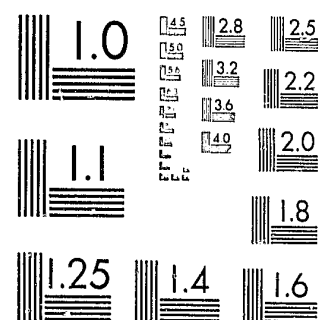


National Criminal Justice Reference Service



This microfiche was produced from documents received for inclusion in the NCJRS data base. Since NCJRS cannot exercise control over the physical condition of the documents submitted, the individual frame quality will vary. The resolution chart on this frame may be used to evaluate the document quality.



MICROCOPY RESOLUTION TEST CHART
NATIONAL BUREAU OF STANDARDS-1963-A

Microfilming procedures used to create this fiche comply with the standards set forth in 41CFR 101-11.504.

Points of view or opinions stated in this document are those of the author(s) and do not represent the official position or policies of the U. S. Department of Justice.

National Institute of Law Enforcement and Criminal Justice
Law Enforcement Assistance Administration
United States Department of Justice
Washington, D. C. 20531

Date Filmed

2-13-80

52722

An
NCCAN
Reprint



February 1978

NCJRS

DEC 4 1978

ACQUISITIONS

Arhaus non-acc file

SPECIAL ISSUE

Child Abuse, Neglect and The Family Within a Cultural Context

Introduction
by Frank Schneider, Ph.D., Executive Director, PSRI Page 2

The Samoans
by John Bond, Ph.D., Consultant, Child Protective Services, Honolulu, Hawaii Page 3

Child Abuse: A Virgin Islands Priority?
by E. Aracelis Francis, Executive Director
Office of Planning and Development, Virgin Islands Insular Department of Social Welfare Page 5

Parents Anonymous In Minority Communities?
by Joyce Mohamoud, Consultant in Program Development, PSRI Page 5

Special Project Serves Native Alaskans
by Barbara Pighin, Project Director, Family Services, Cook Inlet Native Association Page 6

Families Without Parents
by Betty Lee Sung, M.L.S., City College of New York Page 7

Ethnicity and Family Life
by Joseph Giordano, Director, Center on Group Identity and Mental Health, American Jewish Committee Page 8

**Meeting the Needs of Hispanic Children and Families:
New Jersey Hispanic Advisory Panel Established**
by Renée Kranz, Internal Consultant, Training and Intergroup Communication Systems, PSRI Page 10

Culture As A Variable In Human Services
by John Red Horse, Ph.D., Assistant Professor, School of Social Work,
University of Minnesota Page 11

Child Abuse and the Chicano Family
by Jose Navarro, M.S.W. and Hershel K. Swinger, M.S.
Region IX Child Abuse Project, Department of Special Education, California State University Page 13

The Neglect of Black Children
by Willie Small, Director of Social Work, Children's Services, Inc., Philadelphia, Pa. Page 14

A reprint of the August-September 1977 P.S.R.I. REPORT (Vol. 2, No. 7) of the Protective Services Resource Institute, Division of Youth and Family Services, College of Medicine and Dentistry of New Jersey, Rutgers Medical School.

Introduction

by

Frank Schneiger, Executive Director
Protective Services Resource Institute

In his book on slavery, *The Peculiar Institution*, Kenneth Stampp asserts, in a plea for equal treatment, that "...innately Negroes are, after all, only white men with black skins, nothing more, nothing less." While white women would probably have some reservation about that statement, members of non-white groups, male or female, could be expected to take a particularly dim view of it. Made during what now appears to have been America's "integrationist phase," the statement reflects what was, at the time, the fairly popular goal of achieving cultural sameness, that culture being the dominant one, i.e., middle-class, male, and white.

During the past decade, the framework for the discussion of the nation's cultural and ethnic values has shifted in substantial degree. The emphasis on homogeneity has been replaced by a celebration of difference and a search for group identity. The trend toward rejection of integration and assertion of a separate Black identity have obviously played powerful roles in influencing other groups to become more conscious of their own backgrounds, a development which has not been limited to non-whites. The recently increased attention being devoted to white ethnicity is an equally important reflection of the changing times.

These changes in our mores and attitudes toward difference and toward our own ethnic identifications have had an impact in a wide range of areas in which social interaction occurs, and they raise a number of basic questions, some of which have only begun to be addressed. For example, although it has become clear that there are significant cultural differences in child rearing patterns, there would seem to be few instances in which systematic attempts have been made by child protective and family services agencies to determine what the implications of these differences are for the nature of the services which they provide.

Anyone who has attended one of the many recent conferences on child abuse and neglect has been able to witness firsthand our failure to resolutely address these issues. First, there is the standard disclaimer to the effect that "...we all know that problems of abuse and neglect are spread throughout the socioeconomic spectrum." While it is usually not stated, these remarks imply that the socioeconomic distribution is at least relatively random and that families at various levels of society are, in general terms, equally affected. While there has been some sound research in this area, most of these assertions do not seem to be based upon any scholarly work but, instead, can be considered to be essentially self-protective. On the part of majority culture members, statements of universal incidence reflect a desire to avoid being considered racist or culturally biased, labels which are likely to follow the presentation of a contrary view, i.e., one who asserts a higher incidence of abuse and neglect at lower socioeconomic levels and among minorities.

In contrast, members of minority cultures in particular, but white ethnic groups as well, often react to what appears to be pervasive negativeness in the treatment of cultural difference by majority representatives and by the mass media. One need not look far for justification for this view. Let us take the specific example of Black children and families. Although a number of excellent studies are available, the one which was most widely discussed was done by Daniel Patrick Moynihan and described ghetto life as a "tangle of pathology." The complexity of Moyni-

han's position and his conclusions were largely ignored—by both Blacks and whites—and attention was sharply focused on the minority of disrupted Black families. The listing of similar examples related to other groups would not be difficult, e.g., the misuse of Oscar Lewis' work on Puerto Ricans.

One consequence of this situation in the area of abuse and neglect is the current cross cultural "dialogue of the deaf." Its most visible manifestations are the previously mentioned assertions of randomness of incidence of abuse and neglect, and a widespread pattern of verbalized cultural relativism which allows everyone to breathe a bit more easily. The prevailing rule here is that one cannot make judgements or set standards for groups other than one's own. And since there is general reluctance to wash our own dirty linen in public, we have a resultant unwillingness to seek out potentially unhappy truths on all sides. These evasions, however, prevent us from coming to grips with a number of basic issues which affect the lives of significant numbers of children and families.

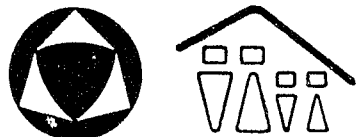
First, the question of the socioeconomic distribution of problems of child abuse and neglect is an important one within several contexts. To cite only one, if the assertion of relatively random incidence is accurate, it means that the child protective agencies are not meeting the needs of a large number of non-poor children, since their caseloads are heavily weighted with poor children and families. Or conversely, if such agencies engage in unwarranted intrusions into family life, this pattern of intervention indicates that the poor are once again being doubly victimized. In addition, given a national social structure which finds a disproportionate segment of the nation's minority groups at the lower end of the scale, an assertion of even relatively equal incidence among all socioeconomic groups must raise real questions about the impact on family life of poverty, discrimination, and insensitive or socially destructive government policies, each of which are used to explain a variety of other social ills. There is a need to ask whether the conditions under which this country's poor are compelled to live do not result in the stresses and crises which are generally associated with patterns of abuse and neglect and, therefore, whether the incidence of such cases would not be greater among members of minority cultures, the most severely affected victims of social and economic injustice.

Second, while the prescribed response to questions related to cultural difference is to voice acceptance of diversity and different ways of rearing and disciplining children, the reality is that these attitudes are often not reflected at the point at which the

* New York: Alfred A. Knopf, 1956.

P.S.R.I. Report is the monthly newsletter of the Protective Services Resource Institute, P.O. Box 101, Piscataway, New Jersey, sponsored jointly by the Department of Pediatrics, College of Medicine and Dentistry of New Jersey — Rutgers Medical School, and the Division of Youth and Family Services, State of New Jersey. P.S.R.I. Report is funded by grant No. 13-628 from the National Center on Child Abuse and Neglect, Children's Bureau, Office of Child Development, Office for Human Development, U.S. Department of Health, Education and Welfare. Its contents should not be construed as official policy of the National Center on Child Abuse and Neglect or any agency of the federal government.

Frank Schneiger
Executive Director
Kathryn Milea
Editor



system comes into contact with families. Rather than looking for deviance from the cultural norms of the "client" group, there would appear to be all too frequent assumptions that behavior within norms of another culture is itself deviant since it is different from the dominant one, i.e., that of most workers. Issues of social class compound those presented by differences in cultural background. For example, even workers of the same cultural group as the client may have very different class values.

One result of these gaps is that the worker's propensity to focus on weakness, already present because of the investigative role assigned to protective services, is accentuated, and little effort is made to build on strengths which are often available and which tend to be culturally variable. It is likely that workers might not even be aware that they are rigidly imposing their own cultural standards on others. In addition, given the potency of the term "racist," it may be very difficult to get individuals to openly discuss prejudices and negative stereotypes of other groups, despite the fact that such feelings are widespread in a stratified, multiethnic society such as ours.

Within this context, the ambivalence of members of non-dominant cultural groups to "the system" in general, and the child protective agency in particular, is more understandable. While everybody is opposed to the abuse and neglect of children, how one responds to a system which often seems incapable of any sort of differential diagnosis and whose outcomes sometimes appear to be more harmful than the poverty/neglect nexus, and the disproportionate number of minority children in foster care and institutions, provides more than minimal support for attitudes of ambivalence and resistance to what are seen as destructive intrusions.

A third and clearly related issue which requires systematic attention is that of the refusal to make any judgements about other cultures, an absolute culture relativism. In a sense, this issue is a mirror of the unthinking application of one's own cultural norms to other groups. Carried to its logical conclusion, cultural relativism requires the suspension of all value judgements regarding other groups because of the need to respect cultural differences. There is also a class variant here, manifested in a refusal to impose "middle-class" or "bourgeois" values on the poor.

These attitudes raise difficulties as serious as those involved in blanket application of one's own standards. What is the state's responsibility, for example, in protecting children when severe physical or emotional punishment or the denial of medical care is being justified on cultural or religious grounds? The ambivalence of representatives of the most affected groups becomes more troublesome in these areas, since, in many instances, we are dealing with cases in which children are at risk of serious harm. One can legitimately ask whether the emphasis on cultural integrity in situations such as these does not constitute another form of social fragmentation.

A derivative, but significant problem relates to the jobs provided by the provision of services to members of different cultural groups. The desire to develop or protect jobs for group members reinforces the related goal of having such services provided within the group, thus the prescription that "only X's can understand X's" or "Y's shouldn't try to work with Z's." Whose standards are then applicable: the group's or those established by law and policy?

A final issue is related to the ability of large bureaucratic organizations to respond to cultural differences in a sensitive manner which builds upon family strengths, which can be found in different forms among different groups. There would seem to be an especial need to assess the impact of institutionalization in cutting children off from their cultural roots. In addition, we should examine the operations of large human service organizations,

which almost by definition, are geared to categorization and typing, to identify ways which permit their staffs to be more empathetic and sensitive. An area deserving particular attention in this respect is the professional education provided for those who will assume responsibility for providing services for members of cultures other than their own. Given their potential and actual impact on the lives of families, there would seem to be an overriding need for the systematic training of protective services workers in the areas of cultural and class differences.

Recent years have told us more about who we are not than who we are. We are not the society Martin Luther King anticipated in his "I Have A Dream" speech. Nor are we a "melting pot." In certain respects, problems of abuse, neglect, and services to families are at the cutting edge of the definition of the relationship between government(s) and specific cultural and ethnic groups. The increased federal attention to trends in families and in the condition of children in America is just one indication that the difficulties which society faces in these areas are increasingly serious.

This introduction has raised many questions and answered few. In addition to reflecting the writer's lack of answers, it has been intended to provide a framework for the series of articles which make up this special issue. The reader will find that many of the issues raised above are addressed in the pieces which follow. Given the scope of the questions related to culture and ethnicity, the issue is hardly comprehensive in its treatment. We have, however, attempted to present a range of viewpoints in the hope that the experiences described will be useful to others and that a sustained discussion of these questions will follow. The pages of the *P.S.R.I. Report* will be available to those wishing to comment upon or add to the articles in this issue.

THE SAMOANS

by

John R. Bond, PhD.
Consultant, Child Protective Services,
Honolulu, Hawaii

The Samoan Islands lie some 2,200 miles from Hawaii in the South Pacific. Like Hawaii, most of the islands are of volcanic origin. Nine of the many islands in the group are inhabited and all share similar geography, with precipitous mountains and relatively little arable terrain.

Despite their common customs, language and history, the Samoan Islands are divided politically. The northern and largest islands (totalling over 1,140 square miles of land area) comprise the independent nation of Western Samoa, with a population of over 150,000. Western Samoa was previously a United Nations mandate, governed by New Zealand, and still maintains close ties with that country. To the southeast lie the small group of islands which make up American Samoa, with a total land area of only about 76 square miles and a population of just under 30,000.

Following several decades of struggle for control of Samoa during the latter part of the 19th century, Germany, Great Britain and the United States agreed, in 1899, to divide the islands. The U.S., which had been pushing for the formation of an independent Samoan kingdom, suddenly found itself unexpectedly responsible for an island dependency. With no "Colonial Office," the U.S. turned to the Navy to administer the islands, since it was the Navy's interest in Pago Pago harbor as a coaling station for its ships which drew America's attention to Samoa in the first place. The Navy administered American Samoa for 50 years until, in 1951, President Harry Truman, by Executive Order, placed the territory under the jurisdiction of the Department of

the Interior. American Samoa remains under the Interior Department and has been governed over the past 25 years by a long succession of presidentially appointed civil governors from America.

The Samoan people are Polynesians. They share a similar cultural heritage with other Polynesians, such as the Hawaiians and Tahitians, as reflected in diet, artifacts, language and mythology. In American Samoa the basic economy is one of a subsistence agriculture, although the American presence there has created a civil service class which rests as an artificial overlay on top of this basic Samoan life-style. Recent Interior Department annual budgets for the approximately 28,000 residents of American Samoa have been in excess of \$30,000,000. American Samoans have benefited from cradle-to-grave free medical care and a modern medical facility, the L.B.J. Tropical Medical Center, with a doctor-patient ratio which is occasionally as low as 1:1400. Despite the ready availability of modern help, bush doctors, the Samoan version of witch doctors, do a thriving business not only in the outlying villages, but in the "urban" communities of Utelei and Pago Pago as well.

The dominant forces of the Samoan culture are the Aigas, or extended families, and the system of titled individuals headed by the Matai or chiefs. The Samoan extended family includes all one's relatives no matter how distant, and one Aiga may comprise the bulk of a whole village or even several villages. A good Samoan knows his lineage, his relatives, and the complex structure of the Matai titles in his Aiga. The Matai system occasionally results in a fafani, or woman with high rank, but it is a primarily hereditary and strongly masculine structure.

Within the village, Samoan children tend to have far greater mobility between fales or houses than do American children. Children are raised primarily by older siblings and are not infrequently brought up for varying periods of time by "Aunties" from a nearby village.

There are rather rigid rules of conduct for Samoan children. In Samoan culture it is age, not youth, which commands respect. In this regard a classic Samoan point of view holds that education is valuable in that an "educated" person is one who comprehends the complexities of Samoan structure and is familiar with appropriate social behavior.

Babies are often treated like dolls by their mothers—hugged to death one moment and then ignored or harshly handled the next—according to mother's whim. A primary responsibility of the older children is to care for their younger siblings, teach them correct social behavior, and allow them to interfere with the lives of the adults in the family as little as possible. Since problems created by little ones almost always result in the disciplining of their caretakers, the older siblings waste little time in establishing control over their little brothers and sisters by physical means.

In a Samoan family, "fa Samoa", or the "Samoan Way" dictates that young children do not sit in a house until the adults are seated; do not speak to adults unless given permission; and eat only after the adults, particularly the male adults, have had first choice of the food available. If there is little pua'a (pork) or pisupo (tinned beef—originally, "pea soup") to eat, the father will feel little compunction about eating it all and leaving only the vegetables for the children.

The installation and reinforcement of correct social behavior by young children is seldom accomplished by planned or thought-out sanctions. Instead, sanctions are usually carried out via the psychological mechanism of ridicule or by impulsive physical acts. Most common of the latter is the almost casual back of the hand blow to the heads of noisy, rude or recalcitrant children by one or the other parent. Since a great number of Samoan adults, both men and women, weigh from 200 to 300

pounds, such a blow may send a youngster sailing across the room.

If they feel their treatment is excessively harsh, even within the context of Samoan tradition, the Samoan child has the same recourse as his stateside counterpart—he can leave home. But here the similarity ends. The child will almost inevitably "run away" to the fale of a member of his extended family and the act will not cause great excitement or consternation for either household. The child may stay in his adoptive home for a day or two or, on occasion, he might remain until he becomes an adult; often within a literal stone's throw of his own home.

This easy acquisition of surrogate parents, which really begins in infancy when Samoan mothers often nurse another's infant, plus the significant role of older siblings as another form of parent substitute, has resulted in what I have to come to call an "externalized superego." Rather than introjecting or internalizing the teachings and dictates of parents, as children in our culture tend to do as a means of developing an inner superego or conscience, the Samoan child finds that, with the many "parental" figures running around in his world, it makes more sense to develop his own mechanism for determining right and wrong, outside of his internalized personality system. As a result, the Samoan learns to carefully analyze and conform to the demands of his society in order to avoid punishment and gain rewards. However, his conformity to societal expectations is closely related to his judgement regarding whether or not any socially non-conforming behavior he is contemplating, will be discovered. If the odds look good he may well do the act without guilt, if undetected, and with an exasperating lack of remorse, if caught.

Since the most important value in Samoan culture relates to the preservation of the status quo with regard to fa Samoa or Samoan customs and respect, children who violate this are typically subject to instant and, in our eyes, harsh, physical and/or emotional trauma.

The Samoan parent, who views our own children as extremely disrespectful toward their elders, finds it difficult to voluntarily mimic our child rearing ways. This is true even when he or she is attempting to acculturate into the American mainstream. The Samoan parent finds it difficult to understand why he is being called neglectful of his child, simply because three families may occupy a single, one-bedroom house, or an eight-year-old is kept home from school to take care of an infant brother so that mother can sleep. Similarly, the Samoan adult is not alarmed if a child has food which is inferior in quality and amount to that of his or her parents, or if he develops secondary infections after having a wound treated by a witch doctor . . . for these all reflect "fa Samoa," the traditional Samoan way.

Child Advocacy Conference Scheduled

A multidisciplinary panel will discuss child advocacy techniques at a conference entitled, "Make Your Advocacy Work for Children." The conference, which is cosponsored by the Regional Institute of Social Welfare Research, Inc. (RISWR), The Atlanta Junior League, and Georgia State University, is scheduled for October 26-28, 1977 at the Hyatt Regency Hotel in Atlanta, Georgia.

The goal of the conference is to improve the health, education, social, and other services for children and families in the Southeast by stimulating effective advocacy organization. Some of the topics to be covered in the three-day conference include needs assessment and monitoring, coalition building, legislative advocacy, and media development.

Further information can be obtained by contacting Sue Peters, conference coordinator, Division of Public Service, Georgia State University, (404) 658-3462.

Child Abuse: A Virgin Islands Priority?

by

E. Aracelis Francis, Executive Director
Office of Planning and Development
Insular Department of Social Welfare
St. Thomas, U.S. Virgin Islands

In 1975 several child abuse proposals which provided technical assistance and training to the Virgin Islands were awarded to mainland organizations. During that year the Virgin Islands had reported a total of 2 child abuse cases to the American Humane Association. With a population of 80,000 to 100,000, including an impoverished population substantially above the national average, child abuse could hardly be considered a priority concern for the Virgin Islands' human service network. Nevertheless the Child Abuse and Prevention Act of 1974 (PL #93-247) had reached the Virgin Islands and the V.I. government's priorities had once again been determined in Washington, D.C.

In a nation as diverse as the United States, it is not unusual for national policies not to address the needs of a particular state or community. However, states, unlike the U.S. territories, have more political "clout" and often can determine which of those policies can or should be implemented. The extension of federal laws to the U.S. territories, on the other hand, is done on a haphazard and inconsistent basis. Thus, for example, public welfare programs do not receive the 50% to 75% of federal funds enjoyed by the 50 states and the District of Columbia. In times of economic prosperity the Virgin Islands' government has provided the funds needed to implement programs to meet locally defined Virgin Islands' needs. However, the economic downturn of the '70's has seriously affected the Virgin Islands government's ability to adequately fund these programs. Consequently the search for new monies is undertaken with less opportunity to determine local priorities. Thus, the establishment of child abuse as a Virgin Islands priority.

The immediate implementation problem became the definition of child abuse within the context of Virgin Islands society. The last twenty years has seen the rapid transition from small isolated communities to large cosmopolitan 20th century ones. This transition has been a very difficult one for families. A large influx of West Indians from the rest of the Caribbean has reinforced some of the traditional values, while American culture has had a major impact upon the Virgin Islands by the large migration of continentals and the availability of American radio, television, newspapers, and magazines.

The conflict between these two value systems has had a serious impact on child rearing patterns in the Virgin Islands. On the one hand is the very strict authoritarian position on child rearing, where children are seen as property and parental rights override children's rights. The converse of that position supports the state's right to intervene on behalf of children and encompasses the more permissive U.S. mainland approach to child rearing, including the view that parents should respect children's rights.

The outlawing of corporal punishment in the Virgin Islands' school systems and in children's institutions, and the increase in juvenile delinquency, have led the community to believe that the two are related and that, if we revived corporal punishment, our juvenile delinquency problems would decrease. Although there is general agreement that the more obvious cases of physical abuse should be handled, the distinctions are less clear in other

areas, particularly those related to discipline.

Given the above, the question becomes, how do you implement a child abuse program that makes sense for the Virgin Islands? Furthermore, how do you assist the continentals, who will provide the technical assistance and training, to support these child abuse programs in a cultural context?

A sensitizing process occurred because the individual representatives of the mainland organizations recognized and acknowledged that the V.I. was culturally different, and that training and technical assistance would have to be tailored to meet these needs. Furthermore, to be effective, trainers would have to recognize and understand the position of parental rights and the need to approach child abuse from a preventive perspective. An approach that stressed the negative aspects of child abuse would be counterproductive, whereas one that stressed reeducation, with an emphasis on growth and development of children and parental needs, would have a much more positive effect.

The current program of technical assistance and training has been tailored to meet these needs and a successful program that makes sense for the V.I. has been implemented. To date this program has included parenting skills training for a wide range of agency staffs providing services to families; a series of preventive, culturally sensitive television spots; and extensive specific training in various aspects of child abuse and neglect.

Parents Anonymous In Minority Communities?

by

Joyce Michamoud
Consultant in Program Development
PSRI

Parents Anonymous is a self-help group for parents who come together to mutually alleviate their child rearing difficulties. These parents may be currently experiencing destructive relationships with their children, or they may feel that no alternatives, other than aggressive, abusive responses to their children's behavior, are available to them. Parents Anonymous has been shown to be enormously successful in changing the abusive and neglectful behavior of its members. For example, an independent evaluation showed that member's physically abusive behavior decreased almost immediately after joining P.A. Verbal abuse continued to decrease over time.¹

In many instances, Parents Anonymous chapters have evolved into family-like groups. Indeed, many P.A. parents are in need of the same nurturance and support considered necessary for the normal growth and development of young children. According to a Parents Anonymous manual, "The concept of the chapter as a family unit, with the chairperson as parent surrogate to chapter members, and the sponsor assuming the grandparent surrogate role, continues to this day. The basic philosophy of unconditional acceptance of the parents as they are, as worthwhile individuals in and of themselves, is indeed the kind of acceptance that children need for good nurturing and growth."²

How do Blacks, Hispanics and other minority groups relate to this "family unit?" How are they benefiting from Parents Anonymous? According to the evaluation by Behavior Associates, minority group representation in Parents Anonymous is relatively low—around ten percent of total membership. More specific data regarding minority group representation appeared in a recent Parents Anonymous newsletter:

Anglo—69% Mexican-American—2%
 Black—4% Asian-American—1%
 American Indian—3% Other or no answer—20%³

Although the ethnic origins of a sizeable portion (20%) of the respondents is unknown, an examination of the gross numbers of chapters is revealing. There are more than 500 chapters in the country. Of these 500 chapters, according to the National Office of Parents Anonymous, two are identifiably Black and three are Hispanic.

In view of the data presented above, it appears logical to conclude that Parents Anonymous is largely a white, middle-class phenomenon. This has occurred in spite of efforts by the National Office to include minorities.

Black families in particular have been described as being more close knit, interdependent and willing to share babysitting, clothes, money, and other necessities, than whites.⁴ Yet when questioned regarding Parents Anonymous, a Black parent replied, "What Black person that you know is going to sit with a bunch of white folks and tell all their business?"⁵

Is the problem of minority participation, then, one of minorities desiring not to participate in the family atmosphere of Parents Anonymous? Or is the atmosphere one based on the customs and concepts of the majority (white) family rather than a minority one? If the latter is the case, then the atmosphere must be made more conducive to minority group participation.

There are other reasons which have been postulated for the lack of Black and other minority group participation in Parents Anonymous. Some of them are:

"Black people are not nearly as alienated from their families, from their children, or from themselves as white people are."⁶ Perhaps Blacks, and other minorities, have an operable system of extended family relationships which they use in time of stress. If this is so, they do not need the family atmosphere offered by Parents Anonymous because they will use their own resources in time of need.

PA is based on the concept of self-help, where members gain insight into their problems by discussing them with the group and receiving suggestions and ideas on how to change abusive behaviors from both the other parents in the group and the sponsor. It has been thought that Blacks may not participate because they lack verbal skills.

Still another reason put forth for nonparticipation by Blacks is that they are not a part of and have a basic mistrust of the "system."

Although one becomes open to criticism when advocating the development of parallel institutions, it is obvious that current strategies for chapter development almost exclusively preclude a high rate of minority group participation. A minority chapter—Black, Hispanic or otherwise—is one in which the sponsor(s), chairperson(s) and other members of the chapter are either members of that minority group, or are cognizant of and comfortable with the language and customs of that group. Such chapters are ideally located within minority communities and hold their meetings in institutions acceptable to and supportive of that community. In New Jersey, there has been some effort to implement groups to serve minority communities. These activities can be succinctly summarized as follows:

- Five hundred dollars was donated to start two groups in the Newark area—one in the inner city and one in Essex County. After nine months and numerous difficulties, one group is finally forming.
- A Black sponsor and Black chairperson were located in the city of Camden, which is overwhelmingly Black. Although Camden County has a sizeable Black population, it is primarily white. A decision was made to meet in a location just outside the city of Camden, so that both Blacks and whites could at-

tend the meeting. The meetings have been attended mostly by white parents, with the Black chairperson dropping out.

- A Hispanic group meets in Perth Amboy, N.J. Members speak Spanish during the meetings. The sponsor and chairperson speak Spanish and a Spanish-speaking volunteer answers the telephone when parents call seeking information regarding Parents Anonymous.
- A group in New Brunswick has Black sponsors (a husband and wife team), but no other Blacks participate in the group.
- A well publicized, well planned group which meets in Bayonne, N.J., has a white sponsor, a Black chairperson and a well integrated group.

Whatever the reason for the low rate of involvement in Parents Anonymous by minority groups, a more systematic national effort should be made to provide these groups with the opportunity to participate. It is no longer enough to say that there are over 500 chapters in the nation. It is imperative that a special effort be made in every state to reach the minority groups whose numbers comprise the majority of the caseloads of child welfare agencies.

1. *Overview of the Parents Anonymous Self-Help for Child Abusing Parents Project Evaluation Study for 1974-76*. Tucson, Arizona: Behavior Associates, 1976.
2. *Parents Anonymous Chairperson-Sponsor Manual*. Redondo Beach, California: Parents Anonymous, Inc., 1975.
3. *Parents Anonymous Frontiers*. Redondo Beach, California: Parents Anonymous, Inc. (Winter 1976).
4. Hill, Robert. *The Strengths of Black Families*. New York: Emerson Press, 1971.
5. Smith, Patricia T. "Towards a New Perspective." *Midwest Parent-Child Review*, Volume 11, Number 2, (Winter 1976-7).
6. Billingsley, Andrew. "Family Functioning in the Low-Income Black Community." *Social Casework*, (December 1963).

Special Project Serves Native Alaskans

by
Barbara Pighin, Project Director
Family Services
 Cook Inlet Native Association

Anchorage, the largest city in Alaska, has a population of over 200,000 people, approximately 12,000 of whom are Native Alaskan. In addition to their differences from the larger population, the cultural diversity among the four main groups of Native Alaskans—Eskimo, Athabaskan, Aleut and Tlingit—pose real problems to an urban native center. Each group has a distinct tradition, language and method of child rearing. However, in each group, the extended family is an important factor in both child rearing and preserving family solidarity.

The Cook Inlet Native Association (C.I.N.A.), a federally funded child abuse and neglect project, has found that here, as in many urban areas, the actual extended family was hundreds of miles away. And, although the ties to this family were still very strong, the available assistance in times of stress as well as the individual security associated with belonging to a group were greatly diminished.

Isolation in Anchorage is both geographic and psychological for many Native families. There are few neighborhoods with high concentrations of Native peoples, and the public transportation

system is often foreign to families newly arrived from a village. This isolation has serious consequences. Without support from helping persons within the Native community, the Native family in which neglect or abuse occurs is likely to be very resistant to help or change when confronted by the official agency, i.e., the State of Alaska.

C.I.N.A. has sought to overcome these difficulties. Family Aides, in part modeled on Dr. Henry Kempe's lay therapist concept, are members of the Native community and serve as helping persons. Families are better able to trust members of their own cultural group and, whenever possible, aides and families are matched in this way. Attention is focused on the parent's need to be accepted, cared about, and treated as an identifiable, dignified and important person in an impersonal environment. It is recognized that many of the parents have, in the past, experienced the closeness and intimacy of a defined neighborhood or rural community. A supportive treatment model is intended to provide access to the security, comfort, and nurturing that was once available in that environment.

The aides serve as a key resource to the community in creating an awareness about the problem of child abuse and neglect. They have been successful in communicating to the Native and non-Native community that there are effective ways to support families involved in abuse and neglect while keeping children in the home.

Simultaneously, the project staff encourages referrals to be made to the State Division of Social Services, the mandated agency, but those families which are appropriate for the project receive services immediately without waiting to be referred by the state agency. The project has maintained a small caseload with the intent of servicing families on a more intensive basis.

A large part of any program on child abuse and neglect is identification of families that are in need of services. In Alaska, after the fact identification and the subsequent investigation is done by the state Division of Social Services.

Traditionally, it has been very difficult to pinpoint families at high risk for abuse or neglect because of the number of variables (i.e. number of doctors, number of hospitals, etc.) found in most communities. In Anchorage a possible 90% of all Native people receive their medical services from the Alaska Native Medical Center (ANMC), which has made it possible for the Maternal and Child Health Care team and the C.I.N.A. Project staff to develop a program of early identification.

Alaska Native Medical Center often saw families that were high risk by definition and yet they were not able to offer services to them until actual problems arose. They felt strongly that, if these families could be given some extra early attention at the pre- or post-natal stage, the number of actual abuse or neglect situations could be reduced. In the past, it was frustrating for the team to see these high risk families, and not be able to serve them. It is thought that by relieving many of the stresses on parents during the pregnancy, or immediately after delivery, children will be given a better chance to develop normally.

Because of the support of the ANMC staff and their conviction that early intervention could lessen these problems, C.I.N.A. established the position of outreach social worker. This person works 50% of her time within the hospital and clinic, interviewing high risk families, and is available to see anyone referred by the Prenatal, Infant or Well Baby Clinic. The rest of her time is spent in the community. Cases are either referred directly to the C.I.N.A. project or to other community services.

Family Services feels strongly that children in most instances can be given the best chance for survival living with and relating to their own parents. By building a supportive group around a family, while simultaneously dealing with problems of individual family members, families can gain strength and stay together.

FAMILIES WITHOUT PARENTS

by
Betty Lee Sung
City College, New York

It is almost axiomatic that the Chinese family has been the bulwark of that ancient civilization. The family, with its rigidly prescribed rank and hierarchy, its duties and obligations, and its total permeation of every member's life from cradle to grave, made it the single most important socializing agent in Chinese life. However, within the last few decades, a family revolution has been taking place in China, drastically altering the structure of this social institution.

How has this affected Chinese families who have immigrated to the United States? Some of these families have come imbued with the traditional Chinese ways. Some have been affected by alterations of family life in China. Some have been exposed to the pseudo-Western ideas in Hong Kong. And inevitably, coming to the United States has imposed an extra burden on the already battered Chinese family.

To find out what is happening to the children of some of our newest immigrants from Asia, the Department of Asian Studies, City College of New York has been doing research in New York's Chinatown, under a grant from the U.S. Department of Health, Education and Welfare, Office of Child Development. The project has been investigating what happens to children and their families when they are plucked from a life-style so vastly different from the American culture. What is life like in Chinese American homes? What are the areas of conflict? What are the difficulties that must be overcome? Does bilingual education hinder or help their adjustment? Are the problems resolved through ethnic channels, through American institutions, or do they just fester, threatening to manifest themselves at a later time in a more explosive and acute manner?

From the preliminary observations, interviews, and fieldwork, definite conclusions cannot yet be drawn but some disturbing factors are apparent. In a single adjective, Chinese children in New York's Chinatown are *deprived*. They are deprived in the usual sense of the word, meaning lack of material comforts—often lacking the lowest level of basic necessities. Housing, in particular, is a problem, with children sometimes sleeping in layers of bunk beds, six to a six feet by nine feet room. They are deprived of space to run or stretch their legs, to let off some of the excess energy of growing children. They are prisoners of television, averaging six hours a day before their box-like wardens.

These and other deprivations do not necessarily leave harmful effects upon a child, but there is one deprivation, that is very widespread, which will have an indelible impact on future generations of Chinese American children. This deprivation, suffered by most Chinese children, is the prolonged absence of parents. In name, Chinese homes are intact. There is a mother and father, but parental presence is almost nil.

There are three major modes of this parental deprivation. The most prevalent is caused by the long hours that the father and mother work. Parents rarely see their children for more than one day a week, and then only for a brief period. The usual occupation of the father is some kind of restaurant work, where the working hours are from 11 a.m. until 12 midnight. While there is a day off, it is during the weekdays when the children are in school, so the children may see their father for a maximum of a half a day weekly.

The mothers invariably work in the garment factories, where they also put in from ten to twelve hours daily. The children must fend for themselves. Breakfast and lunch are offered for free in school. Day-care, or after-school centers at 3 p.m., are available, but in short supply. Some children go to sit with their mothers in the factories. The streets of Chinatown are not fit for playing, and recreational facilities are almost nonexistent. So most children go home to crowded quarters and turn on the television.

The second mode of parental absence is found when the father works in another area of the United States—usually because he cannot find work closer to home—while the mother stays in New York to be near relatives. It is surprising to note the extent of this fractured familial setup. The third mode occurs when one of the parents is still in Hong Kong or Taiwan. In this instance, usually the father is here and the mother abroad. Generally, in this setup the children are male teenagers.

In all of these instances, since parental presence is almost nonexistent, it follows that parental guidance and supervision are lacking. Who is to teach the children what is right or wrong? Who is there when they need human contact and affection? Who is to inculcate the cultural heritage of their ancestors? Who is to give them emotional support and moral values? In addition to the cultural shock of immigration, Chinese American children are faced with the "loss" of their parents. This is the most damaging deprivation of all, and its effects will be felt not only in the present, but for years and generations to come.

ETHNICITY AND FAMILY LIFE

by

Joseph Giordano
Director

Center on Group Identity and Mental Health
American Jewish Committee

The current discussion on the state of the family, while realistically dealing with the fact that the American family is in trouble, says too little about the persistence of diverse ethnic and cultural influences. One hears less about the persistence of ethnic life-styles than the "life-styles" growing out of the youth and feminist movements.

Family life has obviously changed a great deal in the lifetime of mature Americans. Even so, the influence of traditional family patterns which have developed over generations may still be dominant. It is these traditional forces, even those that seem to be in the process of declining, that need a more serious investigation.

The renewed interest in ethnic roots gives an opportunity to reassess the family within a pluralistic context. Ethnicity itself can only be understood in relationship to the family which, as the primary means of socialization, transmits a sense of peoplehood over generations.¹

Insights into the relationship between ethnicity and family life cannot only be gained through scientific research, but in the sensitive observation of the daily lives of the people who come into our agencies. It can even be found in our own families, if we wish to take a look.

Within the last six months my wife and our two sons, David 15, and Steven 13, opened our home to two beautiful foster children,

Angela 16, and Esther 12. All six of us feel that having grown into a larger family has deepened our feelings of caring and loving toward each other. The experience has taught us also that ethnic roots and family life are so intertwined that you cannot experience one without the other.

Our family has evolved out of an Italian-American working class background. My wife's father was Puerto Rican and her mother Italian. The roots of our foster children stretch back to the Dominican Republic. While their behavior has been modified by immigrating to the United States five years ago, and spending much of that time in child care institutions, the girls have maintained their ethnicity. What they laugh at, how they express anger, show affection, communicate, show embarrassment, all differ in many ways from our family, which although third generation on my side and second generation on my wife's side, continues to maintain many traditional Italian-American values. This situation often leads to cultural miscues.

At dinner one evening, Angela sat silently not eating her steak. When we asked why she was not eating, she continued to remain silent, attempting to form the words, but simply saying "I cannot tell you." What was troubling her? Was she angry at us? Why couldn't she tell us? The problem was simply that she likes meat well-done. She found it difficult to tell us because to make such a request of the person who prepared a meal would be a sign of disrespect.

We realized that one of the major tasks in helping our girls grow and develop is to make certain that their own ethnic identity is maintained and nourished, while at the same time giving them opportunities to be exposed to new experiences, and different value systems.

The cultural bonds that extend over generations carry a historical continuity that is essential in developing a healthy identity, self-esteem and a sense of belonging.²

We have been often asked why we decided to take in adolescents. Well, I guess we have always wanted to have a larger family, and even attempted to adopt a child a few years ago through the Department of Social Services. However, the whole process of judging whether we were a "fit family" offended our sense of family.

My wife, who is the assistant director of nursing at a Neighborhood Health Center on the Upper West Side of Manhattan, met Angela when she came in for services. When it became necessary to find a foster placement for Angela, our family welcomed her into our home. Three months later, Esther, who had been in a residential setting for several years, came to live with us also.

This whole experience led us to begin thinking how many more "vulnerable" families, couples and individuals would accept children into their lives who need a home. I suspect that there are thousands, but they never have an opportunity to meet such children to allow the chemistry of attraction and nurturing to take over.

For example, both girls were involved with Catholic institutions for a number of years. Yet, we cannot remember when an appeal to take care of children was the subject of a sermon at Sunday mass, or when a church related group provided an opportunity to come in contact with these children. The parish and religious community are natural settings that have an ideological and historical concern with the caring of children.

What if professionals in protective services were to direct a greater attention to ethno-religious communities? I would suspect that such a strategy would provide children and adults with a greater opportunity to find each other and would increase the possibility of less children needing institutional care.

Human services professionals in their practice have generally focused on pathology, which is often an obstacle in recognizing

the strengths, resources, and the integrity and coping mechanisms that have evolved out of an ethnic identity, family, neighborhood and other natural informal helping systems.

In many ways, formal systems may only be truly effective if they are grounded in these informal networks. There are many effective forms of child care services that operate within ethnic subgroups. For example, in the Black community, there is a significant informal adoption of children involving grandparents and extended family. Should not an approach to the care of children include an understanding of how these informal systems work? Before we rush in with services that are often culturally incompatible with the life-styles of many ethnic groups, should we not assess what the natural systems are? Perhaps a more effective intervention by professionals would be to build upon these systems and provide the necessary supports to keep them viable. Where these systems are weak or nonexistent, new approaches should evolve out of the cultural life-style and value systems of the people they are directed to serve.

In a previous article,³ I outlined some specific steps an agency can take to begin to identify the natural support systems in the ethnic group, family, or community. This would involve an extensive survey by the agency. The survey would consist of:

- A. A profile of all families and children coming to the agency. This should provide information on how cultural factors affect family behavior and patterns of family interaction in relationships, and to what degree they affect assimilation, values, conflicts, use of an identification within family and community support systems, attitudes toward agency, therapy and perception of problems. This material is to be drawn as part of the intake process as well as from informal contacts in the community. Essentially, the following information should be elicited:

How important are ethnic values to these families? How strongly do they identify with these values? Which do they select for special reinforcement or for replacement?

Are there cultural strains between grandparents, parents, children and grandchildren?

To what degree do they identify with their ethnicity—celebration of holidays, religious observance, reinforcement of values, friends and spouses of the same ethnic group? How close is the family? Are visits to nearby relatives frequent, etc.?

What role does each member play in the family or group structure? What are their perceptions of each other's roles?

What is or has been stressful in their lives—death, illness, loss of job, etc? How have they handled these events? What family members take strong or dependent roles? What roles do the extended family, friends or religious and social neighborhood institutions play?

What have been their experiences with human service agencies? What are their perceptions and attitudes towards therapy and counseling?

- B. Evaluation of the extent to which the professional and non-professional clinicians take into account cultural differences in the treatment process.

- C. A community profile should be developed to identify those formal and informal systems of support in the community or communities served by the agency. It would include the demographic and historical development of the subcommuni-

ties; the spontaneous and natural support systems—family, neighborhood, self-help and peer groups, supports not directed by professionals—social, fraternal, religious and self-help organizations; and professionally directed agencies and organizations—schools, youth agencies, health and mental health agencies.

On the basis of these surveys, staff, both professional and volunteers, can be trained to utilize natural support systems in treatment and delivery of services. Programs should be developed that relate to specific new needs and new constituencies. Specific techniques and program development would then relate to creating new support systems—multiple family therapy, network therapy, educational and socialization groups for families, weekend and extended camping trips, training of families and leaders for indigenous action.

Clinicians are often unaware of the differences in ethnic patterns as expressed through a variety of family roles, attitudes, values, verbal and nonverbal behaviors. Therapeutic and counseling methods often reflect American core values—individualism, mastery over problems and planning for future goals.⁴ Most Americans fall somewhat in the middle on the continuum between traditional ethnic values and modern assimilated values. It has been estimated that one in six Americans is either an immigrant or first generation American. Recent research also indicates that ethnic presence in contemporary American society is not only confined to newly arrived immigrants. Ellman estimates that there are 100,000,000 Americans about whom it is still relevant to speak of the ethnic factor.⁵ Greeley in his research has found that ethnic patterns of behavior are carried into the third and fourth generations.⁶ If the clinician is unaware of quality or the intensity of the ethnic factor, the treatment is likely to suffer.

Interestingly, my wife, who as a child was on welfare, will get all the kids together to clean the house before the social worker comes to visit us. As we sit with the social worker discussing how we are all getting along, the whole family knows that we maintain the "family honor" as a group. That is very Italian.

1. These ideas were developed in a discussion paper prepared by Joseph Giordano and Irving Levine for a consultation on the Family and American Pluralism, sponsored by the Institute on Pluralism and Group Identity and the Center for the Study of Democratic Institutions, Chicago, October, 1976.

2. See Giordano, J. *Ethnicity and Mental Health*. New York: Institute on Pluralism and Group Identity, American Jewish Committee, 1973; Teper, G. *Ethnicity, Race and Human Development: A Report on the State of Our Knowledge*. New York: Institute on Pluralism and Group Identity, American Jewish Committee, 1977.

3. Giordano, J. and Levine, M., "Mental Health and Middle America," *MH—The Magazine of the National Association for Mental Health*, 53(4), (Fall/Winter, 1976).

4. Papajohn, J. and Spiegel, J., *Transactions in Families*, San Francisco: Jossey-Bass, 1976.

5. Ellman, Y., "The Ethnic Awakening in the United States and Its Influence on Jews," *Ethnicity*, 4, 1977.

6. Greeley, A., *Ethnicity in the United States: A Preliminary Reconnaissance*. New York: J. Wiley & Sons, 1974.

The next issue of PSRI Report will include articles on inter-agency coalitions, group work in protective services, and upcoming Institute conferences on *The Role of the Media in Child Abuse and Neglect*, and *Alleviating Child Abuse and Neglect: The Role of Business and Labor*.

The next special issue, in two months time, will be devoted to professional education in child abuse and neglect.

Meeting the Needs of Hispanic Families: New Jersey Hispanic Advisory Panel Established

by
Renée Kranz
Internal Consultant
Training and Intergroup
Communication Systems, PSRI

On July 5, 1977, the New Jersey Hispanic Advisory Panel met for the third time. The basic reason for the efforts made by the Protective Services Resource Institute to encourage the formation of the panel is to attempt to improve the ways in which the needs of Hispanic children and families are being met, with special attention given to protective services for children. The members of the panel are:

Yolanda Aguilar, Director
Camden County Office for Children

Rocio Day, Psychiatric Social Worker
Union County Psychiatric Clinic, Elizabeth

Maria Fernandez, Child School Specialist
PROCEED, Inc., Elizabeth

David Matos, Jr., Program Officer
Center for Human Resources,
Planning & Development, Inc., East Orange

Urbano Venero
Puerto Rican Congress of New Jersey
Trenton

Dr. Julio Arla, Child Psychiatrist
Union City

Judge John de Dios
Essex County District Court, Newark

Dr. Marcos Liederman, Asst. Professor
Rutgers Graduate School of Social Work

Judge Robert Page
Juvenile and Domestic Relations Court
Camden

Gladis Viego, Asst. Supervisor
Middlesex County District Office
New Jersey Division of Youth
and Family Services

Ms. Day, Ms. Viego, Mr. Matos and Mr. Venero have been active since December 1976, in cooperation with PSRI, in taking the steps necessary to form the panel. The Institute's representative is Renée Kranz, whose function is coordination and communications liaison.

The panel is a direct outcome of the PSRI mandate to provide services in New Jersey, Puerto Rico and the U.S. Virgin Islands. Each locale has a significant Hispanic population. During its first year of operation, the Institute discovered that available materials for training and public awareness for Hispanics were extremely limited. In most instances, what did exist was a translation of English language literature. Consequently, there was no adaptation to the diverse cultural patterns represented by the various Spanish speaking groups.

These inadequacies are not limited to protective services for children. Recent literature explores similar inattention to the specific social needs of people of Hispanic background in the United States, despite the fact that these groups now total approximately twenty million people. Recognition of these conditions led the Institute to convene a planning and needs assessment meeting in 1976 with representatives of the Hispanic community from Puerto Rico, Washington, D.C. and New Jersey.

At that meeting, the following problems were considered worthy of attention:

1. The need for increased awareness of and sensitivity to Hispanic cultural values on the part of public and private social agencies which provide services for the Hispanic community.
2. The need for increased knowledge of the requirements for training service professionals in the dynamics which exist within the Hispanic parent-child relationship.
3. The need for establishment of two-way communication systems between the Hispanic community and all other segments of the larger community.

Early in 1977, those who had attended or expressed interest in the planning and needs assessment meeting were asked to nominate candidates for permanent membership on The New Jersey Hispanic Advisory Panel. PSRI sought identification of Hispanic individuals who were advocates of the interests of their community, with particular interest in working for the well-being of children and families. Excellence in professional or civic activities, and the need for suitable geographic representation within the state were also factors influencing nomination and selection. An attempt was made to find panelists who would be able to represent the expertise and point of view of the following fields:

1. Mental Health
2. Education
3. Social Services
4. Law and Law Enforcement
5. Medicine
6. Community Organizations

The present panel emerged out of this nominating and selection process.

On May 10, 1977, the first meeting of the panel was held at the College of Medicine and Dentistry of New Jersey—Rutgers Medical School. The main accomplishment of the meeting was to make tentative plans for programs that the panel thought worthy of implementation. These included:

1. Service Delivery
Goals:
A. Exploration of the ways in which additional Hispanic personnel might be added to the existing service delivery system.
- B. Assessment of service delivery needs in the Hispanic community.
- C. Coordination of services provided by Hispanic community agencies with services provided by DYFS and other non-Hispanic agencies.
- D. Identification of areas where technical assistance to Hispanic community agencies would be helpful.
- E. Education of existing non-Hispanic service agencies in Hispanic culture and Hispanic needs.

The discussion which led to the pinpointing of these goals emphasized that the lack of bicultural, bilingual workers in service delivery and law enforcement creates serious problems. For example, Spanish speaking Hispanic families with children who require medical attention need the explanations that a bicultural nurse might provide in order to help the parents adjust to

health standards and practices prevalent in the majority culture. The panel advocated the need for workers from Hispanic cultures to be available in DYFS and other service agencies because Hispanic clients are better able to form the necessary trust bonds with those workers with whom they share a mutual or similar culture. This may be based on the fear in Hispanic families of losing their accustomed moral values and family strength by being integrated into American culture. Creating the possibility of hiring bicultural personnel by eliminating unnecessary credential requirements whenever feasible was also discussed.

2. Prevention

Goals:

- A. Conduct training and public awareness programs to help strengthen the Hispanic family faced with adapting to a new culture.
- B. Plan and conduct parenting training appropriate for Hispanic families.
- C. Plan and conduct early intervention programs (including culturally appropriate intervention strategies) where needed in Hispanic families where children may be at risk.
- D. Help the Hispanic community to identify the existence of child abuse and neglect problems in their environment.

These goals were formulated after discussions based on a variety of ideas and beliefs. The problem of unemployment in Hispanic families as a significant stress factor was explained within the context of the culture perspective which places extreme importance on the fulfillment of head-of-household responsibilities by the male.

Professor Liederman spoke about research he has been doing which indicates that, in New Jersey, a significant percentage of single parents are members of the Hispanic community. These parents require training and service support from the community. The role of the educational system in prevention was explored and it was suggested that educational administrative policies need to become more responsive to the requirements of Hispanic youth.

3. Policy Impact

The subcommittee on policy impact, Mr. Matos and Professor Liederman, gave a preliminary report at the panel's second meeting on June 1. The theme of the proposal was one of organized advocacy for a "bold new look in human relations

. . . modification of systems so that an ability to change will be built in . . . systems and programs on understanding cultural differences and allowing them to exist."

They recommended the following policy changes to be adopted by institutions serving the Hispanic community:

- A. Increased sensitivity to the need for recognition of cultural differences must be stressed.
- B. Bureaucracy must learn to communicate in more human terms with the citizens for whom they provide services. They must learn to use communication which is less vague and less self-serving.
- C. Institutional abuse and neglect of children must be increasingly exposed and eliminated.
- D. Inter-agency coordination must be effected so that the many policies which may affect one individual or one family will be integrated.
- E. Cost-effective coordination of services must be stressed.
- F. The Hispanic community (indeed any identifiable community) should be encouraged by existing institutions to be the support system for itself.
- G. Exploitation of Hispanic children in schools must be ended; Hispanic children must be given opportunities to succeed. Emotional "violence," which destroys the self-image of a child as he is exposed to the school system, must be identified and corrected.

When the panel resumes meeting in September, these recommendations will be refined and translated into action programs. One action program which was suggested by Dr. Marcos Liederman, Gladis Viego and Urbano Venero at the July 5 meeting is concerned with child-parent development centers for young, pregnant women.

These centers might be housed in existing day-care centers and public schools. Program goals would be to prepare the mother for parenthood in a non-threatening, self-help environment, and then to continue this help into the early life of the child. The development of both child and parent would be encouraged simultaneously with curriculum, activities and training designed for the well-being of each.

Information is now being gathered from existing programs with similar goals. This information will be adapted for use in the formulation of a proposal suitable for Hispanic communities in New Jersey.

CULTURE AS A VARIABLE IN HUMAN SERVICES

by
John Red Horse, Ph.D.
Assistant Professor, School of Social Work,
University of Minnesota
Principal Investigator, Ah-be-no-gee,
Center for Urban and Regional Affairs

Culture represents a variable which many human service professionals prefer to ignore. Professional reluctance to consider cultural differentials often results from a lack of understanding cultural complexities. In the field of human relations, culture has no doubt assumed mystical proportions. To knowledgeable participants and observers, however, culture is not simply an array of mysterious clutter. Beliefs and value systems remain as behavioral imperatives to those individuals who are of a culture other than mainstream society.

This article will describe Ah-be-no-gee, a program designed to provide Minneapolis Native Americans with culturally appropriate family and children's services.¹ The program's rationale was based upon several community surveys representative of

both Anglo professional and Native American community populations. The surveys pointed to an overwhelming absence of cultural understanding by Anglo professionals and a consequent lack of lateral integration of human services with the social and moral structure of the Native American community.²

Ah-be-no-gee does not attempt to dispell cultural mysticism. It does, however, explore natural family networks. Native American family process serves as a program guideline. Accordingly, the family structure and process represent the cornerstone of culture and the foundation for individual mental health. Ah-be-no-gee's principal service assumption is that the structural and cultural integrity of the Native American extended family network must be supported by delivery systems which reaffirm a

sense of family purpose. Its consequent task is to identify traditional, long-standing cultural attributes which have contributed to family cohesiveness, and to train as family advocates Native American students who are innately able to translate family cultural needs into service delivery systems.

Learning occurs through a rigorous field instruction program at the School of Social Work, University of Minnesota. Trainees participate in specialized seminars on Native American family development. They explore roles and articulate behaviors characteristic of Native American family units. This process would most probably have been impossible if every trainee were not a Native American. Their life experiences enabled the group to recapture critical dynamics of extended family life-styles.

Ah-be-no-gee has found that family structure contributes to three critical mental health attributes. First, Native American extended families differ from their European counterparts which define an extended unit as three generations within the same household. Rather, Native American extended families assume a distinct village-type network construct. This, of course, has significant impact upon behavior patterns. During early childhood socialization and for general orientation to living, individual transactions occur within a community milieu characterized by several incorporated households. Second, extended family structure facilitates transmission of cultural attributes which conserve family patterns and contribute to individual identity. Third, family serves as a major instrument of accountability. It sets standards and expectations which maintain the wholeness of the group through enforcement of values.

Moreover, extended family structure represents the interactive field in which human service professionals should conduct transactions. Professionals must, therefore, be cautious in formulating diagnostic statements and planning intervention methods. A brief case regarding client behavior patterns will serve to clarify this point.

A young probationer had strict court orders to remain under the supervision of responsible adults. His counselor became concerned because the youth appeared to ignore this order. The boy was constantly moving around and staying overnight with several different girls. Suspicions were that the boy was a pimp or a pusher. The girls appeared to know each other and enjoyed each other's company. Moreover, they were not ashamed to be seen together in public with the boy. Violation proceedings were being prepared.

I came upon the case quite by accident during lunch with an acquaintance who was curious about Native American behavior patterns. I knew the boy's family well and requested a delay in court proceedings to investigate the matter more thoroughly. It turned out that the girls were all first cousins of the youth. He had not been "staying overnight with them;" he had been staying with different units of his family. Each unit had what the family considered a responsible adult to supervise and care for the boy.

A revocation order in this case would have caused irreparable alienation between the family and human service professionals. The casework decision would have inappropriately punished the youth for normal family behavior. Moreover, its impact would affect people far beyond the presenting client. The young man had a family network consisting of over 200 people.

Single parents are also often misjudged by professionals. Single parent households obviously exist, but within the Native American network, there is no such unit as a single parent family. Human service providers experience difficulty looking beyond nuclear family situations. They are consequently reluctant to see grandparents, aunts, uncles, or cousins as alternative support service caregivers. To recognize the closeness of these relational units in Native American families appears beyond professional capacity.

Grandparent roles provide a good example. Within the Native American family context, grandparents retain roles of obvious importance. To have their status undermined by professionals, who assume that anyone over fifty years of age is incapable of caring for children, has an alienation effect upon the whole Native American community. It also wreaks havoc upon the emotions of children.

Grandparents retain official and symbolic leadership in family communities. Both are active processes sanctioned by children. Official leadership is characterized by a close proximity of grandparents to family. It is witnessed through behavior of children who actively seek daily contact with grandparents. In this milieu, grandparents have an official voice in child rearing methods, and parents seldom overrule their elders. Symbolic leadership is characterized by an incorporation of unrelated elders into the family. This prevails during an absence of a natural grandparent, but it is not necessarily dependent upon such an absence. Often children and parents select, and virtually adopt, a grandparent. They seek social acceptance from another older member of the community. In this milieu, grandparents will not invoke strong child rearing sanctions. However, because their acceptance is sought, their norm-setting standards are seldom ignored.

Family network structure has persisted through the years largely as a result of strong family religious values. The naming ceremony, for example, survives among many Native American families. This ceremony develops a protective social fabric to provide for the health and welfare of children. It reconfirms family structure and designates official role models for children. Namesakes most often are aunts, uncles, or cousins. Unlike similar religious and cultural rituals among other groups, in this instance they become the same as parents in network structure. If hard times befall natural parents, namesakes have an obligation to provide for children.

Feasts also reinforce family structure. Three traditional feasts may be identified. Ritual feasts are standardized according to time or events; e.g., the seasons or a naming ceremony. Preventive feasts bring a family together whenever danger is imminent. Celebrative feasts are performed during special events. These feasts continue in practice in varying degrees among contemporary urban Native Americans. Minneapolis, for example, celebrated Mothers' Day 1977, with a major community feast. Sixteen Native American organizations cooperated in its planning. The feast honored grandmothers. Over 2,000 people attended this all-day celebration. It brought families together and served, so to speak, to reconfirm a collective sense of selfhood.

Space limitations do not allow for more than a brief review of issues in extended family culture. Developing human services that correlate with family attributes has obvious advantages. Minneapolis Native Americans have long documented their preference for Native American service providers who understand culture. Ah-be-no-gee, for example, receives over 90 per cent of its clientele through self-referrals from family networks. Through cultural affirmation, Ah-be-no-gee has developed a preventive care system based upon early utilization of services by families—grandparents, parents, and children. This preventive concept is not predicated upon technical sophistication. It is predicated upon families who have developed trust for Ah-be-no-gee staff. Through the development of culturally appropriate family services, we have been able to reaffirm a community of child care and concern.

Dr. Ah-be-no-gee is an Assistant Professor in the Department of Social Work, University of Minnesota, Minneapolis, Minnesota. He is also a member of the National Association of Public Child Welfare Administrators. He has published articles in the Journal of the American Academy of Child and Adolescent Psychiatry, the Journal of the American Academy of Child and Adolescent Psychiatry, and the Journal of the American Academy of Child and Adolescent Psychiatry. He is also a member of the National Association of Public Child Welfare Administrators.

CHILD ABUSE SERVICES AND THE CHICANO FAMILY

by

Jose Navarro, M.S.W. and Hershel K. Swinger, M.S.

Region IX Child Abuse Project

Department of Special Education, California State University

Los Angeles, California

INTRODUCTION

The child abuser is characterized as being frightened, lonely, and isolated. To many Chicano parents, child rearing is a major responsibility, an effort—to some, even an ordeal. Becoming parents in the United States, where policies, attitudes and child rearing standards are at variance with their own, presents its own peculiar problems to Chicanos, particularly for the foreign-born recent arrival. We believe there are some solutions to the dilemmas faced by these parents. Chicano child abuse specialists have become convinced that traditional Anglo-child protective services produce sociocultural and psychic dysfunction for Chicano parents and children. There are indications that social work, which provides the bases for protective services, has at least tacitly accepted society's cultural disrespect of Chicanos. This situation has caused Chicano, and other minority professionals, to develop bilingual, bicultural child abuse treatment and training programs which are relevant both to Chicanos and to the culturally sensitive persons providing the services. We will explore these developments in this article.

At the time of the establishment of our major social institutions, non-whites in general played no role. So the institutions that have evolved to their present state did so in a manner that excluded a sensitivity to the specific needs and differences of non-whites.

In the Southwestern part of this country, there is a large Spanish speaking, non-white population, which was subjugated by the Conquistadors hundreds of years ago. These Indians were thought to be inferior to their conquerors and traditionally have been treated thus.

Today there is a national move afoot to deal with the problem of child abuse, and many publications make references to the "cultural aspects" of child abuse. Culture, as the term is often used, is a euphemism for race. It simply does not sound appropriate to speak of the racial aspects of child abuse. Upon close inspection, it is apparent that a disproportionately large number of those families being arrested or treated for child abuse are non-white. One response is to say that those people, in fact, abuse or neglect their children more. Another response is to say that neglected and abused populations develop life styles and family rearing practices that reflect their status.

For those involved in direct services it is now important to attempt to modify our present systems to make them more responsive to the needs of families that differ from the mainstream (white) populations. In a specific instance and on a day-to-day basis, what are some important factors which should be considered when working in a helping way with Spanish speaking/Spanish surnamed families?

Language

Starting with the most obvious problem, there are many barrio residents who have learned English as a second language. The

lack of facility in English impedes social interaction with Anglo-American counterparts. Specifically, it reduces the worker's effectiveness and also the "client's" opportunity to learn Anglo-American ways by positive experiences, thus returning to the earlier more comfortable associations with community residents who are also Spanish speaking.

Spanish language deficiencies handicap most child abuse professionals in explaining the law, the court process, and other possible outcomes to a Spanish speaking family suspected of child abuse. Even the concept of a child protective social worker is alien to the recently arrived family from Mexico. In sum, every interaction between Anglo-American workers and the Spanish surnamed/speaking family is affected by the lack of knowledge of the family's language.

Interpreters are frequently used by child abuse professionals to overcome the language barrier. The interpreter is usually a paraprofessional as opposed to a professional interpreter. This "solution" allows the professional to do his or her job without having to interact directly and learn the culture of the Spanish surnamed clients. It is our experience that in interviews in which a parent was accused of child abuse, and an interpreter was involved in the interview, many translations reflected the interpreter's own feelings and biases with respect to the child abuse situation.

Language differences can be dealt with by:

- 1) employing bilingual and bicultural professionals; 2) spending a great deal more time with the non-English speaking family and gathering pertinent information from indirect sources; 3) getting operational feedback from the family; 4) never assuming that the Spanish surnamed person who speaks English also reads English (a common mistake); and 5) asking clients to educate the worker about the differences between their culture and that of the worker.

The Chicano Family Structure

The average Chicano family is poor and lives in conditions worse than those that existed during the great depression. According to Diaz-Guerreo (1975) the family (familia) is likely to be the single most important social unit in the life of the Chicano. Further, he defines the parental roles as: a) the unquestioned and absolute supremacy of the father; and b) the necessary and absolute self-sacrifice of the mother. The children are seen as a source of security for their parents in later years and not as a liability. The sons are viewed as greater resources because the daughters will marry into other families, partially severing their affiliation with their own family.

Religion is still very much a part of every day life of the Chicano family. The families tend to be larger than the national average and the birth rate is rising.

Any successful family treatment plan must include the husband/father in the initial interview, for if his place in the family structure is not respected there is little chance of developing a therapeutic relationship with that family.

The traditional extended family (familia) only asks for assis-

tance under dire circumstance and with a sense of having failed as a family. It is easy to forget how hard it is for the individual to ask for help when most clients come to the agency asking for help.

In sum, it is essential that social service agency staffs be aware that the family is usually poor, extremely needful, desperate, and ashamed to be in need of help.

Personal Communications

Finally, the culture of the Chicano, Spanish speaking clients places a tremendous value on close, warm, personal relationships. One of the most frightening things about our health care delivery system is the often cool, technical, crisp, efficient, and impersonal way that clients or patients are handled. The therapist, working with the Chicano family should be aware that demonstrative behavior, friendliness, and informality are not viewed negatively by most Chicano families. The Chicano expects the services or treatment to be personalized and informal. In fact, traditional concepts of professionalism may place impenetrable barriers between the social worker and the Chicano family.

Reference

Diaz-Guerrero, R. *Psychology of the Mexican*, Austin and London: Univ. of Texas Press, 1975.

The Neglect of Black Children

by
Willie V. Small
Director of Social Work
Children's Service, Inc
Philadelphia, Pennsylvania

A few years ago, we discredited external factors in the determination of neglect and concentrated on "pathology." In the current economic crisis, however, it has become less difficult to see the connections between economics and misery, including neglect. The determination of child neglect is further complicated by cultural differences. The following instances from the caseload of the Children's Service, Inc. illustrate the point:

A young single mother living alone was charged with neglect because she took her baby with her to the local bar. The alternative was to leave the baby alone, since there was no money for a baby-sitter and no one she could trust who would keep the baby without charge. The bar was managed by a young man whose family lived above the bar and whose children were frequent visitors to and helpers at the bar. Is neglect relative?

A mother of a large family had her older children removed from her custody because they did not attend school regularly. When time came for the six-year-old to enroll, the mother complied with the expectation regarding inoculations by taking the child to a "free clinic." The child had eczema, a condition which precludes injections, which was highly visible and

although the clinic had a full medical history, they proceeded with the injections. As a result, the child became quite ill, and the mother was charged with neglect. The victim is the perpetrator?

The grandmother of three adolescents had been named their legal guardian when their mother deserted and the father died. She struggled to provide for the children despite her own physical limitations and the responsibility of an invalid husband. When the 13-year-old grandson developed a bad toothache, she took him to a local dentist. After the dentist was assured that her "white card" (Medicaid) was valid for payment, he proceeded with a root canal job in a fully abscessed mouth. After the adolescent became extremely ill, the authorities determined that the grandmother's limitations amounted to neglect and all three grandchildren were removed and placed in a foster home. Is this neglect, or malpractice?

The families in the cases described above were all Black. The services they received appear to be related to their poverty and their race. When a poverty-stricken Black child comes to the attention of a public or private agency, for whatever reason, it is imperative that he or she receive adequate health services. In a typical year 30% of Black Americans do not see a doctor, 66% do not see a dentist. Black people comprise less than 12% of America's population, but are 31% of all its poor people. Almost one out of every three Black families earns less than \$5,000 a year.¹ When one becomes aware of these figures, the issue of the relationship between race and poverty is readily apparent.

Much of the lifestyle and "culture" designated as Black has been dictated by economics rather than choice. It is difficult, however, to accept the assumption that strong family ties, fidelity in marriage, education, economic security, gratification in honest work, pride in the accomplishment of children, respect for poverty, love of country, and reverence for God are the exclusive values of people who earn between \$6,000 and \$15,000. As a people, we Americans see orderliness as symbolic of high morals and disorder as symbolic of low morals. We strive for perfection because we feel it is more important to be *better* than to be *useful*. With our obsession with order, good appearance, and perfection, is it any wonder that we find ourselves in conflict with people whose confrontation with survival is too imminent to involve concern about the order or appearance of things?

Black families see nothing inherently wrong in leaving younger children in the care of older ones. Usually older children are trained in child care by participation in basic family functions. Family position may be more significant than sex, and role distinction is not rigidly adhered to. Boys learn to cook and diaper babies, and girls learn to putty windows and repair iron cords. All learn how to deal with bill collectors, welfare workers and other "intruders."

Black parents who are emotionally weak often turn to their children for strength so that in caring for the younger children the older child may be buttressing the parent's adequacy. Caring for the younger children voluntarily may insulate them from the frustrations of an upset parent and offer emotional stability at a level that meets the physical and psychological needs of the younger children.

Black parents who cannot handle authority may designate it to one of the children who can carry it well. Such a child may or may not be the first born. This practice of delegating authority makes the confrontation with authority a reality in the life of young children. Often, it is assumed there is no symbol of authority if there is no male adult in the home. In actuality, the task is to determine who carries the authority and how far and effective that authority is.

The practices listed above are manifestations of two basic strengths of Black families as related to child rearing. They are:

1. Black parents demand time for themselves and children come to respect the "demand for privacy" as a privilege of adulthood and a necessity for the survival of both parents and families. This "demand for privacy" prepares children for the time they will be without the parents. The Black father will die seven years before the Black mother and the Black mother will die several years before a white mother. When one also considers the high rate of incarceration for the Black male and the rate of mental breakdown among Black women, it becomes clear that Black children may be parentless more often, and at an earlier age, than children in the general population.
2. Black parents take a more humane approach to children. They do not perceive children as helpless but relate to a child's level of functional adequacy. Likewise, they do not perceive children as faultless or genuflect to their children physically or psychologically. At a young age, children are designated responsibilities which makes it possible for the family to survive. They share in the decision making by presumption, if not by open vote. For example, they may sacrifice class trips at school so the family can pay on a second-hand car to go picnicing at the beach or see relatives in the South.

Where discipline is concerned, any service or attitude about service which undermines the authority of Black parents should be weighed carefully before implementation. From an oppressed minority status in society, abusive language and behavior is often the only way a Black adult can establish authority with children and adolescents. Hardly anything in society supports the worth of a father who is long-term unemployed or a female head-of-household whose public assistance check cannot be stretched to cover both necessities of life and two digit inflation.

As Black families will vary in their values, poor families will vary because of the unusual psychological stress of a bankrupt emotional economy. Therefore, it would be wise to try to determine what certain situations mean to families. To assume that a family is without any food, even though there is a five pound can of grits in the otherwise empty refrigerator may be presumptuous. In many families as long as there are grits, there is hope!

Prevention is the key to services because the cures are too far removed, except when politically advantageous. Public and private agencies must have easy access to research findings and new approaches, especially in treating neglectful parents. Public agencies cannot fulfill their mandate to Black and poverty-stricken people without full support at all voluntary and governmental levels.

1. *Must I go Hungry Again this Christmas*. New York: NAACP Special Contribution Fund, 1976

In fiscal year 1976 the Office of Child Development of the Department of Health, Education, and Welfare, through the National Center on Child Abuse and Neglect, funded more than seventy-five research and demonstration projects. Of these, 12 were designed to meet the needs of specific cultural groups. Two of these projects have been described in this newsletter. The titles and addresses of all the projects are listed below:

Makah Child Development Services Center

Ellen Ides
Makah Tribal Council
P.O. Box 115
Neah Bay, Washington 98357

Urban Indian Child Resource Center

Agnes F. Williams, M.S.W.
Indian Nurses of California, Inc.
390 Euclid Ave. Oakland, California 94610

An Exploratory Investigation of Potential Societal and Intra-Familial Factors Contributing to Child Abuse and Neglect

Robert J. Bentley, Ph.D.
National Council for Black Child Development
1411 K St., N.W., Suite 500
Washington, D.C. 20005

San Antonio Child Abuse/Neglect Research Project

Dario Chapa
Mexican American Neighborhood Civic Organization
2811 Guadalupe St. San Antonio, Texas 78207

Migrant Child Abuse and Neglect Prevention Project

Oscar L. Villarreal
Texas Migrant Council
2200 Santa Ursula Laredo, Texas 78040

Cook Inlet Native Association Child Abuse and Neglect Program

Barbara Pighin
Cook Inlet Native Association
670 W. Fireweed Lane
Anchorage, Alaska 99510

Montana's Rosebud-Northern Cheyenne Child Abuse and Neglect Demonstration Project

Karen Keyes
State Department of Social and Rehabilitation Services
P.O. Box 903
Forsyth, Montana 59327

Developing a Community of Child Care and Concern for Urban Native American Children and Families

John Red Horse, Ph.D.
University of Minnesota
School of Social Work
400 Ford Hall
Minneapolis, Minnesota 55455

Choctaw Center on Child Abuse and Neglect

Joseph J. Renaud, Jr.
Director, Choctaw Child Advocacy Program
Mississippi Band of Choctaw Indians
Route 7, Box 21
Philadelphia, Mississippi 39350

National Urban League Child Abuse and Neglect Project (Project Thrive)

Natalie A. Dowdell, M.S.S.A.
National Urban League, Inc.
500 East 62nd Street
New York, New York 10021

Project Ku-nak-we-sha' (Caring)

Maxine W. Robbins, A.C.S.W.
Confederated Tribes and Bands of the Yakima Indian Nation
P.O. Box 632
Toppenish, Washington 98948

Appalachian Citizens for Children's Rights

Patricia M. Keith, M.S.W.
Family Service Association
364 High St.
Morgantown, West Virginia 26505

END