best for you. If you came to my office because you were sick and you wanted to get better, the only road to help was for me to do it my way. And my way was the only way.

We have all found, working in this field, that that's a lot of malarkey, because it perpetuates the same kind of sickness that we grow up with in our system. The majority of people who come into my office wanting help with their childhood issues have already been there with three, four, or even five other therapists, who are supposed experts in their field, and who certainly had additional initials after their last names. But these people were not helped. Often, they were not even given a safe enough environment to talk about what it is that they came in the office to talk about. I would like to find some way to learn more from the American Indian population about how their spirituality can be used within this field, because generally, we don't address it at all.

MS. HARRIS: Our fourth team, Joyce Thomas and Hershel Swinger, will help us focus on issues related to the African-American community.

MS. THOMAS: The time allotted today is certainly insufficient to even begin to address such a complex issue as problems of child sexual abuse in the Afro-American community. I would like, at least, to bring out some critical issues drawn from my many years of life and practice within this population. Then I will attempt to look at how some of those things can be dealt with in the future.

We can all continue to highlight and simplify the horrors associated with being a minority person dealing with child sexual abuse, or even being a non-minority person dealing with the subject. Because of the controversial nature of the subject as well as the uniqueness of our cultural backgrounds, we find ourselves in situations of opposition and oppression. One of the forces that drives a lot of people from the field is the fact that there is not a sense of nurturance by professionals about this subject. We tend to keep it, teach it, and provide its services in a very sterile mode.

It would be difficult to even think of generalizing the issues of Afro-Americans. We recognize that we are talking about a group of people who have come to the United States under very adverse conditions. Those conditions still permeate the problems

that all Afro-Americans are experiencing today, and particularly those caught up in the issues of child sexual abuse.

I had the responsibility of setting up and maintaining one of the largest child sexual abuse programs in this country, at Children's Hospital in Washington, D.C., where 98% of our child abuse patient population was urban and black. I can tell you my experience as a black professional in attempting first, to identify the problems of child sexual abuse, and then to gradually integrate discussion of the issues of culture and ethnicity. I can tell you where that program is today and exactly where the experience got me.

I have wrestled with the subject for many years and we have a lot of good reasons to feel shameful. We can't even identify a single mailing list for ethnic minority professionals in this field. We cannot name a single specialist at the federal level who has both the history and the knowledge to really serve as a resource on this topic. We continually grapple with the significant differences in sexuality among all cultures. Yet we also continue to use major models for treatment, prevention and intervention from systems that are totally inconsistent with the cultures that we know.

I have had the awesome experience of working with thousands of cases of black families dealing with child sexual abuse, from 1979 until today, averaging well over 2,000 cases per year. In my role as a director of that unit, I intervened in some of the most complex cases, and began to glean a sense of commonalities. We also conducted a tremendous amount of research, but that research is buried somewhere in the archives of the institution.

This is a very important point, because we professionals don't operate in a vacuum. For too long, we have expected that our own energies and our own commitment could change the realities for our clients. Terry alluded to this with respect to Native Americans. It's also particularly important as we look at Afro-Americans because everyone feels that they can provide services to the Afro-American community. Job applicants' resumes show they worked in a housing unit, or did some other sort of work with Afro-Americans. They may even tell you their best friend is an Afro-American. That's often their only qualification for providing services on very complex issues to a very difficult population.

Child sexual abuse is one of the most awesome and complex human problems that we have been faced with. I have very extensive clinical experience, not only dealing with child sexual abuse, but with some of the fallout from it: such as substance abuse, alcohol, et cetera.

I recall going to another meeting about issues of culture and ethnicity. There were four of us presenting, including Hershel, and we found ourselves with an audience of only four people. I think that we really have come some distance since then. Today, at least we have an audience of people of many, many cultures who begin to grapple with things that need to be done.

But obviously, this question did not just come up today. It's been around for years. So, I would like to compliment Linda and the Resource Center because I think this session is a starting point, creating an atmosphere for learning, an atmosphere for designing things that can be done. It's important to start somewhere, so I don't think all is lost.

The first problem in dealing with child sexual abuse in the Afro-American community, is the very limited amount of research. I attempted to pull together a monograph on research on child abuse and neglect in minority populations. That document is still sitting on the shelf, because there were so many controversies that it never left the shelf of the federal government. It's sitting in NIMH waiting for various and sundry reviews.

The difficulties of gathering the data were awesome, further compounded by the difficulty of trying to find experts in the field with sufficient history to lend some insight into the issues.

Over time, a lot of blacks have been included in the larger samples dealing with child sexual abuse, but only in terms of numbers. Research dealing with the content and context of the issues that affect Afro-Americans specifically has been very limited.

I want to summarize a number of things I have seen, and then I will try to address the panel's questions, leaving enough time for Dr. Swinger's comments. First of all, looking at thousands of cases, we clearly have seen both clinically and in the literature, that black victims of child sexual abuse are significantly younger than almost any other group, by three to four years. So, when we think about prevention, we have to look at a significantly younger group of children.

Secondly, a higher percentage of these children come from very large families, so the context in which they are operating -- in terms of their own knowledge, experience, and exposure to issues of sexuality -- is quite different. Therefore, we must recognize how cases come to our attention, how they're identified.

Statements are often made that a child could not know something about sexuality except from having been sexually abused,



when we really don't know that to be a fact. For example, many times I have seen children who have been inappropriately overexposed to X-rated and explicit movies or videos. (Of course, these may themselves be considered by some to be sexual abuse.)

But the question is, what are we really referring to: an actual case of abuse, or a child's overexposure? We have very limited knowledge and very limited understanding of this question. This is extremely important when we start pressing children for information, particularly when such pressures are encouraging them to identify an alleged abuser.

Black children have extreme difficulty in reporting issues of child sexual abuse, primarily because of fears of the larger society. They have significantly greater difficulty when compared to other societies and they generally report a lot later, long after the incident has occurred.

Another interesting thing I have seen, also substantiated in the literature, especially in the work of Jessica Daniels and Dale White, who have written a lot about identification in child sexual abuse, is that black children are much more frequently identified as victims of sexual abuse by physicians and people in the health industry. These children come in with much more gross symptoms, such as sexually transmitted disease or trauma to the genitals.

We started actively assessing the physical findings because we were seeing that these kids were highly traumatized. Our own research of over 400 cases substantiated that the high rate of identification of abused black children was related to the fact that they were in the hospital. But, it also showed that the kinds of clients we were seeing were using the hospital more frequently.

So what does this say for the rest of the black community? It leaves a big gap in our understanding of what to look for, and our direction for the future. We see that a lot of Afro-American children are victimized when their natural father is not in the home. This is another complex circumstance when you look at the models, particularly models that encourage dyads between mothers and fathers, and situations of inter-family abuse where the abuse may have occurred in the family, but the abuser may not be an active parent. And so, again, the dilemma of effective treatment and prevention leaves us with a lot of questions and a lot of missing information.

This subject is very controversial. I don't think we should kid ourselves about that. You cannot talk about the issues of child sexual abuse in a vacuum. I don't think you can talk about the Afro-American aspects of it in a vacuum, either.

I attempted to put together a program in a hospital which was extremely conservative, extremely male-dominated, and extremely white-oriented in its perspective. The opportunities that really could help us get a much clearer look at this question of the Afro-American community were lost, because they were not encouraged. It had nothing to do with resources: it had to do with power, and it had to do with control.

When we talk about where services are delivered, and who is in power, and who is in control, we need to keep those factors in mind. It's not just a question of addressing what is needed, or our own commitment. We have to look at who is really in charge, what kinds of policies are being made, as Terry pointed out so clearly, and who could fix things, if they really wanted to.

I do have some thoughts about the questions that were presented to us prior to this think tank. I feel it is important not just to reiterate the pain and trauma that we all experience as professionals, but to try, at least, to lay on the table some relevant approaches for dealing with it.

The first question dealt with the notion of evaluations. I think it depends a great deal on the program, the kind of treatment involved, who is in charge, et cetera. But, I would stress the notion of documentation, particularly documentation of the process. How do programs really get started in ethnic minority communities? Who is at fault in that process? If another community had a similar population, what should they do, and how should they do it?

We became recognized as an exemplary project because of our ability to establish unique program components. We were considered so because our programs were reputable. However, the whole issue of dealing with the Afro-American culture was not included because it was considered unpopular and controversial. If I, as a black director, attempted at the time to talk about our program in the context of the black community, the hospital would have disapproved. The powers in the institution assumed that because the rest of the field was not black, our experience would not be relevant, and would not be useful.

The pressure that one feels as director of the program has a lot to do with how information gets shared and disseminated. But I do think process evaluation -- particularly if it's integrated -- is very significant as a tool. It really helps us document what we have done, whom we hired, why we hired them, and what they are doing. It also serves as an archive to anybody that comes after us, and that is an important legacy that still remains within the context of Children's Hospital.

In terms of evaluation, another situation we need to consider is that many of these kids are involved in more than a single

system. We're talking about the juvenile justice and criminal justice systems: we know there are more teenage and adult black males in the criminal justice system than in the mental health system. We need to ask ourselves about that again, particularly as we look at child sexual abuse. Are there adequate treatment facilities? Are there treatment facilities that can sensitively address the needs of black males who get caught up in the malfunctioning behavior of sexual abuse? Is there a better approach than jail to dealing with this population?

In the District of Columbia, which has an 80% black population and the highest percentage of psychiatrists in the world, there still are no programs on child sexual abuse that deal specifically with minorities, particularly black male offenders. They continue to go to jail, and they continue to be harassed.

Regarding the question about incorporation of cultural values and family strengths, I don't think we should leave these issues to chance any more. We have "assessment tools" coming out of the institutes, the videos, the anatomically detailed dolls, and all kinds of interviewing techniques to make the child comfortable. But we have not dealt with the significant need for culture within the context of a clinical assessment.

This issue should not be left to chance. There should be some structured approaches to it. We should begin to look not only at the deficit models, but at the personal qualities of the clients we have seen. What are their skills and levels of functioning. How do they go about problem-solving? We need to look at these approaches even though they may not be the kinds of things that we would do, based on dominant culture and class.

We need to look at our clients' special abilities. These families have a lot of talent that is lost, because we're so busy focusing on "the problem." We should look at the support system they have in place, or recommend an appropriate support system. We need to look at their parenting skills and homemaking skills as well as the environment in which the family finds itself.

We have to factor in the education and occupation of the clients. We all deal with clinical assessments, so we've set up a mechanism not to leave it to chance. It's understandable, because under the crisis of dealing with these subjects, people get upset, nervous, and they forget things. But it's important to make that cultural component in assessment concrete, if we really want to integrate the whole notion of culture back into our programs.

As to the question of dealing with professional recruitment and the support of minority professionals, I think we have a disaster on our hands. I personally know that it's been a major

struggle. We have found ourselves, in this field, competing in the popularity contests of various professional organizations. But we must stop and recognized that we are all struggling child advocates, and that's the common theme.

In meeting with Linda and David Lloyd in preparation for this think tank, we realized that we each have our differences. We each have our competitive edge, because that's the way the world is: There is only so much grant money. But we all have to come back to the basic core of commonality: we are child advocates. We need to use that as a basic starting point, particularly for the new professionals coming into this field. We need to encourage them, and provide support. We need specific scholarships made available to encourage them to think further. Put that carrot out there. Why leave it to chance?

There is a great potential in the area of specialized grant funds for minority social work students specifically focusing in child abuse. And I think the process of hooking students up with a mentor will work as well.

If each of us individually attempts to do all that we can, we can make this field function better for all clients, including ethnic and racial minority clients. But we have a long way to go. I'm getting to be an old lady in the field, and I've been at these conferences. I remember some pretty horrifying stories about alienated professionals who really took issue with how things were done.

We are constantly asked, "What is it that we want?" I think we need to answer that we want services for our clients, and an atmosphere of professional development for ourselves. Everybody in any field would want that, and I don't think we should be any different.

MS. HARRIS: Hershel.

DR. SWINGER: I can't tell you how much I've enjoyed listening to all of this all day. I also can't tell you how much everything I intend to say has already been said. And I can't tell you how many, many years and on how many different occasions I have had an opportunity to say something very similar to what I'm about to say now.

To prepare you for what I'm about to say, I want you to know that I am a college professor: I live with all of the concerns you voiced about education. I also direct the Southern California Child Abuse Prevention Training Center, which is responsible for the primary prevention of child abuse and neglect in the ten Southern California counties. I am the director of program operations for Children's Institute International; some of you may have heard about the McMartin day care families' cases

being served by Children's Institute International. For many years, I headed the Region 9 Center on Child Abuse and Neglect, and I had the opportunity to host the Fourth National Conference on Child Abuse and Neglect, in Los Angeles, in 1979.

It's interesting to see the evolution that has taken place in addressing "minority involvement," specifically at this time, and in the area of sexual abuse. I can remember the '78 conference when John Redhorse confronted Frank Snyder in New York City and refused to pay. Frank said, "You need to pay it." And John said, "Do you want me to call NBC, or do you want to let us in?" So they let us in with no problem.

I can remember that in 1979, we had Bea Richards do a program exclusively for the Black Caucus, at the 4th National Conference on Child Abuse and Neglect, in Los Angeles. With Bea Richards being who she is, the auditorium was full. Other people were there, but only blacks could get in. It was great to see black folks doing something that everybody else wanted to take part in, but couldn't

Quite a while ago, the National Center on Child Abuse and Neglect (NCCAN), in its wisdom and forethought, gave us the option of deciding, for the scope of our own work, exactly how we were going to meet its mandates. I chose cultural relevance. I wanted to develop specific culturally relevant treatment and intervention models to work with the major population groups within Region 9: California, Arizona, Nevada, Hawaii, Guam, and Micronesia. You couldn't imagine a more diverse population, ranging from Samoa to Tucson, Arizona. It's all a part of my catchment area. On top of that, I'm black and I come from Parsons, Kansas, which really prepared me to deal with the cultural diversity that I encountered!

Minorities are obliged to work with the problem at all levels. I teach, I do advocacy, I write, I make films, I approach other minority populations to form coalitions. The fact that cultural relevance is an issue, is always very important.

I read the questions given to the panel, and I thought they were very good. I think they have a lot of relevance. But I think the one area which has been addressed thematically today, but not with the specificity it deserves, is the philosophical base from which the whole area of child sexual abuse comes.

Philosophically, the issue has to do with the exploitation of women, primarily middle-class white women. When it was discovered that she could be exploited by a family member, society got a lot more upset because that was taking advantage of her femaleness. That became clear in the District of Columbia many years ago when some of the federal funds that would have gone to neglect issues, went instead into funding the women's component

of the service delivery. So, which philosophical base are you going to choose? Are we going to look at women as another exploited minority, and design programs to meet the needs of that particular victimized group?

Child abuse is the only area I know of in which we routinely speak in terms of "victims" and "perpetrators." In all my years of training and teaching, I have thought in terms of "clients," "patients," or "service recipients." But there is a strong criminal justice aura around this field. When you look at the various levels, what you find is that one level can give you information and appropriateness, and another level can kick you out or bring you in on the basis of one particular philosophical or theoretical underpinning.

In our primary prevention programs, we have given out the material from Washington by the ton. All this material is essentially based on the idea of empowering females, children, and other vulnerable populations. Of all the relevant models that we have attempted to develop, the one black model, which was developed in Watts, specifically for the black population, has not been transferred to any other population.

It's interesting that material from Hennepin County, (Minneapolis, Minnesota) Seattle, Washington, and "you-name-it," Ohio, is summarily shot into my neighborhood with my people, but I cannot get it to go out the other way. From where I sit, I just do it anyway. I may make people nervous and uncomfortable, and if I have to be "Ph.D.-ish" about it, I will.

We have all made statements about and alluded to in varying degrees of significance to the fact that certain communities exist in an economic-social-psychological desert. To look at people who are reacting to the harmful elements in their environment, and make dynamic statements about those people sidesteps the true problem, but is easier than facing it.

As I mentioned before, I grew up in Kansas. Do you all remember *Brown v. Board of Education, Topeka, Kansas*? Well I went into the swimming pools and parks for the purposes of being put out, so the NAACP could sue. All of my live I've been dealing with this issue.

The physical location of the services is a very important factor. The most successfully relevant black program that I know of in the country, is an intervention program where the primary location of services provision is in a church. A black person is much more likely to feel better going to church than going to a hospital. So, a simple modification like that can make a tremendous difference.

If you're a black professional, you've got to know your stuff. You'd better know it, because you're going to have to testify in court, as the expert from the people, who knows the "other languages." You have to know the language of the psychology, the language of the middle class, and the language of the criminal system. And you have to translate all those back and forth both ways through your black experience. You have to jump through those hoops all the time.

We developed a black model, which had as its basis, not only symptom resolution, but empowerment. Any time you develop a program to deal with black families, you'd better put empowerment in there because of the poverty issues. You can resolve the symptoms and still leave a person in a quandary by not significantly changing the quality of the life he or she has experienced. So, empowerment is always important.

Child care and intervention for the entire family are requirements if you're working with black families, because we have a duality. On one hand, we talk a great deal about individuality, but we are collective in terms of our thinking. One of the reasons the movement of the sixties did so well is that everybody ran around calling each other "brother" and "sister."

While sexual abuse may be a primary focus, we have a duality in terms of black sexuality which I won't go into except to say there are a lot of myths around about sexuality. Joyce Thomas' data about black females being sexually abused at a young rate, can be misinterpreted: "Oh, my God, they are more sexual," right?

Somebody found out that white males raped black females at a higher rate than black males raped white females. People freaked, but it does happen. More than half the black people in this country are more than half white, as a result of the sexual abuse of black women during slavery. I wonder why people weren't concerned about then. And I wonder if the evolutionary process has developed sufficiently in a hundred years for me to buy the idea that people really care more about black females at this time.

There is another thing that we need to be aware of. Your staff is the major difference. I have conducted the biggest Spanish-speaking, Spanish-speaking, Spanish-surname child abuse training program ever held and developed hundreds of competent Spanish language presenters. But it was a wild experience!

We trained in Oxnard, California where there were only Chicanos. There were some problems with the meeting space, and they kept saying, "Dr. Swinger will take care of everything when he gets here." And I got there and I was black. The Research Staff was quite surprised.

A black guy scheduled to conducting this culturally relevant training, and I couldn't understand it because it was in Spanish. It hurts not to be able to understand it. We hurt white folks when we make these kinds of presentations because it has an accusatory quality to it.

These are the philosophical underpinnings I was talking about. This kind of information-sharing, where I give you information about black people, is good. It's just a first step. The second step is that you teach cultural fairness as well as cultural values. I knew it was fair to develop a program for Asian populations. I knew it was fair to develop a program for Hispanic populations. I knew it was fair to develop a program for Native American populations, and to put money behind it.

Now, I did say to a whole multicultural group in which I was the only black person, "The one thing you all have in common is that you all know you're better than I am." Black people are at the bottom of the ethnic ladder.

I teach one of those classes that everybody said they had one of. I talk about weight, age, sex, alcoholism, all of those things that people can identify with. Everybody says, "Yeah, my father was fat and he caught hell," or "I was left-handed." I do a whole 30-minute segment on left-handers as the most discriminated-against people in the world. What I found out is that incidental information tends to be much stronger than intentional information about racial and cultural differences.

You have to look at the whole idea of successful models. We hear "models" a lot. I always remember a model is something that stands for something else; it's not that thing. A model is an attempt to do something that will have relevance born out in the empirical world. And if it doesn't, then you get rid of that model.

When the time came to evaluate the program, the black parents had brought food, they were playing music, and the kids were running around. There was no role sheet being taken, there was no group leader. "Wait a minute, how are we going to evaluate this program?" The money source de-funded it.

If you talk about roots, if you look through the various minority population groups, you will see Anglo groups as well. Next time you have one of these think tanks, have a caucus for poor white folks! Everybody's hard on poor white folks. They have no advocates.

There is a group in Hawaii called Holo-pono-pono, which is built on the model of people working out their problems. You bring in food, liquor, sleeping arrangements, everybody involved in this issue, and you work until you make it right. It's tradi-



tional. It's been there forever, and it works. We tried to institute that in Hawaii, but guess what happened. We violated confidentiality, so we couldn't do it. The folks that developed Holo-pono-pono had to pull out!

Some of the people I know in alcoholism treatment talked about doing a similar thing in the Indian culture. You need to know that the models are only as good as the people delivering them.

Clients are attracted to programs based on the likeness of the people coming in. The hard empirical data says this. If you've got black people on your staff, you will get more black people to come in, initially. That's the difference. Once clients get in there, the kind of model used is not as relevant as the quality of the interaction with the folks providing services.

In the program at Children's Institute that I work with, we have professionals from Peru, Cuba, Mexico, and other diverse Hispanic populations. We match up our group leaders with males and females, to make sure that we model healthy respect between the sexes. My co-leader is a white female. When the black folks want to talk about black issues, they wait until she's gone. When the women want to talk about women's issues, they wait until I'm in Salt Lake City doing a rap. We try to be inclusive. We try to be embarrassingly inclusive.

In terms of the minority recruitment issue, it's not hard. It's not hard at all. Let me tell you about the one I did with Hispanics. First off, Jerry Sapata, whom I hired, is both Indian and Hispanic. And Jerry is really interesting to deal with. When Douglas Besharov<sup>11</sup> came out to do a site visit, Jerry said, "You've got to get us some money so we can develop Hispanics in child abuse treatment." And I'm checking Jerry out. I'm trying to say, "Jerry, lighten up, she got him to agree to \$40,000 for this training program." We got funding for a nine month program to train Hispanics in a "train the trainer" model.

First off, it was bilingual, bicultural, Spanish-speaking, Spanish-surname only, so all those folks that could not speak Spanish, who were bilingual and bicultural couldn't get it. Secondly, it was a nine month program, with lots of socializing and other things involved in it. People went and stayed for three days in a setting that was outside of their own communities. We would train these individuals, and then they each had to train 15 individuals themselves in order to stay in the training program. Each month, we would give them the material, they

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<sup>11</sup>[Ed. note: Former Director, National Center on Child Abuse and Neglect.]

would come back into the community and train others with the same material.

By the end of that training time, I had over a hundred names, addresses, and phone numbers of bilingual, bicultural, Spanish-speaking, Spanish-surname professionals in the area of child abuse and neglect. I became a mini-employment service. Nobody ever got to say to me anymore, "We don't have any." "How many do you want?" I now said. "What do you want: left-handed? right-handed? old? young? Do you want them from Mexico?"

While this kind of thing is really good for us, I think that the important thing is for us to do it. I think it's not sold, it's important for us to make as many people as uncomfortable as possible that it hasn't been sold.

MR. SEXTON: He always makes you think and makes you laugh at the same time!

The reputations of the programs have been talked about by everybody here today, whether for specific ethnic groups or in transferring information from one ethnic population to another so that it can be shared and usable.

It's been stated time and time again that education is not available either for the lay community or professionals. Very significantly, it is also unavailable for the media. We haven't talked very much about the media today. We continue to create stereotypes that go out to the media. How do they address that kind of information, and sell it to the American public? Who listens to what the media has to say? Often, unfortunately, too many people.

How do we decrease the intimidation factor when helping professionals through the ethnic diversity of languages, cultures, and traditions within the different populations? How do we create training models for graduate programs? Certainly we must recruit people of color, but we must also create a situation where the education is accessible but not intimidating or self-righteous or whatever else might cause the primarily white graduate student population to eject it.

How can we get the information to graduate schools? Maybe through placements. It was mentioned that the University of Washington uses internships. Maybe we should require internships for the different ethnic populations, including the white population that we have to cross-train. Perhaps we have to put our interns in with different populations.

How can I, as someone who runs a national hotline, get information to respond to the different ethnic populations, both with language and with cultural issues? We don't do that very

well. It's difficult financially to bring people in to handle the different languages.

I would like to find a way to talk to each of you who have been here today to find out ways to address these issues in a program like mine. We are handling 175,000 phone calls a year. We are only able to get access to 50% of the phone calls. The others are lost because we don't have enough staff. There's got to be a way to incorporate the information here into a program like that.

Another thing that I see and hear about a lot is that the community at large tries to pit ethnic groups against each other. A friend of mine who works as a consultant for a county mental health department in Los Angeles, is constantly talking about that process. The dollar people are tossing money out there. Splitting it in certain ways, and making the people of color populations fight it out with each other as to who has the most current, sexiest topic of the year.

We have got to find a way, on a national level, not to perpetuate that kind of notion. A lot of the stuff boils down to education. How does this information get out there? How can we stand strong with the integrity of an educational process that is willing to let this kind of process continue?

We have this opportunity to be here today. There is never enough time. There certainly is not nearly enough time for the people in the audience to participate. I guess the hope is that this will continue on in a much larger way. I know that there is going to become interesting information out of the Atlanta conference that Children's Hospital is putting on in April 1990.<sup>12</sup> I know they're talking about focusing the conference on issues related to people of color.

MS. HARRIS: Thank you. John.

DR. HOLTON: This is probably the most difficult group to give some comments on, not necessarily because of the material presented, but because in my culture there is importance placed on elders and those who have accumulated not only age but experience. Very infrequently, our younger people expect to comment on those who have been out in the field and making their contributions.

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<sup>12</sup> [Ed. note: The 1990 National Symposium on Child Victimization. For information, contact the Division of Child Protection, Trinity Square Office, Children's National Medical Center, 111 Michigan Avenue, NW, Washington, D.C. 20010-2970.]

So, in listening to both Joyce Thomas and Hershel Swinger, I was reminded that what they have done and what they continue to do is of such great significant that I would have to really think about how I would come behind them and make some remarks, particularly concerning Afro-American families and this issue of child sexual assault.

Having given that caveat, I think something Joyce Thomas said that was very important for me was the notion that treatment facilities for African Americans is synonymous to incarceration and jail. That really hasn't changed much. That continues to be the status quo.

Something that Professor Swinger said that I want to jump back to is this idea that the environment is part of the solution. It makes sense that for African Americans the church is the part of the environment in which treatment and prevention can be best affected.

But on a larger issue, I think the influence of environment is often overlooked. I was struck by the contrast between Joyce's experiences in Washington, D.C., which is an overwhelmingly black population that is politically and economically disenfranchised, and Dr. Swinger's Region 9 that required him to travel at least halfway around the world, experiencing and interacting with different environments and different cultures. Understanding how environment has fed our understanding and ability to think about culture, and the influence of culture on our work, is very instructive and very important.

I came from Chicago, where we are entrenched in cultural warfare most of the time, except when we were able to elect Harold Washington as the mayor. This just seems to point out the fact that the environment is very, very important. Perhaps one of the benefits of this particular session today is that we have a chance to permeate those environments, as we understand them and as we live in them. We are able to get some visions of the different possibilities we might be able to tap.

As I consider the notion of cross-cultural social work and cross-cultural understanding of something like sexual abuse, it becomes evident that one's culture may not have all the answers to dealing with the broader reality of living within a multicultural society. It's probably to our benefit to take as many resources, and as many ways of rethinking the problem from various cultures, back to work within our own, and develop a model that stands for empowerment and resolution of conflict.

MS. HARRIS: Thank you very much, John. Well this has been a fine program. We now will open the floor for comments, questions for specific presenters, and for you to share some of your own experiences.

DR. TZENG: I'm Oliver Tzeng, a professor and director of graduate training programs at Indiana University-Purdue University at Indianapolis, particularly a multidisciplinary training program on child abuse. I have been also directing cross-cultural research programs that involve 30 community languages around the world. Because I have been involved in child abuse and neglect research, we also analyzed 140,000 cases of child abuse in Indiana.

In terms of black culture, the speakers today presented very nice information about some of the major issues. I have identified 46 theories related to child abuse and neglect and three theories specifically on incestuous abuse.

We categorized these 46 theories in terms of nine paradigms: from individual-environment paradigm to perpetrator topology paradigm, sociobiological paradigm to social-psychological paradigm. The integrator of these conflicting theories comes down to a multidisciplinary issue: integration of information from diverse disciplinary orientations and practices.

Professor Henry C. Carlson, of the Indiana University Law School, is my colleague and we teach the same course. We emphasize that students should use cross-cultural perspectives to develop their implicit theories and models. We should develop sexual abuse theory based on scientific knowledge.

I set up three criteria for such development: 1) an objective methodology is verifiable; 2) the model can be replicated; 3) its functional usability must produce an impact. I think this can be applied in the development of models for the perpetrator profile and risk factors of specific cultural groups.

MS. HARRIS: Are there questions for any of the panelists? If you like, you can comment.

UNIDENTIFIED SPEAKER: A really beautiful thing happened in our city a couple of years ago. The Cuban and the African American communities came together in Atlanta during the Cuban prison revolt. I'm wondering how those kind of coalitions get fed back into conferences on coalition building. I haven't seen any model being built, transformed, or used in other cities based on our Atlanta experience. I think that things like this are happening in other cities around other crises. What's happening in sexual assault of children? What kinds of coalitions or other really fine things have happened that we can all use and learn from?

MS. THOMAS: John was talking about dissemination of information. We all are aware that in every community there are some things that are really effective. We are part of that, and

have some direct access, but we don't know how to incorporate it back.

Maybe that's a role that the Resource Center can begin to adopt. I know that the Resource Center's consistent focus on minority issues has brought us far in terms of a newsletter. I have been approached a number of times about these issues, and I'm sure that other people have been too.

I also think that the American Professional Society on the Abuse of Children (APSAC) is really in a good position to disseminate information through its newsletter<sup>13</sup> and other mechanisms. Because it's so new, people from every discipline and from every level of involvement in the field should begin to tackle this in the professional arena. We can't break down the doors of traditional systems. Instead, we have to look at avenues where we can get information out.

MS. BLICK: I want to piggy-back on what Joyce is saying by encouraging each and every one of you to call our 800 line (1-800-543-7006) to share information like that. The National Resource Center is every professional's Resource Center. If you're holding a jewel or gift of information that no one else knows about, call and share it so we can pass it along through the phone network to other professionals who are calling in.

Also, the *RoundTable Magazine* is designed for everyone on a multidisciplinary model. You don't have to be a professional writer or researcher to send us an article. People have said that there has not been an opportunity in the field to share "news," so one of the goals of *RoundTable Magazine* is to disseminate the kind of information you're speaking about.

DR. SWINGER: Probably lots of other places in California would develop the Multicultural Coordinating Council, organizing the various cultural groups and formalizing child abuse coordinating councils throughout the state. Our Council was incorporated, and to some extent funded, to hold specific multicultural integrative conferences, so that we end up with an American Indian conference with more than just Indians. That is multicultural. I think the one thing the decision makers did get together around was a terrible thing like the riots. The missing element throughout this whole sexual abuse field is that there is no penalty for not being multicultural.

When I was trying to hire minorities, I just put on the evaluation form that if you are not successful in supervising this hard-core unemployed person, you won't get a raise. It worked every time! No training, no cultural relevance, no val-

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<sup>13</sup>The Advisor, see footnote 6, pg. 27.

ues, clarification, just a threat to the person's job made them immediately culturally sensitive.

MS. WENTZ: I'm Rose Wentz, from Seattle, Washington. We often work with models in Washington. We try to use them in determining the risk to the child, whether the non-offending parent is cooperative, and how protective the parent will be for the child. That seems to be a very cultural issue. How do we assess that? Has anyone on the panel got models to better assess the non-offending partner's ability to work with the child in the system?

DR. SWINGER: Most of us are still doing it case by case. I love to say that if it wasn't for hostile black people, I wouldn't have a profession. It's the one issue that gives everybody that hard time. I have to do it case by case. I applaud the computer efforts, but profiles are really tricky because the factors included are often not broad enough.

MS. THOMAS: A few years ago Ray Starr attempted to predict which children would be the victims of abuse, given certain factors in the environment.<sup>14</sup> That became controversial because it really got down to labeling issues; this whole notion is so delicate. The areas of risk assessment is where clinical judgment must have the stronger edge over objective tools in making that determination. We know, even with that, sometimes we are wrong, and we have to be prepared to be wrong.

But the question has come up a number of times about trying to develop such an instrument. There are a number of instruments that probably are more effective in assessing physical abuse because you're looking factors which make children from one developmental stage more at risk for fatalities than another. But in child sexual abuse, it's a lot more complicated. It is a lot less concrete, so it has to depend on a greater number of factors. The presence of alcohol and drugs in the child's home is a tremendous cultural factor which generally gets taken out of the issue.

UNIDENTIFIED SPEAKER: During the discussion of issues of Native American people, I didn't hear too much discussion about the effects of jurisdictional fragmentation and the chasms that open up for people to fall into. I'm wondering whether that perception of mine has no basis in reality, or whether you had so much to talk about that you just didn't get to that.

MR. CROSS: The jurisdictional issues really present a problem. "You can't tell the jurisdiction without a program"

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<sup>14</sup>Starr, Raymond H. (ed.) *CHILD ABUSE PREDICTION: Policy Implications*. Cambridge, MA: Ballinger Publishing, 1982.

from state to state, from tribe to tribe. Because of the way federal and state law overlap in some states the federal government has jurisdiction over civil and criminal issues on the reservation. Also, some states have authority, and some tribes within those states are exempted from that authority. Literally, you can't tell.

One of the problems that we have had in developing any comprehensive response to child protection teams for tribes is that there is a tendency to plan only for one of those jurisdictional situations, rather than for the diversity of those situations.

Recently we had a situation where a child protection team model planned for tribes in states in which the federal government had jurisdiction was then applied to states where the states had jurisdiction. We then had BIA law enforcement, which had no jurisdiction over child abuse, sitting on a child protection team, judging whether a child had been sexually abused or not. And the BIA people sat there not knowing what it was they were supposed to do. So it presents a very difficult dilemma.

DR. SWINGER: Are you optimistic about the Indian Child Welfare Act?

MR. CROSS: The Indian Child Welfare Act is an example of policy implementation that has no practice-level component to really make it effective. I really think culturally competent practices have to have policy, attitude, and practice components to make them work. The Indian Child Welfare Act is a policy with no teeth in it, so there is no way to enforce it.

The places in the country where it's being implemented effectively are those places where people believe in the intent of the law, not those places where people merely understand the law very well. There is a tendency to understand the law best in places where people wish to manipulate the application of the law. Effectiveness of ICWA doesn't depend on an understanding of the law as much as the belief in whether or not kids are better off growing up in Indian homes. In the places where people don't believe that, it isn't working.

UNIDENTIFIED SPEAKER: With regard to the issue of jurisdiction, what we have is a widely perceived crisis caused by the fragmentation, but no apparent policy-level initiation of steps to alleviate that problem.

MR. CROSS: Well, there is in the Congress right now a bill to amend Title XX of the Social Security Act to allow the dollars for social services to flow directly to Indian tribes. That bill was introduced last year, and it died because many interest groups did not want Title XX tinkered with. This year, because one proposal in the child care legislation was to tinker



with Title XX, we are standing right at the door also, with our proposal for the Indian provision plugged into the child care bill.

It doesn't look like that's going to pass, but we are going to continue to push for it. For right now, Title XX dollars flow to the states. Tribes do not receive any, with the exception of some Title IV-B monies that are ridiculously inadequate. The only child welfare funds for Tribes are year to year funds -- soft money -- based on Title II of the Indian Child Welfare Act. These funds were originally intended to be demonstration monies rather than ongoing program monies. It would take about \$30 million to really give each tribe enough to have a minimum program.

The federal allocation for child welfare is \$8.8 million, so you see that our tribes fight year to year over who is going to get the money. You have a child welfare program one year; you do not have it the next year. There is no consistency.

I think the jurisdiction issues could be handled if, in fact, there were adequate resources to implement what is there and to localize the solution.

MS. HARRIS: Linda would like to make some final comments.

MS. BLICK: On behalf of the National Resource Center, I am really grateful to each and every one of you who presented, responded, discussed, and listened today. I think that each one of you had critical gifts of wisdom to share. I know that I learned a lot. I could highlight something that each of you have said, because I was touched personally. Terry's comments touched me the most; you suggested that we could have worded our questions a little bit differently.

If I understand you, I believe your point is that we repeatedly ask professionals (whether it's our national organization or other national organizations) to keep working, invite them to lecture on the same topics which result in the same recommendations you've been making for 10 years without implementation of change by the system.

We are really trying at the National Resource Center to implement and model change. I will quickly summarize some of the ways that we are doing that. Certainly preparing the think tank was one of them. We are very grateful for Joyce and our other bicultural consultants who participated in the development and design of this think tank. We are hoping to prepare multilingual brochures on critical issues in sexual abuse (such as how to select a lawyer, how to select a physician, how to select a therapist) because we are finding that people are being reabused by an uneducated system.

Although we have limited funds, and we won't be able to publish the brochures in as many languages as we would like, we are trying to raise funding to expand this project. We are developing bicultural internships and we will ask the interns to go back and train other people from their community. We do have a bicultural National Advisory Board, and our information service is gathering information on bicultural programs.

Obviously, Hershel, we haven't gotten to you yet and we need to, because you're sharing this incredible wealth of knowledge. I would like to say that in preparing for this think tank, the more I learned, the more ignorant, uneducated, and terrified I felt about convening it. I realized that I knew a lot less than I had anticipated. We hope that the monograph from this session will help to educate people and provide cutting-edge material on this subject.

Again, I want to reiterate that our 800-line and our information service is for every professional, so if you feel that we are not doing a good job to advance bicultural issues, get on the phone. Tell us. Say, "You made a commitment, I don't see that you're following through. How about an answer in this regard?" Let us know if you think we are falling down on the job. We sure don't have all the answers, so we are going to need your help in developing the answers. All of us have spoken about the lack of funds. The NRC is under the same constraints that you all are, but I believe that we are openly limited by our time and creativity, not so much by funds. I also want to give special thanks to Dorothy Harris for being the moderator.

MS. HARRIS: It was a great pleasure for me to share the afternoon with you. I would like to commend Linda Blick and the National Resource Center on Child Sexual Abuse for preparing and presenting this think tank. I want to thank all of you for making it a reality.

## APPENDIX A

## ENHANCING CHILD SEXUAL ABUSE SERVICES TO MINORITY CULTURES

The sophisticated multi-disciplinary approaches to the prevention, investigation, prosecution, and treatment of child sexual abuse cases during the last few years have largely been based on a white, middle-class perspective of the roles of the individual, family, community, and larger society in the context of health, mental health, social services, and legal systems. This cultural bias sometimes makes these approaches inappropriate when minority children are sexually abused if values and strengths of minority cultures and the impact of systemic racism and other social problems on minority communities is ignored.

At the same time, professionals from minority groups are under-represented in the field, especially in positions of visible leadership. This deprives the field of cross-cultural dialogue and learning required for growth and improvement, hinders the recruitment of minority professionals and thus may indirectly negatively impact the clients we serve.

This think tank will focus on these problems, using examples from the Afro-American, Hispanic, Native American, and Asian communities. The discussion will identify strategies to address a number of questions:

1. What methods should be used in evaluating the appropriateness of approaches to child sexual abuse prevention intervention, and treatment in minority communities?
2. What modifications, if any, can and should be made in sexual abuse prevention, intervention and treatment programs to incorporate the cultural values and strengths of minority cultures?
3. How can we support the development of competency-based cultural practice?
4. How can we increase efforts at recruiting and supporting the development of minority professionals in the field of child sexual abuse?
5. What steps must be taken to remove obstacles to the visibility of minority professionals in the field?



## APPENDIX B

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The National Resource Center on Child Sexual Abuse  
is a joint effort of the National Children's Advocacy Center  
and The Chesapeake Institute, Inc.

## APPENDIX C

### THE NATIONAL RESOURCE CENTER ON CHILD SEXUAL ABUSE

The National Resource Center on Child Sexual Abuse is an information, training, and technical assistance center designed for all professionals working in the field of child sexual abuse. The primary goals of the Resource Center are to advance knowledge and improve skills. We pull together a vast network of information comprising the expertise of outstanding leaders in the field to help professionals better respond to child sexual victimization cases.

The National Resource Center on Child Sexual Abuse is a collaboration of the National Children's Advocacy Center of Huntsville, Alabama, and The Chesapeake Institute, Inc., of Wheaton, Maryland. They share a commitment to a child-focused multidisciplinary approach in the investigation, treatment, and case management of child sexual abuse.

The Resource Center offers state-of-the-art information, consultation, and training to all agencies and personnel involved in protecting children through an array of services:

- Information Service, providing consultation and referral for professionals through a toll-free number (1-800-543-7006), and the preparation of selected bibliographies and other reports.
- Roundtable Magazine, a quarterly publication offering a central ground for open communication through timely articles, book reviews, conference notices, columns on the personal side of working with child sexual abuse cases, and a gallery of children's artwork.
- Multidisciplinary Training and Consultation, in comprehensive conference programs and internships exploring practical aspects of investigation, management, treatment, and prosecution of child sexual abuse cases.

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Information

Maryland Office

- Think Tanks, dynamic forums for experienced practitioners and researchers to explore current knowledge of critical issues and point directions for future work. (Reports of the proceedings may be purchased.)
- Targeted Assistance to foster culturally based competence in addressing the ethnic and cultural needs of children and families in the context of child sexual victimization, and to foster increased participation of minority professionals in the field.

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**GOALS OF  
THE NATIONAL RESOURCE CENTER ON CHILD SEXUAL ABUSE**

To provide information, training, and technical assistance to professionals working in the field of child sexual abuse

To help bridge research and practice

To serve as a model of interagency and multidisciplinary cooperation

To identify successful and newly developing treatment models

To support the professional and the field

To become a center of leadership and excellence in the field