

Cultural Competency

A Bibliography

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Scope

This bibliography pertains to cultural competence of professionals serving neglected and abused children. It is a selected bibliography, not comprehensive. Included are citations and abstracts for articles, books, book chapters, and reports.

Organization

This bibliography is organized in date descending order from the most recent to the oldest publication date, 2010-1999.

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A Bibliography

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

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

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

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

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

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

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

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

article is to assist child, youth, and family psychologists with developing applied cultural competency skills in the context of the intake assessment with children.

Cassady, C., Kellogg, N., MacDonald, M., Mounty, J., & Northrop, K. (2006). Guidelines on Children's Advocacy Center Services for Children Who are Deaf/Hard of Hearing. Nancy Chandler (Ed.). Retrieved from <http://tinyurl.com/22uj9mf>

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

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

This exploratory study examines the delivery of child protection services by county child protection agencies involving cases with a family member with a disability. Telephone surveys were conducted with the directors or their designees of 89% of the child protection agencies in a Midwestern state. Respondents were asked about the policies and/or procedures for approaching cases involving a person with a disability and the barriers and strengths agencies have in serving people with disabilities. Only 6.7% of respondents reported their agency had a written policy related to serving persons with a disability. There were 18 different approaches to serving clients with a disability within child protection, with the most common being informally teaming for information, dual case assignment, and teaming with an outside consultant. Five counties had specialty workers who were experts in both child protection and disability. Barriers reported varied between rural and non-rural counties, with the most important barriers being lack of resources, lack of knowledge regarding disabilities, systems conflicts, and rural issues, such as

lack of providers and lack of transportation. Strengths included accessing and coordinating services, individualizing services, good collaboration and creativity. While few county agencies had any written policies, both formal and informal collaboration is happening at the individual level. The lack of standardization in providing services indicates a need for more attention to issues regarding disability within child protection, including more training for workers, the development of models of collaborative case management and the removal of systemic barriers.

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

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

McPhatter, A. R., & Ganaway, T. L. (2003). Beyond the rhetoric: Strategies for implementing culturally effective practice with children, families, and communities. *Child Welfare*, 82(2), 103-124.

Culturally effective practice remains elusive within child welfare agencies. Recognizing the hierarchical nature of becoming culturally competent, this article presents specific strategies that enhance cultural effectiveness at the individual, interprofessional, middle management, and upper management levels. The approaches evolve from a five-stage model of change: precontemplation, contemplation, preparation, action, and maintenance. Becoming culturally

competent requires a clear assessment of where the individual practitioner and agency are on the change continuum. The article also explores barriers to culturally competent practice, with a focus on multilevel strategies that work within child welfare agencies.

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

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

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

This chapter explores how to improve therapeutic and professional interactions with those from other cultures. It addresses cultural competency from a generic perspective, presenting a brief historical overview of human science's attempts to look at the role of culture, a rationale for cultural competency, and a tripartite approach to the culturally different client. Although the focus is primarily at the practice level, what is discussed can be generalized to the organizational level.

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

Examined agreement statistics (kappas) to assess the extent to which 2 groups of experts (those nominated by important peer scholars as having expertise in cultural competence and therapists with extensive experience and training in working with African Americans) agreed on

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

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

The objective of this article is to comment on current issues in the relationship between culture and child maltreatment. A review of the literature on culture and child maltreatment is the basis of the article. While attention has been directed to the further development in this area. Efforts need to be made to “unpack” culture, to promote understanding culture in context, and to enhance research on child maltreatment and culture.

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

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

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

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

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

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

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

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