Child abuse, neglect, and trauma are global problems. Abuse has been defined as when “a person willfully or unreasonably does, or causes a child or young person to do, any act that endangers or is likely to endanger the safety of a child or young person or that causes or is likely to cause a child or young person (a) any unnecessary physical pain, suffering or injury; (b) any emotional injury; or (c) any injury to his or her health or development” (Chan, Elliott, Chow, & Thomas, 2002, p. 361). Trauma may involve witnessing domestic parental or community violence or warfare or experiencing severe loss in natural disasters. The United Nations (UN) maintains that violence is one of the most serious problems affecting children today. The World Health Organization (WHO) estimates that 40 million children below the age of 15 experience abuse and neglect requiring health and social care. At any given time, 300,000 child soldiers, some as young as 8 years, are in armed conflicts in more than 30 countries. In Central and Eastern Europe, 1.5 million children live in orphanages that provide minimal care. Two million children are exploited through prostitution and pornography (UNICEF, n.d.). In the United States, reports of child abuse and neglect have been increasing by approximately 10% a year since 1976 (Children’s Defense Fund, 1999). Although fewer parents are reporting a belief in the use of corporal punishment, a 1995 survey in the United States showed that 5% of parents admitted to disciplining their child by hitting the child with an object, kicking the child, beating the child, or threatening the child with a knife or gun.

Violence can have severe implications for children’s development even when it does not lead to obvious physical injury or death. Violence affects children’s health, their ability to learn, and even their willingness to go to school. Much violence toward children is hidden. Children may fear reporting the abuse, or both the abuser and child may see nothing wrong with the violence, viewing it as justifiable punishment. Because of concern regarding violence to children, in 2001, the United Nations called for a comprehensive global study of violence against children.

A number of children who are seen by speech-language pathologists (SLPs) are likely to have experienced some type of abuse, neglect, or trauma for several reasons. One reason that the caseloads of SLPs are likely to have a number of children who have experienced abuse and neglect is because children with disabilities are more likely to be abused than are children without disabilities (Sullivan & Knutson, 2000). A second reason is that children who experience abuse, neglect, or trauma are more likely to develop disabilities that affect their cognitive and language abilities (Coster & Cicchetti, 1993; Osofsky, 1995). Abuse is more common among children who were born premature or of low birth weight, who have had prolonged illnesses, or who have developmental disabilities (Lynch, 1976; Martin, 1976). This increase in abuse of children with disabilities may be related to the increased stress their families experience as a result of the additional and unrelenting needs of these children or adults’ lack of understanding of the children’s limitations. Sullivan
and Knutson (2000) investigated the incidence of maltreatment in 50,278 children who were identified as typically developing or with disabilities. Typically developing children had a prevalence maltreatment rate of 9%, whereas children with disabilities had a prevalence maltreatment rate of 31%. Approximately 35% of children with speech/language impairment and 28% of children with mental retardation had experienced maltreatment.

Children are also at risk for abuse when adults expect more from them than is developmentally appropriate. Adults are particularly likely to expect more from children with nonvisible disabilities (such as language learning disabilities) than from children with visible disabilities. A national survey, however, revealed that many adults have misinformation even about typical child development (DYG, Inc., 2000), and as a result have unreasonable expectations for children. For example, 51% of parents expected a 15-month-old to share her toys, and 26% of all adults expected a 3-year-old to sit quietly for 1 hr at a time—both unrealistic expectations. Twenty-six percent of adults believed that a child as young as 6 months will not suffer any long-term effects from witnessing violence. Yet, child development research shows that witnessing violence as an infant can have long-lasting, detrimental effects on children’s socioemotional development and their developing brains (Osofsky, 1995).

Children with fetal alcohol spectrum disorder (FASD) who live in alcohol- and drug-abusing families are at risk for continuing abuse, neglect, and trauma (Coggins, Timler, & Olswang, this issue). Children with FASD frequently exhibit challenging behaviors and cognitive and communication deficits that increase the likelihood of their experiencing abuse when adults do not understand the reasons for the children’s behavior and do not have strategies for coping with the behavior. Watson and Westby (2003) found that teachers who were not aware that children were from environments where they were likely prenataly and postnatally exposed to drug and alcohol abuse assumed that the children’s poor behavior was intentional. As a result, these teachers were more likely to employ disciplinary rather than educational strategies in coping with the children’s inattentive behaviors and learning difficulties. For example, teachers took away recess time, excluded children from the classroom, sent them to detention, or made them stand against a wall. Educators who were aware of children’s environmental exposure to drug and alcohol abuse understood the nature of the children’s difficulties and were more likely to employ educational strategies such as modifying assignments and using consistent structure, cues, and prompts to increase students’ learning and desired behaviors. Caregivers are less likely than teachers to understand the nature of the behavioral/learning difficulties of children who have been environmentally exposed to drug and alcohol abuse and are less likely to know how to manage these challenging behaviors. As a consequence, they are likely to employ harsher discipline strategies. Children who continue to live with drug-abusing caregivers are particularly likely to experience ongoing abuse, neglect, and trauma (Besinger, Garland, Litrownik, & Landsverk, 1999; Wolock & Magura, 1996).

Early abuse, neglect, or trauma results in biochemical and structural changes in the brain that lead to a variety of learning and behavioral difficulties and deficits (Perry, Pollard, Blakley, Baker, & Vigilante, 1995). These learning difficulties put the child at increased risk of additional abuse and neglect (Fox, Long, Langlois, 1988). Children who have experienced abuse and neglect typically exhibit generalized language deficits, but in addition, they exhibit particular difficulties in using language to articulate needs and feelings, which is necessary for self-regulation; to convey abstraction, which is necessary for advanced literacy skills; and to sustain coherent narrative dialogue, which is key to social exchange (Coster & Cicchetti, 1993). Some of these children experienced the maltreatment at the hands of parents or relatives. In other instances, SLPs are seeing internationally adopted children with early experiences in inadequate orphanages and refugee children who have experienced the violence of wars. In some cases, the SLP is aware of a child’s history of maltreatment, but in other instances, the SLP may be one of the first professionals to suspect maltreatment. In instances where SLPs see evidence that suggests that a child is abused, they must report the suspected abuse to the appropriate authorities. It is not always clear, however, just what constitutes abuse. SLPs need to distinguish between cultural practices that cause harm, either intentionally or unintentionally, and those that, although unusual, are harmless or indeed beneficial. No practice that is harmful to a child should be conditioned in the name of culture or tradition. Yet harm can also occur from inappropriate referrals and interventions by ill-informed ethnocentric professionals. Inappropriate referrals can lead to distrust, noncompliance, and avoidance of services that would benefit the children and family. Furthermore, the stress associated with coping with the allegation of abuse or neglect can fragment a family and isolate members from their community. It is essential that professionals understand how to identify healing, socialization, and disciplinary practices across cultures that can be harmful to children and at the same time understand reasons for the practices and how to work with families to modify harmful practices.

**CHILD MALTREATMENT AND CULTURE**

Rates of child abuse in community samples are generally similar across ethnic groups (Charlow, 2001–2002), but African American, Native American, and Latino children are overrepresented in the child welfare system and foster care in reported cases of child maltreatment as compared to their percentages in the population at large and even their representation among people of lower income (U.S. Dept. of Health and Human Services, Administration for Children and Families, 2002). African American children make up 26% of reported cases (they are 12% of the child population), Hispanic children 11% (they are 13% of the child population), Native American and Alaskan natives 2% (.7% of child population), and Asian Pacific Islanders 1% (4% of the population). Whites and Asians tend to be underrepresented in the child welfare system. Children with FASD are at increased risk for maltreatment (Coggins et al., this issue), and incident rates of FASD are higher in African American and indigenous populations (e.g., American Indians and Australian Aborigines) than in Caucasian groups (French, 2004; Harris & Bucens, 2003; Russo, Purohit, Foudin, & Salin, 2004).

These differences in representation may be due to true differences in maltreatment levels based on differences in poverty levels, cultural differences, or neighborhood deterioration (Coulton, Korbin, & Su, 1999); to biases in the reporting, substantiating, and handling of suspected child abuse (Ards, Chung, & Myers, 1998); and to lack of social services and outreach in certain communities. Children from families earning an annual income of less than $15,000 are 22 times more likely to be abused than are those from families earning $30,000 or more (Kapp, McDonald, & Diamond, 2001). Once racial and
Santos, Gabbard, & Gonclaves, 2000) and amount of sleeping (Jenni & Connor, 2005).  

in variability in early motor abilities and perceived activity levels (Porter et al., 2005; Park, 2001; Weil & Lee, 2004). Traditional gender roles may become reversed, disrupting typical family dynamics. Persons who were farmers in small villages in Somalia or Guatemala may find their skills unmarketable, or a physician from Pakistan may find that her license is not valid in the United States. Women who may have had a social role in their home communities can find themselves isolated in small apartments in cities, without the support from extended family members they were accustomed to in their home countries. The disruption of typical family dynamics combined with more authoritarian childrearing practices common in immigrant families increases the likelihood that children may experience maltreatment. Furthermore, Fontes (2005) suggested that the tendency of some immigrant families to discipline their children in public when they see them acting disobediently or disrespectfully may bring them to the attention of protection and advocacy services. 

Lack of information about child development may also contribute to increased maltreatment of children in immigrant families. In a recent study, Bornstein and Cote (2004) questioned middle-class immigrant Japanese and South American mothers and 4th- and 5th-generation European Americans about child development and practices that promote healthy psychosocial development, health, and safety. Attempts were made to ensure that the items were valid across the cultures. All items were translated into Spanish and Japanese and then backtranslated into English by bilingual bicultural Spanish and Japanese native speakers. Bilingual mothers from each culture who were not participants in the study were also interviewed regarding the cultural validity of the items. All mothers answered the questions regarding physical health and safety similarly (e.g., they all knew that the use of soft pillows and blankets is associated with a higher incidence of sudden infant death syndrome and that leaving a child alone in a bathtub puts the child at risk for drowning). Japanese and South American mothers, however, knew less about the developmental items assessed than did European American mothers. The developmental items assessed were ones that research indicated were relatively similar across cultures (e.g., the age when children begin to respond to their name, that an 8-month-old is likely to be afraid of an unfamiliar person, that some babies do not like to be cuddled, or the age when infants have depth perception to tell they are in a high place).

Bornstein and Cote (2004) noted, however, that parents in some cultures hold beliefs about child development or what constitutes ideal parenting that conflict with actual developmental information (Harkness & Super, 1996). Their beliefs about ideal parenting guide their childrearing practices rather than the child’s development.1 The study further revealed that physicians did not typically discuss child development and childrearing practices with parents, and that European American parents had sought out more written material on child development than did their immigrant counterparts. 

1Professionals should be cautious in assuming that these results reflect a lack of knowledge—they may reflect parental differences in beliefs and values and interactions between parenting styles and development. Such differences can result, for example, in variability in early motor abilities and perceived activity levels (Porter et al., 2005; Santos, Gabbard, & Gonclaves, 2000) and amount of sleeping (Jenni & Connor, 2005).

IDENTIFYING MALTREATMENT IN DIVERSE CULTURES

All 50 states have passed laws mandating the reporting of child abuse and neglect in order to qualify for funding under the Child Abuse Prevention and Treatment Act (CAPTA, Jan. 1996 version). All states require that certain professionals such as health care providers, mental health care providers of all types, teachers and other school personnel (which include SLPs), social workers, day care providers, and law enforcement personnel report suspected child abuse. Eighteen states have broad statutes that require “any person” to report. Some statutes require reporting based on “reasonable cause to believe” or a “reasonable suspicion” of abuse; others require that the reporter “know or suspect” abuse, which is a higher degree of knowledge. Failure to report abuse can result in criminal liability that is typically punishable by a fine. CAPTA requires that state legislation provide immunity from prosecution arising out of “good faith” reporting of abuse or neglect (Smith, 2004).

How are SLPs to identify abuse? In 1989, the UN adopted the Convention on the Rights of the Child, which spells out the basic human rights to which children everywhere are entitled: the right to survival; the right to development of their full physical and mental potential; the right to protection from influences that are harmful to their development; and the right to participation in family, cultural, and social life. This document was considered necessary because although many nations have laws related to children’s welfare and rights, few nations provide even minimal standards. In both industrialized and developing countries, children suffer from poverty, homelessness, abuse, neglect, preventable diseases, unequal access to education, and justice systems that do not recognize the specialized needs of children. The UN Convention attempts to set out the obligations and rights of the child, family, and state. It makes clear that states are obligated to respect the parents’ primary responsibility for providing care and guidance for their children and to prevent children from being separated from their families unless such separation is necessary in the child’s best interest. But at the same time, the Convention states that the child has the right to be protected from maltreatment by caregivers and the state has the power to intervene and set aside parents’ rights once it establishes that their actions are not in the best interest of the child. The Convention does not, however, spell out just what is considered to be abuse. Crosscultural differences in childcare standards complicate the issue of determining just what should be considered abuse with a particular child.

Levels of Cultural Influences on Maltreatment

Korbin (1981) proposed that professionals identify three levels of cultural influences on child maltreatment. 

Level 1: Accepted cultural practices. The first level recognizes cultural differences in childrearing practices and beliefs—practices that may be viewed as appropriate and acceptable in one culture but as neglectful and harmful in another. For example, many cultures consider the mainstream American practice of infants and young children sleeping alone in their own bed and rooms as neglectful. In contrast, many mainstream American parents and professionals consider it inappropriate for adults to sleep with children. Professionals must acquaint themselves with common healing, socialization, and disciplinary practices in other cultures.
All cultures employ some type of healing practices. Many of the herbs used by Native American medicine men and cureröros (Hispanic healers) have been shown to have true healing properties (Nabhan, 1997; Torres & Sawyer, 2005). The helpfulness of some cultural healing practices is unproven by Western medicine, but they are probably not harmful. For example:

- The Vietnamese practice of cao gio and the Chinese cheat sah, in which a traditional medical practitioner or parent rubs the edge of a coin or applies a hot spoon to a child’s skin to treat a variety of symptoms (Davis, 2000).
- The practice of putting petroleum jelly on children’s eyes when children have difficulty sleeping. This can result in reddened and crusty eye margins (Fontes, 2005).
- The practice of cupping in some East Asian and Eastern European countries. Cupping involves lowering a ceramic cup, turned upside down with a candle underneath, down to the skin of the afflicted area of the body. The suctioning effect that results is believed to draw out harmful substances from the body. A variation of this that may be harmful involves igniting alcohol-soaked cotton that surrounds a piece of broken glass in a cup. The cup is then turned over onto the skin, perhaps leaving a burn and/or a puncture wound (McIntyre & Silva, 1992).

Some cultural practices used for health care or healing purposes can, indeed, be harmful. For example:

- Giving children potions containing mercury in some Central American cultures to ward off el mal de ojo (the evil eye) (Fontes, 2005).
- The use of lead in folk remedies. Some Central American cultures use lead potions to treat empacho, a stomach ailment. Hmong have used a folk remedy with lead to treat a rash or fever. Some people in the Middle East use lead potions for colic or teething (Bauer, DeAlba, & Cueto, 1989; Fontes, 2005).
- Genital cutting or female genital mutilation (FGM) (removal of part or all of the female genitalia). FGM has been justified as promoting cleanliness and as a way of controlling female sexuality. Although FGM is a cultural practice, it causes many dangerous physical effects—chronic infections, intermittent bleeding, and excessive scarring resulting in tearing of tissues during childbirth (Amnesty International, n.d.).

Discipline practices vary considerably across cultures. Some cultures are very permissive with children and put few demands on them; other cultures employ harsh, physical punishment to control children. Even within the United States, there are considerable differences in the ways families believe children should be disciplined.

- In the United States, African American, low socioeconomic southern families, and some conservative religious groups are more likely to advocate corporal punishment (Straus & Stewart, 1999). Recently, an African American trustee in the Dallas Independent School District claimed that “a paddle is part of a principal’s toolbox.” Another claimed that a paddle works as a deterrent, saying, “In my culture, using a belt and switch is not out of line” (Hobbs, 2003).
- Harsh corporal punishment is a dominant practice in Caribbean cultures. Flogging is a common Jamaican response of adults to misbehavior in children. The flogging is carried out in a way that appears brutal—the hand, a stick, a belt, a shoe, or a tamarind switch are used to beat children to ensure compliance. Children are punished in this way for lying, stealing, disobedience, impoliteness, and not completing chores. Playing in the house, crying too much, or not eating a meal may also warrant a beating (Smith & Mosby, 2003).
- Two thirds of Singaporean parents cane their children on the limbs and buttocks, and half of this group believe that it is the best disciplinary method. At the same time, most Singaporeans consider slapping a child to be abusive (Chan et al., 2002).
- Some Asian and Latino groups have children kneel on uncooked rice as a punishment for misbehavior. Jamaican families may have children kneel on salt; families in some parts of Africa have children kneel on gravel (Fontes, 2005).
- Some traditional Vietnamese families pierce a child’s ear so they can tie the misbehaving child’s ear to a doorknob as punishment (Bempechat & Osrom, 1990).

**Level 2: Idiosyncratic practices.** These practices are departures from one’s cultural continuum of acceptable behavior. They involve behaviors that a caregiver may claim to be cultural, when in fact they are not. For example, Fontes (2005) reported that a father who beat his daughter, leaving bruises on her face, claimed that this was appropriate in his culture because she had defied him. Another father sexually abused his daughter, stating that in his culture, fathers broke in their daughters to teach them how to be good wives. Dugger (1996) reported that a Nigerian immigrant was charged with assaulting his son, whose wrist was broken. The father told police that he was following the disciplinary ways of his country; accepting this explanation, the caseworker who investigated the case decided that the beatings were not signs of abuse. However, a pediatrician who was the minister of health in Nigeria claimed that breaking the child’s wrist had crossed the line into brutality even in the context of his culture.

**Level 3: Societal issues.** Children experience societal harm related to poverty, inadequate housing, poor health care, inadequate nutrition, and unemployment of parents. Childhood poverty is correlated with low academic performance, dropping out of school, teenage pregnancy, poor mental and physical health, delinquent behavior, and unemployment in early adulthood (Duncan & Brooks-Gunn, 1997; Guo & Harris, 2000). These effects of poverty are mediated by both physical resources and parenting styles. With less access to health care and poorer nutrition, children in poverty have a higher frequency of infectious diseases such as rheumatic fever, influenza, meningitis, gastroenteritis, parasitic diseases, pediatric acquired immune deficiency syndrome, vision and hearing difficulty, and lead poisoning (Egbuona & Starfield, 1982). Parents living in poverty are more likely than middle-class parents to have unhealthy lifestyles that impair their ability to care for their children. Furthermore, poverty affects the ways that parents monitor and respond to their children’s needs (Duncan & Brooks-Gunn, 1997). Economic stress reduces parents’ responsiveness, warmth, and supervision while increasing the use of inconsistent disciplinary practices and harsh punishment (McLeod & Shanahan, 1993). Professionals sometimes become immune to the trauma that children experience because of their environmental experiences. They may become so accustomed to high levels of poverty in a community that they might not be able to identify instances of neglect in children from these environments.
Evaluating Harm

Dealing with issues of abuse requires dealing with what often appear as two contradictory goals: the rights of parents to determine how to raise their children and the rights of children to be safe. Typically, reporting procedures for abuse focus on the intent and actions of the adult caregiver (Davidson, 1996). Chan et al. (2002) suggested that the reporting system should focus on outcomes rather than intent. Such an approach offers better protection against crosscultural misunderstanding of childcare practices of different cultural groups. Although a given childrearing practice may be legitimized in the culture and done with intentions to be helpful to the child, the practice may, in fact, be harmful. For example, UN reports that 100 million women have undergone FGM. Cultures in which this is done consider it an essential right of passage. At one time, it was associated with initiation into adulthood, but increasingly, it is occurring between the ages of 4 and 8. Although FGM is a cultural practice, it causes many dangerous physical effects. In 2004, Amnesty International launched a global campaign to eradicate FGM.

Although FGM may represent an extreme of culturally justified abuse, it is not the only cultural practice that results in harm to a child. By focusing on the overall welfare and development of the child, the professional does not need to determine the purpose of the practice or the perpetrator’s intentions. Professionals face the debate concerning whether child abuse is relative or absolute. Although the cultural differences in the ways that families rear their children should be respected, where child abuse does occur, it should be recognized when a family has gone too far. A relativist approach leads to a cultural deficit framework, which is dangerous. Using a relativist approach allows abuse such as FGM because it is perceived as a responsible act by parents because it ensures their daughter’s place in society. Yet FGM is recognized as seriously harmful (Webb & Hartley, 1994) and is outlawed by the UN Convention on the Rights of the Child (Wynne, 1994). Children’s interests are best served by adopting an absolutist approach to the diagnosis and recognition of abuse, focusing on the experience of the child rather than the intent of the caregivers, but employing a relativistic approach in determining the types of services to be provided once it is recognized.

Koramo, Lynch, and Kinnair (2002) suggested that professionals think about childrearing practices on a continuum from those that are beneficial and should be promoted to those that are clearly harmful and should be prevented (Table 1). To develop such a framework for evaluating childrearing practices, professionals must learn about cultural practices. Some practices that may raise concerns about potential abuse may reflect caregiving practices, health-healing related practices, religious practices, initiations into a culture, and discipline strategies.

<table>
<thead>
<tr>
<th>Evaluating Harm</th>
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<tbody>
<tr>
<td>Dealing with issues of abuse requires dealing with what often appear as two contradictory goals: the rights of parents to determine how to raise their children and the rights of children to be safe. Typically, reporting procedures for abuse focus on the intent and actions of the adult caregiver (Davidson, 1996). Chan et al. (2002) suggested that the reporting system should focus on outcomes rather than intent. Such an approach offers better protection against crosscultural misunderstanding of childcare practices of different cultural groups. Although a given childrearing practice may be legitimized in the culture and done with intentions to be helpful to the child, the practice may, in fact, be harmful. For example, UN reports that 100 million women have undergone FGM. Cultures in which this is done consider it an essential right of passage. At one time, it was associated with initiation into adulthood, but increasingly, it is occurring between the ages of 4 and 8. Although FGM is a cultural practice, it causes many dangerous physical effects. In 2004, Amnesty International launched a global campaign to eradicate FGM.</td>
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| UNDERSTANDING VARIATIONS IN DISCIPLINE PRACTICES |
| Variations in discipline practices are particularly likely to raise concerns of abuse. Discipline practices are generally part of a cultural system, and as such, they are difficult to change. Parents employ discipline practices that fit their cultural beliefs in spite of empirical demonstrations of their ineffectiveness or negative consequences. Even though a discipline method or a healing method may be culturally based, this does not mean that it is not harmful to the child and should be permitted. Professionals must find ways to handle parents’ rights to punish children in a way that fits with their culture and values while at the same time protecting the children. Changing these disciplinary techniques requires cultural competence on the part of professionals. Without cultural sensitivity, professionals frequently insult and alienate parents who are from cultures that are different than their own when they discuss concerns about disciplinary techniques and raise concerns about abuse. Preventive efforts are more likely to be effective if they are tailored to the needs of the group they are meant to address. |

| Why do these different disciplinary practices exist across cultures? A variety of models have been suggested to describe and explain variations in cultures. Grid/group theory has been used to explain cultural influences on disciplinary practices (Giles-Sims & Lockhart, 2005). Grid/group theory claims that culture is closely related to four particular patterns of social relations that are measured on two dimensions—the grid, which is associated with dominance and represents the degree to which an individual’s life is circumscribed by externally imposed prescriptions, and the group, which is associated with affiliation and represents the extent to which people are driven in thought and action by their commitment to a higher social unit than the individual (see Figure 1). Grid is high when roles in society are hierarchical along gender, age, color, or descent (lineage/clan). Grid is low when roles are dependent on personal abilities, skills, and qualifications. Group strength is high when interaction between group members is viewed as worth devotion, time, and effort. Group strength is low when people are not reliant or constrained by group membership and prefer negotiating their way through life as individuals. These two dimensions result in four life styles:

- **Individualistic** cultures (low grid, low group) have low tolerance for external prescription or rules and weak feelings for group membership.
- **Egalitarian** (low grid, high group) cultures perceive humans as broadly equal and prefer small groups that reach collective decisions through discussion designed to produce consensus. |

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<th>Table 1. Continuum of childrearing practices.</th>
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<td><strong>Beneficial</strong></td>
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<td>Examples</td>
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<td>Response</td>
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Hierarchical (high grid, high group) family members are obligated to one another and obligations vary with differences in family member status based particularly on gender and age. Parents have the right to make decisions that are binding on others.

Fatalistic (high grid, low group) cultures have weak feelings of group affiliation with perceptions of inescapable external control.

Parents with each of these lifestyles have different goals for their childrearing; consequently, they employ different techniques for disciplining. Figure 2 shows the childrearing goals and disciplinary strategies for each of the cultural groups. Hierarchical cultures are the most common in the world and are associated with childrearing practices in many Hispanic, Asian, and Arabic families. In the United States, hierarchical styles of discipline are common in blue-collar families and some conservative Christian groups. Parents in hierarchical cultures believe that there is a correct way for doing everything, and they perceive their roles primarily in terms of teaching their children correct ways of living. Hierarchical parents strive to maintain group connections and their own status by training children in appropriate behaviors. They frequently rely on corporal punishment to enforce rules (Hamilton & Sanders, 1988; Levinson, 1989) and may shame their children into compliance (Wilson, 1993), sometimes requiring misbehaving children to make restitution to their victims, thus reaffirming social bonds.

Egalitarian family members are also obligated to one another, but there is not the strong internal stratification as in hierarchical families. Egalitarian parents believe in equality among humans; consequently, they do not attempt to dissuade their children from developing their own ways of perceiving and behaving. They value their children as distinctive and equal persons and seek to achieve high-quality relationships with them through lengthy discussions. In this type of family, corporal punishment is rarely used. Parents teach children to

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**Figure 1.** Grid–group family patterns.

<table>
<thead>
<tr>
<th>Strong</th>
<th>Fatalistic</th>
<th>Hierarchical</th>
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<tr>
<td>• weak feelings of belonging to a group</td>
<td>• family members are obligated to one another</td>
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<tr>
<td>• perceive that they have no ability to control their lives</td>
<td>• persons in authority have the right to make decisions</td>
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<tr>
<th>Grid</th>
<th>Weak</th>
<th>Individualistic</th>
<th>Egalitarian</th>
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<tbody>
<tr>
<td>Weak</td>
<td>• dislike external rules</td>
<td>• weak group membership</td>
<td>• prefer small groups that work together</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• dislike external rules</td>
<td>• view people as equal; reach collective decisions</td>
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**Figure 2.** Cultural styles of discipline.

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<th>Strong</th>
<th>Fatalistic</th>
<th>Hierarchical</th>
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<tbody>
<tr>
<td>Goal: manage character flaws in children</td>
<td>Goal: shape and control behavior and attitudes of child in accordance with a set of standards of conduct, usually an absolute standard; teach children correct ways of living; parents maintain status by training children in appropriate behaviors</td>
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<tr>
<td>Strategies: force adherence to rules through use of corporal punishment, often applied impulsively and extensively</td>
<td>Strategies: authoritarian; corporal punishment to enforce rules; make restitution to victims</td>
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<table>
<thead>
<tr>
<th>Grid</th>
<th>Weak</th>
<th>Individualistic</th>
<th>Egalitarian</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weak</td>
<td>Goal: foster accomplishments</td>
<td>Goal: attain accountability from children through quality relations; teach children consequences of actions</td>
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<tr>
<td></td>
<td>Strategies: permissive; use what works; may use corporal punishment, but keep the severity of the punishment in line with the offense</td>
<td>Strategies: authoritative; direct child’s action in a rational, issue-oriented way; encourage verbal give and take; corporal punishment rarely used</td>
<td></td>
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</tbody>
</table>
see the consequences of their actions and to make amends when their actions hurt others. As in hierarchical families, parents may sometimes punish through social ostracism if children persistently violate their conceptions of acceptable behavior. The egalitarian orientation in the United States has been associated with white-collar professional households but is becoming more common in many Western families since the 1960s (Bluestone & Tamis-LeMonda, 1999).

Most parents follow some hierarchical or egalitarian patterns even if they behave more individualistically. Individualistic parents are less concerned about trying to get children to follow group behaviors. They conceptualize family life in terms of actions and accomplishments more than feelings and relationships in the family. Friendship is perceived as voluntary; hence, family members are less likely to be viewed as offering valuable friendships. They are less concerned with shaping their children’s behavior. Discipline is relatively permissive and is governed by what works (Baumrind, 1991). Consequently, rewards and punishments may be applied in specific contexts as warranted. Children may be bribed to act in desirable ways and they may be praised, hugged, or given treats for behaving appropriately, but when frustrated with a child’s behavior, parents may use corporal punishment. They do, however, attempt to keep the severity of punishment in line with the gravity of the offense.

Fatalistic family style tends to occur in families who are disempowered in society (Giles-Sims & Lockhart, 2005). These are families who are likely to live in poverty, experience negative experiences with their environment, and feel isolated from society. Refugee families who have had to flee their countries unwillingly are more likely than voluntary immigrant groups to hold fatalistic views. Families with a fatalistic style tend to be distrustful, avoiding interrelationships with the broader society because it is perceived as offering no benefits, and have rather weak interrelationships within the family. Children are viewed as being unequal and having inherent character flaws. Consequently, parents manage through a structure of rules and punishments. They tend to use corporal punishment more impulsively and extensively, alternating between the strict discipline of hierarchical parents and the relative indifference of independent parents. Because they are neither consistently demanding nor responsive, this type of parent has been characterized as “rejecting–neglecting” (Baumrind, 1991).

Reliance on corporal punishment tends to be related to gender hierarchy (particularly extreme forms of patriarchy) and conformity in complex societies (Levinson, 1989). In societies that value conformity, corporal punishment is used regularly to correct rule violation; in societies that value self-reliance and independence in children, corporal punishment is less frequent. Hence, corporal punishment is employed more frequently in hierarchical and fatalistic cultures. (One must recognize that these patterns are trends, and certainly not all persons in a particular cultural group employ the disciplinary practices described).

**CHANGING PRACTICES**

Because disciplinary strategies are so strongly associated with cultural beliefs regarding how parents should socialize children to the family and society, one cannot simply legislate approaches to discipline. Disciplinary practices that might be acceptable in some countries may not be considered acceptable in the United States and vice versa. Fontes (2002) suggested that when working with families who use corporal punishment or other practices that may be questionable in the United States, professionals should explain the laws in the United States regarding behaviors that are considered abusive and neglectful and the consequences of parents being charged with abuse. For example, although sibling childrearing is common in many cultures, and young children can be left alone to care for one another, such a practice in the United States would be considered neglectful. Or although “coining” or *cao gio* is meant to be beneficial for a child, it leaves a mark. In California, traditional medicine that leaves a mark is not considered child abuse, but such marks must be investigated. Duong (2003, cited in Fontes, 2005) reported that by the second or third visit from protective social workers, families stopped coining to avoid the hassle and suspicion of such visits.

Fontes (2005) suggests that professionals explore with families what their goals are with their discipline and discuss with them if their approaches are being effective. She then recommends using cultural norms to promote resistance to corporal punishment. For example, when asked, many families report wanting their children to grow up safely, get good jobs, and make their parents proud. Fontes explains to parents that if they teach their children without hitting them, the children are more likely to achieve better grades, get better jobs, and be more economically successful in the United States.

Most parents report that they want their children to be polite, gentle, and civil. If parents use corporal punishment, their children are likely to be aggressive and less successful in U.S. schools and more likely to be victims or perpetrators of violence in the U.S. context (Grogan-Kaylor, 2005; Straus & Yodanis, 1996). Parents want to maximize family relationships and avoid mental health problems.

Children are more likely to confide in parents if they do not feel threatened by them. One must then provide alternative strategies—one cannot simply tell parents not to use corporal punishment; one must give them strategies to replace those strategies (Christophersen, 1980; Marion, 1982).

It is always difficult to report abuse, but mainstream professionals may find it particularly difficult to report suspected abuse in minority and immigrant families. This may be because:

- They are afraid of appearing racist.
- They have grown accustomed to high levels of poverty in a neighborhood and fail to notice when a child is neglected.
- There is a delicate balance to tread between being culturally sensitive, treating everyone equally, denying differing needs, or believing in cultural deficits and accepting or applying a lower standard.

One might think that professionals from the same culture as the families they serve would find it easier to identify and report behaviors that are truly harmful to children because they are familiar with the cultural practices. In actuality, such professionals also experience difficulty in reporting abusive behaviors (Webb, Maddocks, & Bongilli, 2002). If they are from the same culture, they may hold similar values and beliefs and have difficulty recognizing when a cultural behavior has crossed the line to abuse. For example, in a study by Chan and colleagues, Singaporean nurses and doctors tended to accept the practice of caning (being hit several times with a bamboo cane) as appropriate discipline and consequently were less likely to perceive instances of caning as being potentially abusive (Chan et al., 2002).

Professionals who are part of the child’s culture may also be hesitant to refer because of concern regarding how the community
may view them for doing this. For example, a young Vietnamese woman who did home visits for a Head Start program frequently found children left home alone with the expectation that older siblings cared for younger children (Hwa-Froelich & Westby, 2003). She recognized that this was an accepted practice in Vietnam, but she also knew that it was considered neglect in the United States. She initially reported such incidents to the authorities. However, the Vietnamese community became angry with her for doing this because they did not consider it neglectful and because she was younger than most of the parents and it was not appropriate for her to go against the wishes of those older than she. To avoid being ostracized from the community, when she found children home alone, she stayed with them until an adult returned. This, however, created problems for her with the Head Start administration because she was not completing all of her home visits on time.

CONCLUSION

Dealing with issues of child maltreatment is never easy, but it becomes further complicated when dealing with families from culturally diverse backgrounds. Despite this, professionals are obligated to prevent children from being harmed. Consequently, professionals must be alert to signs of maltreatment, but at the same time, they must be culturally competent, understanding the cultural beliefs about childrearing that may underlie practices that may be harmful. Finally, they must be respectful of families as they teach new discipline strategies in culturally acceptable ways. Families and their children who have experienced maltreatment or trauma are often involved with multiple professionals including teachers, SLPs, counselors, social workers, court officials, and medical personnel. If identification and intervention with these families and their children are to be appropriate and successful, professionals must communicate effectively with one another and be consistent in the messages they are giving to families.

REFERENCES


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Received October 4, 2005

Accepted March 6, 2006

DOI: 10.1044/0161-1461(2007/014)

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