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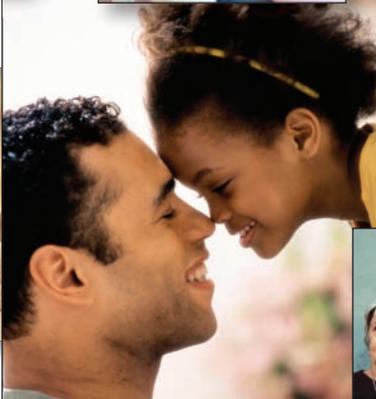
Concepts in Creating Culturally Responsive Services for Supervised Visitation Centers

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For the Institute on Domestic Violence in the African American Community and the Office on Violence Against Women

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2007

Introduction

I n a review of the literature about supervised visitation, there is very little information available regarding the kinds of help clients from diverse cultures and communities engage in to achieve the best possible outcomes. In many other fields of social services – including mental health, child welfare and domestic violence – scholars and practitioners state that the lack of attention to cultural diversity can negatively affect the access to services, the participation in services, and preferred outcomes for these clients (Chau, 1991; Iglehart and Becerra, 1996, 2000; Ho, 1991; Lum, 2000; Norman, 1996; Williams and Becker, 1995).

The purpose of this report is to assist Office of Violence Against Women Supervised Visitation Center (SVC's) and Safe Exchange program grantees in examining how they serve culturally diverse populations. This report is not a sociological review of the histories and description about every culture or an exhaustive final word on the issue of cultural relevance or responsiveness. Rather, it provides an overview of specific priorities and insights about how to enrich service delivery directed at these populations. It also reports on how help is defined from the point of view of women and men from diverse communities who utilize, or who could potentially utilize, visitation centers, as well as from professionals and other stakeholders involved in the field of supervised visitation and/or domestic violence.
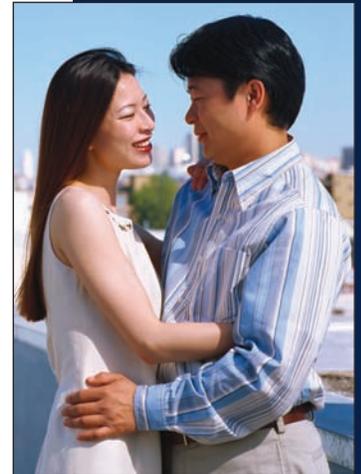
One goal of this report is to encourage Supervised Visitation grantees to reflect on the good work they already do and to consider how they can enhance their efforts to support diverse populations in the context of court-referred supervised visitation when domestic violence is an issue.

This report will provide the following information:

1) *identify critical questions for organizational self-assessment;*

2) *provide a rationale for the use of cultural responsiveness;*

3) *offer an overview of how cultural competence and responsiveness can be defined;*

4) *summarize key concepts of culturally responsiveness service delivery in visitation centers provided by culturally diverse clients, supervised visitation center (SVC) practitioners, and other stakeholders;*

5) *report on the perspective of SVC supervisors and directors concerning their training needs related to cultural responsiveness; and*

6) *provide recommendations for enriching the SVC as it relates to diversity.*

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Developing This Document

Much of the information provided for this report is the result of interviews with staff and clients at SVC sites. Among clients, we focused on three specific cultural groups of men and women: Latino, South Asian Americans, and African Americans. The intent was to sample the voices of varying communities about their experiences and perspectives associated with supervised visitation and cultural responsiveness. There was one very important conclusion resulting from interviewing these groups of people: There are no shortcuts! To work with any culturally distinct community, it is imperative for one to understand the communities with whom one works and build a trusting relationship with them. This idea will generalize to all groups, even those cultural communities not directly consulted in this report.

In our discussions we spoke with clients using five different languages – English, Spanish, Hindi, Urdu, and Punjabi. We also spoke with judges that referred to these centers; other community stakeholders, including referees, attorneys, and culturally specific community-based domestic violence programs; and the clients that used the centers – battered women and men who batter.

We conducted roundtable discussion groups that included people from around the country that work on the issue of supervised visitation. These professionals included judges, SVC practitioners, child welfare workers, battered women advocates and batterer intervention counselors who represented the following cultural communities: European American, South Asian American (East Indian), Hmong American, Chinese American, Cuban American, Mexican American, Puerto Rican, Columbian American, and African American.

Finally, we gathered opinions about decision-making and diversity among a sample of judges and SVC staff and directors through interviews and surveys. We also asked SVC directors about their training needs associated with cultural responsiveness. Our goal in this investigation was to offer insights about challenges and solutions to cultural responsiveness.
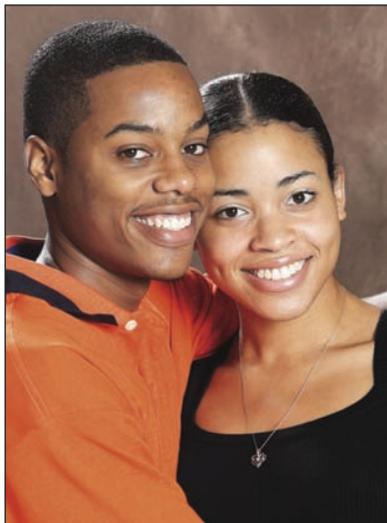
The Rationale for Cultural Responsiveness

In the field of human services, the question of why attention to diversity is necessary is continually raised. In the 1890s, during the Progressive Era, both new European immigrants to the United States and historical minorities – Native Americans, Chinese Americans, African Americans, and Latino Americans – all had difficulties integrating into the fabric of U.S. society due to disparities and discrimination in opportunities related to poverty, health care, employment, and access to resource and social service delivery (Iglehart and Becerra, 2000). The Settlement House Movement in the United States improved the plight of many poor Americans, regardless of culture, race, or ethnicity because its purpose was to report and respond to the needs of diverse groups who lived in poverty. National policy, the profession of social work, and American philanthropists began to narrow the directions of the Settlement House Movement and enhanced efforts in assisting new European immigrants to integrate more effectively into the fabric of the United States. Less effort was given to other aforementioned historical minority communities' integration and assimilation in society (Iglehart and Becerra, 2000).

Why is attention to diversity important today? Although poverty still tends to be an equalizing factor regardless of race, ethnicity, or culture, historical minorities, new immigrants, and others still face disparities in some areas, including higher rates of poverty; domestic violence rates; health care challenges; unemployment; educational difficulties, such as higher school dropout rates; and, for some, disproportional rates in non-voluntary social services or criminal justice involvement.

These communities often distrust or fear how they will be treated in formal social services; they may feel misunderstood or feel a power imbalance or the lack of service provider interest about their problems and how they either define help or are best engaged by helpers (Iglehart and Becerra, 2000; Lum, 2000). That is why many of these communities have traditionally turned to their informal community helping networks for support to address social service needs. However, many such programs struggle with resources and capacity to serve a high volume of clients. Today, where these social networks exist, they are important resources for public formal social service agencies and systems to tap into for program collaboration to serve clients and expand access points within these culturally specific communities. Still today, human services continue to debate whether cultural responsiveness is relevant despite the disparities that exist and poorer outcomes among culturally diverse communities.
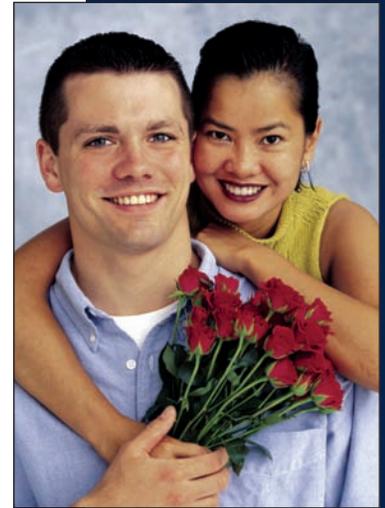
They utilize a colorblind or one-size fits all model.

They ask "why should we question what we are doing?

...isn't what we are doing enough?

... We are doing the same thing for every one?"

In the field of supervised visitation services, organizations and practitioners also question why attention to diversity and cultural responsiveness is necessary and relevant to their programs. For example, in discussions among Supervised Visitation grantees, we asked about the need for attention to diversity and about their organizational philosophy concerning it. We divided their responses into four categories.

The first category is programs that have a high representation of diverse races, cultures, and clients in their community and social service caseloads, but they have not directed much attention to cultural responsiveness or what influences participation and outcomes among these client groups. They utilize a color blind or "one size fits all" model. They ask, "Why should we question what we are doing? Isn't what we are doing enough? What's wrong with doing the same thing for every one?" One response to the questions from this group is to ask:

- *How do you know that what you do is good enough?*

- *Do you evaluate and ask diverse clients about their needs and challenges?*

- *Without evaluating the needs or outcomes of those you serve, how do you know whether you serve them well and that the outcomes would be the same regardless of culturally responsive methods?*

A second category is visitation centers that have few clients from racially or culturally diverse groups that are referred or utilize their centers. In this category there is high to moderate representation of cultural communities in the census, domestic violence cases, and the family court system. They ask, "Why should this be a concern to us when we are willing to serve anyone who is referred to us?" A response to this group's question is to ask:

- *Do you understand why you don't receive referrals of these diverse groups?*

- *Should you address this issue in order to be more inclusive?*

The third group is SVCs that report they do not consider cultural competence because they have very few diverse cultural groups in their community and in their visitation centers. They wonder, "Why should cultural responsiveness become a priority for my program?" They conclude, "We just don't have the numbers to justify it!" A response to this group is to inquire:

- *Are large numbers the only criteria for developing culturally relevant services or approaches?*

- *Does your program have the ability to respond to what may be significant to a range of clients you serve or could potentially serve?*

They wonder...

"Why should cultural responsiveness become a priority for my program?

...We just don't have the numbers to justify it.".

The fourth and final category is Supervised Visitation Centers (SVC's) that offer culturally responsive services and believe they must integrate them in their service delivery. These centers have low, moderate or high representations of cultural communities in the census, in the communities where services are offered, and in cases referred.

These programs see such services as a way to help all women, children, and men benefit from their centers and increase their access to services, to keep women safe, and to encourage their involvement. They ask, "Am I doing what I need to do? How can I do it better? Are the people we serve getting the most from our program? If so, how do we know? Even when we are proficient in working with one cultural group, we struggle in understanding and working cross culturally. How can we improve?" A response to this group is that cultural responsiveness is a process of learning about the diverse communities that one serves. Efforts to serve in a culturally responsive manner includes continual efforts in engaging that community; collaborative partnerships; and intentional, replicable, measurable actions to serve such clients. To know more about what clients need, programs must ask and evaluate what consumers tell them about services. What do they say about how you are doing and what you could improve upon?

What is clear is that there is a range of questions and philosophies about the need for and response to cultural responsiveness for diverse women, children, and men who utilize supervised visitation centers. This report will attempt to offer some consumer and stakeholder driven recommendations about how to enrich service delivery in supervised visitation.

Four Philosophies and Actions of Visitation Centers Regarding Cultural Competence (Table 1)

Attitude about receiving clients from diverse communities	Level of diversity in programs	Attention to cultural competence in SVCs	Philosophy about diversity and cultural competence
1. Accepts all that come	High representation of diversity in domestic violence caseload, court referrals, and in community census	No attention to diversity or stated plan to address it	One size fits all and color blind; not self assessing about cultural competence and diverse client needs
2. Accepts all that come	High representation of diversity in census, domestic violence cases; high representation in family court cases, but low use of SVCs	No attention to diversity or stated plan to address it	One size fits all and color blind; not self assessing about needs for CC & diverse clients
3. Accepts all that come	Low representation of diversity in census, family court cases, and SVC use	No attention to diversity or stated plan to address it	One size fits all and color blind; not self assessing about needs for CC & diverse clients
4. Accepts all that come	High to moderate representation of diversity in census, family court cases, and domestic violence cases; high use of SVCs	Attention to diversity in mission statement, including a stated plan to address it	Offers culturally competent services & self assessing about CC and diverse client needs

Defining Cultural Competence

O Over the last 25 to 30 years, definitions, literature, and technology about inclusiveness and cultural responsiveness have evolved as our society has matured on this issue. We have aspired to become a color blind society. In such a society, we strive to ignore differences because in the years prior to the 1970s, laws allowed outright discrimination in many forms. To be color blind was preferable and a vast improvement to previous practices because color blindness allowed access and today tends to be a primary philosophy within human service organizations – that is, "We will accept all clients."

But, although color blindness is a great philosophy, it is often not sufficient enough in social service delivery because it often looks at need from a specific perspective and does not represent as broad a range and voice in defining social service needs. Today proponents of cultural responsiveness note that it is as important to promote client access as it is to understand the needs of a range of diverse clients. The extent to which practitioners and human service organizations have applied culturally competent or responsive concepts into their programming is inconsistent (Lum, 2000; Iglehart & Becerra, 2001).

Yet, several professional associations and community-based organizations recognize the importance of cultural competence and social diversity in their code of ethics and mission statements. For example, the National Association of Social Work Code of Ethics notes:

> *"Social Workers should understand culture and its function in human behavior and society, recognizing the strengths that exist in all cultures. Social Workers should have a knowledge base of their client's culture and demonstrate competence in the provision of services that are sensitive to clients' cultures and to differences among people and cultural groups." (NASW, 1999; Lum, 2000; Iglehart & Beccerra, 2001).*

In addition, the National Organization for Human Services (NOHS) outlines specific responsibilities related to cultural competence that human service professionals should embrace. According to the Ethical Standards of Human Service Professionals:

> *"Human service professionals are aware of their own cultural backgrounds, beliefs, and values, recognizing the potential for impact on their relationships with others"*

(National Organization for Human Services Website http://nationalhumanservices.org/ethics)
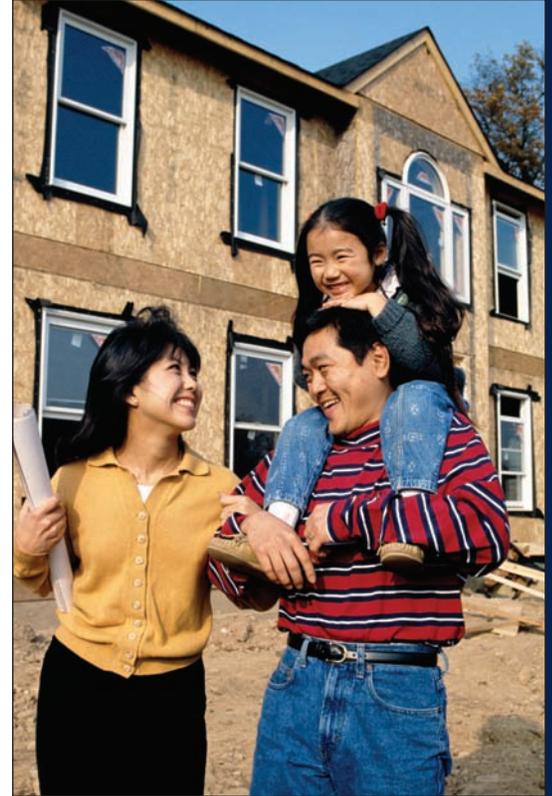
Working Definitions of Cultural Competence

What does it mean to be culturally competent? Broadly speaking cultural competence can be thought of as a set of behaviors on the part of a practitioner and/or organization that maximizes a client's capacity to benefit from social services due to an understanding of client/consumer values, definitions of help, understanding of their social context, help-seeking behaviors, barriers to service delivery, and service needs. Practitioners and organizations that are culturally competent are knowledgeable, responsive, and intentional about addressing the issues faced by their clients.

Cross et al. (1991) explain that there is a range of types of social service organizations: culturally destructive, incompetent, pre-competent, color blind, competent, and proficient. The authors explain that the culturally proficient organization tends to be most successful. This organization has representation from diverse communities, at all levels, in its workforce. It has done an organizational self-assessment to evaluate and reshape policy to allow for inclusion. It has also studied the populations it serves and identified what is required regarding interventions, supports, and services. He also notes that the best approach to respond to diversity is to ask diverse cultural client groups what they need and in what form they need it. Once asked, helpers can determine the needs that are similar among these groups to those needs that differ.

Chau (1991) notes that practitioners must have the capacity to conduct needs assessments that take into consideration clients' values, norms, and unique socio-cultural issues facing them. There is an emphasis on understanding diverse clients lived experience and worldview.

What are the practitioner and organization characteristics that decrease or enhance the potential to be culturally responsive? And what have clients and professionals in social services fields reported as critical elements for cultural competence? Regarding practitioner traits, the ability to be self assessing is critical, as is the ability to admit that the practitioner's attitudes and behaviors may impede client trust, utilization of services, and outcomes. It is important for practitioners to reflect on how they influence client involvement in the helping process.

There is an emphasis on understanding diverse clients lived experience and worldview.

Characteristics of Culturally Responsive Practitioners

Williams (1992) states that practitioners should acquire the capacity to be self-assessing about their interaction and relationships with clients and suggests that practitioners can be divided into three stages of cultural responsiveness, as outlined in the text that follows.

Stage One: Culturally Resistant

The stage one decision maker is described as culturally resistant. Many of these decision makers believe that everyone who is in the helping profession is predisposed to "do the right thing" and is particularly unwilling to question or admit that they have any prejudice or potential for unfair behavior. They may not believe that any group warrants "special attention" to enhance service delivery (or anything else). Perhaps stage one practitioners feel that giving special attention to any particular groups detracts from what they can give to other clients even though the needs of who they perceive as the primary group of clients drives how services are framed – a kind of "zero sum game" perspective. Issues of disparities and inclusiveness or outcomes for diverse communities are of no consequence to these practitioners. Accordingly, cultural competence is not acceptable.

Stage one decision makers often rely on racial, social, or role status and privilege as reasons to minimize the need for ethnically/cultural sensitive approaches. Their expectation is that the goal of persons of color and culturally diverse communities should be to assimilate. Consequently, cultural differences are seen as part of the presenting problem of the client. Further, these decision makers may tend to confuse societal problems with supposed inadequacies of culturally diverse populations, viewing most of these individuals as having many deficits and limited strength. This decision maker sees his/her role as that of the cultural "expert" or teacher, believing that he/she has little to learn from diverse clients or communities. Generic or one size fits all approaches are viewed as the standard method of operation, and the decision makers may deny what are experiential realities of diverse cultures and communities. This type of person can refuse to recognize how culturally responsive techniques can enhance client participation in treatment. He/she tends to use stereotypes as the primary way in which they understand and relate to minority groups.

Stage Two: Color Blindness

A color blind perspective skews reality depending on how it is used. This term has two meanings. First, positive color blindness refers to the importance of finding similarities or common ground among people. Difference should be ignored to the extent that they are barriers to the common good. From this perspective, services can be directed toward a common concern faced by all people. Further, these decision makers are open to anyone who has the same presenting problem. Another perspective of the term is negative color blindness. This refers to the tendency to deny differences or the uniqueness of people and to assume that all people have the same issues and life experiences.

Even if cultural differences and social context contribute to problems faced by the organization, staff, or clients in service delivery, they are ignored. Statements like, "We don't want to make race or culture an issue" are made. Or, if clients from different cultural groups don't succeed in treatment, it is their own fault. This perspective is also accompanied by limited knowledge or comfort with cultural differences. Decision makers with a negative color blind perspective, maintain the status quo and resist change. This perspective, intentional or unintentional, makes the group with the least social status marginal and favors a mainstream perspective. Color blind decision makers feel more open to people of color than culturally resistant decision makers, but may still believe that they should treat all persons the same in order to be fair. There is no assessment of outcomes or of how culturally diverse communities are included and responded to in service delivery. Generic approaches are the methods of choice.

Stage Three: Culturally Responsive

Stage three decision makers demonstrate humanistic values and cultural responsiveness. Such practitioners continually examine themselves and their behavior to determine how their attitudes and feelings influence their decision making. They see maintaining self-awareness and self-evaluation as integral parts of their professional activity in all domains, of course, not just that of cultural sensitivity.

They see their role with the clients from diverse communities, as with all people, as both that of teacher and learner. But, they know the appropriate time for each role. That is, they don't expect clients to be the sole learner; the practitioner knows that he/she must seek knowledge about diversity from different sources.

Colorblind decision makers feel more open to people of color than culturally resistant decision makers...

... but may still believe that they should treat all persons the same in order to be fair.

These helpers want to hear concerns and opinions from their clients' points of view, rather than only putting forth their own. As a result, they view humanistic approaches as a means to predispose them to examine the importance of the person's social experience, how the people view their world, and how these experiences relate to a person's presenting problem. Culturally responsive decision makers are aware of the particular significance of trust building with particular groups, in the light of their individual and collective experiences in our society. Finally, stage three decision makers realize that they can be stage three with one cultural, racial, or gender group and stage one with another. They are self motivated to move from stage one to stage three in other areas, and Williams (1992) notes that practitioners should evolve to become culturally responsive practitioners.

Cultural humility is another concept that several writers report as significant in responding to diverse clients (Capitman, 2002; Hunt, 2001; Juarez et al., 2006). Scholars that promote cultural humility believe that the best way to be responsive to issues associated with cultural diversity is to admit that practitioners can't know everything about other cultures. They recommend that practitioners consider their assumptions, beliefs, and goals regarding their professional encounters with clients. Self awareness and valuing the realities and voices of clients they work with is essential. Practitioners must listen to their clients and encourage their partnership and input in the helping process.

Characteristics of Culturally Responsive Organizations

Williams and Becker, (1995) explain that organizational behavior and cultural programs efforts improves the level of response that programs direct to diverse populations.

Organizational behavior can be described as those activities an organization undertakes to prepare to work with culturally diverse client populations. Preparing such an environment occurs through information and training. To become proficient organizations, they must be informed, self-evaluating, and action-oriented in implementing changes.

Cultural programs efforts aare those activities that not only demonstrate organizational preparedness to work with culturally different clients but also demonstrate a willingness to work with them. Cultural program efforts can be used to distinguish generic one size fits all programs from culturally responsive agencies. These organizations are involved in a set of service activities that are responsive to the needs of the client pool. Some examples include outreach activities that shape a cultural community's perception of a helping organization, demonstrate an investment in the community, encourage the community to seek help through such programs; and offer interventions and approaches that are culturally congruent with the needs and realities of the diverse population(s) they serve.

Dana, et al. (1992) conducted a study reviewing literature, then surveyed social service programs that reported offering culturally competent services. They interviewed clients and professionals about what determines cultural competence in social services and developed the following list of characteristics of culturally competent agencies (see table 2).

Organizational behavior and cultural programs efforts improves the level of response that programs direct to diverse populations.

What clients and professionals identified as culturally relevant service (table 2)

Offer bilingual practitioners or services	Serve as a resource linkage
Have bicultural knowledge	Include natural helpers/systems
Provide a cultural broker who advocates for clients with other agencies, services, and resources	Include non-mental health services that address functional needs of client
Offer flexible hours	Provide accessible appointments – times and dates
Conduct indigenous intake	Conduct culturally relevant assessment
Match the client and staff appropriately	Provide mental health services that are brief
Understand cultural context for the problem	Understand what is tradition and custom and what is not
Ensure agency environment reflects culture	Ensure brief times for service encounters

Scholars have stated that culturally competent organizations have a strong relationship with the communities they serve through representatives' partici-pation on the agency board and advisory committees (Dana et al., 1992; Williams, 2000; Iglehart and Becerra, 2000). In this report, service providers share similar perspectives on agency and community relationships (see table 3).

Agency and Cultural Community Relationships (table 3)

|	
Agency sites are in culturally diverse communities	There are community-based advocates for the agency and services
Services are holistic (for every member of the family)	There is easy and safe access to services
The agency uses and enlist support of existing networks within the cultural community	The community is included in an advisory capacity
The agency has ties to culturally diverse communities and is seen as a resource, not an intrusion	Community and clients are included as evaluators of services

Consumer and Professional Perspectives:
Lessons Learned About Culturally Responsive Supervised Visitation Centers

A s previously mentioned, we spoke with men and women who utilized supervised visitation centers and, in one location, domestic violence clients who could potentially use SVCs about supervised visitation and exchange centers, parental exchange, and cultural responsiveness. We also spoke with visitation center staff and other visitation center-related professionals – judges, attorneys, community advisory groups, and culturally specific domestic violence advocates – about culturally responsive service delivery in SVCs. What follows are some of the things we learned.

Men and women believed that supervised visitation center services were very important (under the Supervised Visitation project) because there were no fees associated with them. They also felt that SVCs allow the opportunity to have safe exchanges without threat, false allegations, or intimidations. If not for the Supervised Visitation project, according to those interviewed, the places parents would likely conduct child exchanges include the following:

> *• Police station;*
>
> *• Fast food restaurant;*
>
> *• Churches;*
>
> *• Family members' homes –*
>   *e.g., grandparents or siblings;*
>
> *• Locations associated with informal supports, e.g.,*
>   *– friends' or neighbors' homes;*
>
> *• The park; or*
>
> *• The court or social services agency.*

Although women and men believed in the goals of visitation centers, they also offered different views of the role of SVCs. Men often felt falsely accused of bad behavior and reported that they wanted an objective third party to witness when they picked up or dropped off their children without incident. They also tended to believe that a visitation center should help them to establish better communication with the mother. Bent-Goodley and Williams (2007) also found this among men who batter. Although some men did not want to continue a romantic relationship with the mother, several men believed that SVCs should help them reconcile the relationship with the mother of their children.
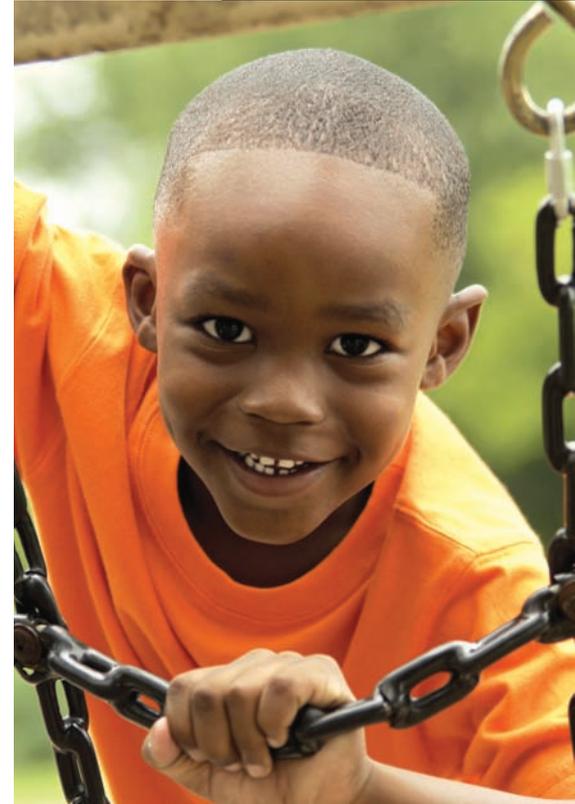
Women clients reported that their safety and that of their children were the two most important concerns in parental exchange. Tubbs and Williams (2006) also reported this in interviews they conducted with battered women that were separated or divorced due to domestic violence. Women also reported that they did not expect to reconcile with the father. Rather, they believed that the purpose of SVCs was to facilitate safe, low-risk, and low-conflict visits and transfers with the father.

Women and men did agree on another purpose of SVCs, that is, they wanted them to offer helping resources other than visitation services alone. They also believe that SVCs must address client concerns. Even though clients saw the significance of the centers, they communicated that such an understanding did not guarantee continued participation if the agency environment and service delivery proved challenging or became a barrier to usage.

The sites we visited for this report were very open and welcomed the opportunity to discuss cultural responsiveness and how to improve services. They also felt that participating in the IDVAAC assessment process was an opportunity to be more thoughtful and deliberate in identifying additional activities and approaches to effective supervised visitation and cultural responsiveness. Another benefit of our collaboration in learning was the opportunity to develop new relationships with community partners such as culturally specific social services or domestic violence programs. They were able to articulate how they could improve their efforts in several dimensions. Each site had the opportunity to do community mapping, i.e., to understand community-based resources and enhance relationships with culturally related resources. Old relationships could be strengthened, and new relationships could be established.

Finally, clients, professionals, and other stakeholders reported on what they believed to be important in helping clients from diverse cultural groups connect with supervised visitation center services. Those discussions resulted in the following five concepts:

1. *Know my history; know my reality and why I see things the way I do;*

2. *Know the barriers to service utilization;*

3. *Offer additional resources;*

4. *Answer to the community and the clients you serve and increase access points to service within the community; and*

5. *Offer either a culturally specific environment or a multicultural environment.*

Concept 1):
"Know my history; know my reality and why I see things the way I do"

Interwoven in the narratives of respondents, they spoke of the challenges of their specific communities, either within the United States historically – their social context – or their journey and/or challenges getting to United States – their immigration story. The concept of understanding the influences that affect how persons see themselves, social context, and needs was a theme among all the clients with whom we spoke. A critical skill for practitioners is their ability to be "steeped in the reality of the cultural community they are working with" (El Kati, 1992). Women and men reported that when there was a person who did not understand them or was unfamiliar with them and their culture, they felt less willing to share or to trust them. When they did work with a knowledgeable helper, it made it easier. One woman reported, "There were two places [Supervised Visitation Centers] I could go to get my children. One place was not in my community and the other place was in my community. I could tell when I was in the other community…the workers there did not feel comfortable with me. They kind of looked down on me. They treated me like I did something wrong. There was not any body there you could identify with or looked like me. They were not patient with me. But when I went to the other program in my neighborhood, I did not feel the same way. I was treated with more respect."

Another woman said, "It is hard to have someone supervise you who does not seem to understand you or feel comfortable with you. She seemed not to understand me, and I felt like she looks down on me...and people from my culture and community."

Another women reported, "I had a woman as my worker who was from another minority group different than mine. She did not understand me at all. But when I switched agencies, I had people from my culture who worked with me… from the receptionist to the workers and even the attorneys. They spoke my language. I felt that they felt more deeply about me and my situation; like they understood me better, kind of like a bond."

Professionals also noted the significance of understanding the community you serve. One professional noted, "It is critical that we understand our clients' environment and community and believe in them; and that they feel that we value them and their experiences, their language, how they are living – even the slang."

When we ask clients what people need to know about them and their community, one male client said, "I can't just tell you everything at once about what you need to do or understand. But it is important that you know … you need to have people from my community or people from other cultures who grew up in my community. That is one way you can get people who understand or can be taught."

They spoke my language…

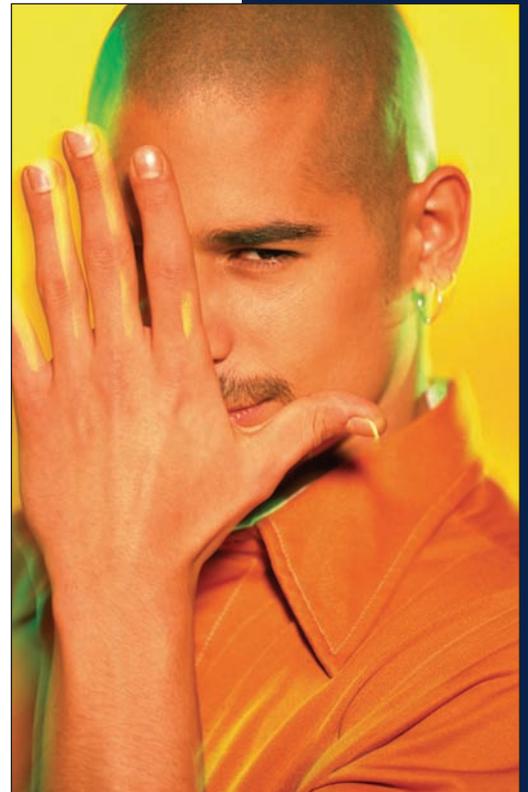*I felt that they felt more deeply about me and my situation; like they understood me better; kind of like a bond."*

A professional stated, "I know it [cultural responsiveness] is critically important and every program must do their work on this issue. I should not have to give you an exhaustive list of what it means to be helpful [culturally responsive]. Agencies should know. They should build it into their organizations. I think you must hire people in your organization that are from the community that you serve … and/or people who have lived, worked [in], and care about those different communities. These people must have knowledge of the community."

Another professional remarked, "There are no short cuts. It is important to spend time with and know the cultural community you work with. It is dangerous to expect that you will learn everything at one time. Learning these things is a process, but you can't take it for granted."

Approaches to learn about diverse cultural groups you serve (table 4)

Spend time with and in the cultural communities you serve.	Be purposeful and direct in in-service training about client needs, help-seeking behavior, and challenges in working with diversity.
Have staff that represents the cultural groups you serve and use them as a resource. Also involve people from various cultural groups who are interested in and understand how to engage diverse communities.	Evaluate the needs of the clients and assess by age, gender, and culture.
Create an open, trusting environment for cross-cultural discussions and organic learning among staff.	Develop organizational histories and memory of your success in cultural responsiveness, and create the capacity to replicate them.

In speaking to both clients and professionals, they recommended that learning can be achieved through sets of activities. One approach is through in-service trainings on specific issues associated with understanding client needs and help-seeking behaviors, as well as practitioner challenges when working cross culturally.

Learning can also occur from staff that represents the cultures and communities being served. They should be utilized as a resource without depending on them to be the sole source for insight and information. Many of the professionals we spoke to believed that when representation and commitment to diversity exist and administrators created a trusting work environment, it is possible for learning to become more organic in SVC environments and approaches. As a result, interventions and solutions could be comfortably generated by staff, administrators, and clients. But learning had to be encouraged by administrators who promoted an open environment and organized efforts to discuss how to serve diverse clients effectively. They were very clear that a person from one cultural group cannot know or be expected to carry the weight of this issue for all other cultural groups. Administrators must be focused on creating representation in staff, offering cross training, and making it an organizational expectation that being culturally responsive is a requirement of SVCs in order to increase insight and skill development.

Learning is also achieved from being attentive to what issues arise in service delivery among these client groups, then evaluating the best methods to address a problem. SVCs must pay attention to approaches the staff has employed to successfully address these challenges among diverse client groups. It is critically important to establish organizational memory related to cultural knowledge obtained and culturally responsive successes. Who records the successes? If staff or administrators don't value, record, or attend to their culturally responsive achievements, does the information get lost? Moreover, when approaches used have been successfully negotiated, does the SVC have the capacity to replicate it? The capacity to replicate cultural responsiveness is a sign of cultural competence.

Finally, learning can be achieved through surveying all clients, asking the diverse clients what they need from service delivery, including the strengths and weaknesses of the services and the challenges they face, then comparing the responses by age, gender, and culture.

What are the strengths and weaknesses of the services; what are the challenges they face then comparing the responses by age, gender, and culture

Concept 2):
Know the barriers to service utilization

Clients noted issues that affect their willingness to use visitation center services. As previously reported, clients noted that practitioner behavior and center environments must be accepting and respectful. In addition, many clients also reported that programs must be accessible. Clients noted that distances to centers can be a challenge. One women stated, "I have to travel with my children by taxi, then subway and another taxi to get here. It takes sometimes over an hour for me to make the trip one way. I got to find some place to go until the visit is over then travel back. And if he does not show up for the visit, I felt like I just wasted my time." This idea was mentioned by most people we spoke to. A respondent in another state also reported her concern and challenge of access to quick, reliable, affordable, transportation.

The location of centers in communities other than their own was also a challenge for clients, with some reporting concerns over the lack of familiarity, safety, and feeling welcome. In addition, some were concerned over the representation of staff or staff comfort and familiarity of their cultures at those locations. Location was also cited as a concern related to safety – both crime and the potential for harm by an abusive male co-parent.

In contrast, a few clients remarked that going outside their community was preferable because it allowed for a level of anonymity from people they knew or places the abusive partner knew in their community.

Another important barrier to service utilization is the language ability of the program and practitioners at the SVC. Clients whose first language or most comfortable language of communication was not English reported that the language ability of the SVC was critical. For programs that had limited ability to communicate, clients indicated that this would be a reason to stop attending the center. For programs that had language competencies and cultural understanding among staff and clients, clients reported feeling more connected and trusting of the staff and SVC.

Finally, the reputation of programs was another challenge. The more clients heard good things about the services from people or trusted places in their community the more comfortable they were in utilizing the SVC. If programs did not enjoy trusted status, clients felt less comfortable and it took a bit longer to develop trust. Many clients noted that the first time

they really ever heard of a supervised visitation center was when they were in court. They recommended that programs develop associations with community-based organizations and advertise their existence. Although this is a wonderful suggestion, some SVCs may be concerned about their capacity to handle the volume of non-court mandated, non-paying clients.

Interviewees identified the following barriers to service utilization:

Barriers to Service utilization (table 5)

Location of the SVC (important to have it in the community, but in some situations clients prefer anonymity)	Location of SVC a concern related to safety from crime and abusive partner	Access to safe, reliable, and affordable transportation	Respectful staff that is comfortable with the population and knowledgeable regarding their community
Distance of the SVC from clients' homes	Lack of multilingual staff and services	Poor reputation and lack of trust of SVC in community for services	Representation of staff from their specific community

Concept 3):
Offer additional resources

A common theme of both women and men who use SVC services is the desire to have access to services and resources beyond supervised visitation and exchange. One of the benefits of the Supervised Visitation project is that it requires that SVCs provide services to clients free of charge. This increases the access to such services by poorer clients who may not otherwise be able to pay for visitation services.

The consequence is that poorer clients may have greater resource needs. Clients noted that an added benefit to them would be if SVCs could offer or connect them with holistic services to address a range of issues associated with legal assistance, food, training and education, financial supports, housing, transportation, mental health, parenting, substance abuse, and domestic violence services. Although this recommendation is a reported desire among the clients, some SVCs do not have the capacity to offer these services themselves. It is important to note that the idea of SVC' s providing additional services is still being debated in the field.[1] The critical issue is that SVC,s should be knowledgeable about programs that offer or can link clients to such services. A solution to such concerns may be found in the concept that follows: Answer to the communities and the clients you serve and increase access points with in those communities.

1 Safety for the adult victim and child are the cornerstone of the Supervised Visitation Grant Program. Currently, visitation and exchange centers funded under the Supervised Visitation Grant Program are not allowed to use their funds to directly provide services such as parenting classes, therapeutic visitation, batterer intervention, support groups, etc. to families or to make such services a condition of receiving supervised visitation or exchange services to families.

Concept 4):
Answer to the communities and the clients you serve and increase access points within those communities

4

A concern raised by community stakeholders and clients was the relationship service organizations had with communities they served. Respondents question the ability of any service organization to be effective in addressing the needs of a population without a close relationship with the community. Some clients and professionals spoke of programs they were aware of that served clients from particular cultural groups, but did not have anyone in the program that represented or was experienced with that population. They questioned, "How effective are they if they receive no advice or input from community leaders, staff, clients, or knowledgeable persons about community challenges or insights to help." Professional and clients commented that SVC organizations must answer to the communities they serve and establish linkages to those communities.

What does it mean to answer to the community and how can it be done?

First, locate services that are proximal to the cultural community. Community-based services can be an approach to address the concerns some clients have about distance, but also can be useful in helping clients and other formal and informal community networks to view the SVC as part of the community.

Second, develop partnerships with a community-based program, church, or the like in offering their site for an SVC satellite.

Third, develop community advisors made up of members from that community, persons who represent programs and services within that community, and former clients who have been successful from that community.

Fourth, conduct a community and resource network mapping. As we engaged different locations for this report, we asked the SVCs to identify culturally specific domestic violence and/or cultural community-based service programs for the various cultural groups they served. As a result, SVCs had the opportunity to acquaint themselves with organizations and programs they did not know and enhance relationships with ones they were familiar with. We also recommended that programs do exchanges, i.e., have meetings in which SVCs and community-based or culturally specific programs exchange and discuss the type of work and programs they offer.

This is an example of cultural resource and network mapping. These types of culturally based programs, as previously mentioned in this report, are seen as a resources or networks within cultural-specific communities. If SVCs could develop partnerships with culturally specific or trusted community-based programs for resources or sites for exchange, this might address client concerns about trust, distance, representation, and knowledge of the community. Also, these types of programs can result in SVCs having greater access to an advisory pool and potential staff members.

Interviewees identified the following methods of answering to and involving cultural communities (see table 6):
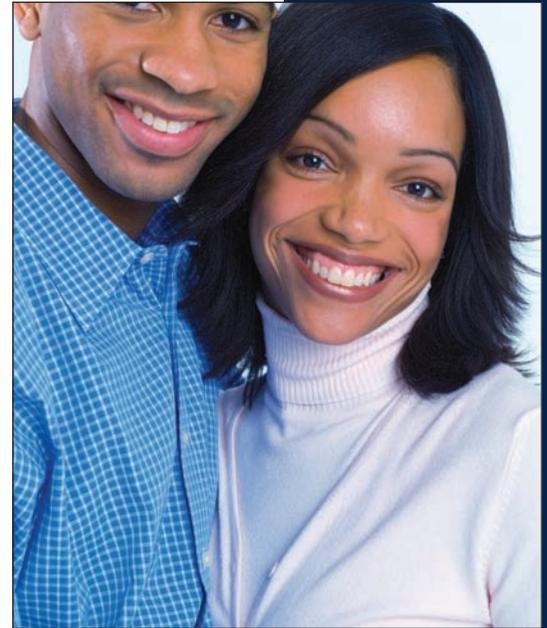
Methods of answering to and involving cultural communities (table 6)

Establish SVC sites in culturally diverse communities.	Ensure easy and safe access to services.	Conduct information and exchange program training session.
Identify community-based advocates for the agency and services.	Develop community resource networking and mapping.	Establish agency ties to culturally diverse communities and ensure agency is seen as resource, not an intrusion.
Provide services that are holistic for every member of the family.	Include community members as advisors.	Include the community and clients as evaluators of services.
Establish linkages to people and programs within the cultural community of the clients.	Use and enlist support of existing networks within the cultural community.	Establish partnerships with cultural-specific or community-based programs – engage, commit, and collaborate.

Concept 5):
Offer either a culturally specific environment or a multi-cultural environment.

5

Some clients' concerns revolved around how they would be treated in supervised visitation centers; how they are perceived by the worker or the organization; whether the helper understands their language; and how the helper values the issues they present. They are concerned over the power and attitude of the worker, particularly when compared to other client groups being served.

One client interviewed felt that white clients or other cultural groups were valued more and received better treatment in the service environment than she did. Whether or not that is true can be debated. What is true is that perception often becomes reality for those who utilize SVC or in cross-cultural work. The answer to this challenge may be embedded in the environments we create to work with diverse communities. Respondents describe environments that they felt most comfortable with and reported that they would like to go to either a culturally specific SVC environment or a multi-cultural SVC environment.

Culturally Specific Environment

Respondents (professionals and clients) reported the significance of having an SVC in their community, but recognized that just because it was located in the community, that did not mean that the SVC understood the population, had a relationship with the community, or was a trusted program. They mentioned that programs should include that following in order to be described as a culturally specific program:

- *People they trust who have a good history within their community or are from their community, including administrators and staff;*

- *Respect for clients;*

- *Accurate assessments and responses to clients' needs;*

- *Knowledge of and access to resources;*

- *Professional and informal relationships within the community;*

- *Understanding the language of the specific cultural group;*

- *Understanding of the life experiences and social context of the people;*

- *Understanding barriers to service delivery within the community;*

- *Good reputation and valued as a resource, not an intrusion in their community;*

- *Culturally responsive service programming; and*

- *A clear, articulated plan about how to serve the consumers.*

Multicultural Environment

In contrast, there are clients who understand that SVCs may not be able to locate sites in their community. Further, there were respondents that liked the anonymity of going to another community for services. All were open to the race or culture of the practitioner, if certain elements existed in the SVC environment. They still shared many of the concerns of the other respondents but tended to prefer a multicultural environment that includes the following:

- *Good reputation and valued as a resource, not an intrusion, in their community;*

- *Understanding of the life experiences of the people they serve;*

- *Knowledge of their community and neighborhoods (not just stereotypes), as well as access to resources consumers need;*

- *Cross training of staff about help seeking, service delivery needs, and approaches to respond to and respect various consumer groups;*

- *Understanding that "just because you have someone who is from your race/culture/or ethnic group or another minority group does not guarantee they understand me – they need training too!"*

- *Staff from other cultures "that spent time in my community or grew up like they did and understands life experiences of my family, friends and neighbors;" and*

- *Staff who "understand language, customs, and values of various cultural groups."*

Summary

It must be understood that the significance of cultural responsiveness in social services is not a new idea; it can be traced back before the Progressive Era in this country. But approaches about inclusiveness have evolved as our country has matured on the topic. Although the prevailing approach to social service tends to be a color blind approach, which allows access and is a vast improvement over the past, it tends to fall short of answering the question of what specific service needs diverse cultural clients have and do service providers respond to those needs. In Appendix A, there is an overview of additional topics related to cultural considerations we explored with supervised visitation centers through surveys. Over half of the programs reported that they use a color blind perspective to address the diverse needs of their clients. We have learned from the literature and from those respondents involved in this report that cultural responsiveness means more than just being color blind, tolerant, or being nice to clients.

Over half of the programs reported that they use a colorblind perspective to address the diverse needs of their clients.

Responsiveness is based on a set of concepts and behaviors. It assists clients in being more engaged in the helping process. Cultural responsiveness is about relationships – relationships with the client, their values, their support networks, and the community they come from.

The clear message from respondents regarding SVCs is that they must have authentic, valued, and trusted relationships within culturally diverse communities. They must have staff and administrators that represent their communities and/or have knowledge of the various communities' languages, service needs, help-seeking behaviors, and how they define respect and help.

Cultural responsiveness is influenced by how SVCs perceive the need for it and whether they include those they serve in the assessment process. They must ask themselves deeper questions about how the persons they serve could benefit from such an effort. They should examine their strengths and their challenges regarding diversity. Then they must be action-oriented in implementing changes.

Training on cultural responsiveness for Supervised Visitation Centers

Another challenge for some SVCs is learning about how to become culturally responsive. Earlier in this document, we reported on respondents' perspectives on how to learn about cultural responsiveness. In addition, we conducted separate telephone interviews with 15 supervised visitation center directors on the training needs of staff related to cultural responsiveness and how training could be made more effective for them. First, they stated that past trainings were too general. Because it was so broad, staff did not see the connection between the cultural diversity training and its application to their work. Training has to be specific and relevant to supervised visitation centers. Secondly, they stated that training must be targeted

1) *to issues clients face;*

2) *to issues that influence client engagement with SVCs; and*

3) *to advice about policy and planning, as well as practitioner knowledge and skill needs. They also stated that they tended not to evaluate themselves on cultural responsiveness and, therefore, did not know what they do well or areas to improve.*

Helping SVCs develop assessment approaches would be helpful for them. As supervised visitation centers consider expanding their capacity through training, we recommend that they focus on these areas.

There was also discussion regarding the need for court-mandated supervised visitation and community-driven supervised visitation. Respondents reported that they value supervised visitation services, but only learned about it when they were referred by the court. The respondents recommended that the existence of SVCs be advertised in their community. However, the ability to offer safe, culturally responsive visitation services is influenced by the relationship of the SVC to the communities they serve; and the capacity, size, and resources of the SVC and, in the case of court referrals, the knowledge and insight of the court.

Regarding judges, in roundtable discussions, we asked them to discuss the intersection of cultural responsiveness, supervised visitation, and family court. They reported that judges needed education on the topic. They also stated that they primarily depended on experts to educate them and offer direction and options to them on the issue. They must be advised about resources that exist in the community. If SVCs do not perceive the need for it, then why should the court? Identifying how courts can be taught, advised, and fully engaged in this process is another frontier to this work we must consider.

In contrast, respondents saw the need for such services outside the court system. There is an identified need that could increase safety and support for battered women, if it were available sooner. How can it be achieved? Although such voluntary services do exist, for many poor clients, such services are cost prohibitive. Respondents believed that clients should be able to access these services on an as-needed base. The challenge to supervised visitation centers is their ability to handle an increased volume of such clients. Size, resources, attention to cultural responsiveness, and ability to collaborate with the diverse communities are factors in community-based self referrals. This is another frontier for this work that should be examined.

Training has to be specific and relevant to supervised visitation centers.

In sum, there is evidence that Supervised Visitation and Safe Exchange program grantees strive to be safe, supportive, and culturally responsive. In those programs that participated in the site visits, we were impressed with their willingness to collaborate, to be open, and to be self reflective. In contrast, there is some reluctance among other SVCs to model such behavior because they as yet do not see the relevance to them. For those that are striving to improve, organizational commitment; organizational memory about successes and the ability to replicate these success; and increasing their ability to engage, commit, and collaborate with diverse communities will contribute to supporting safe exchanges for all clients being served.
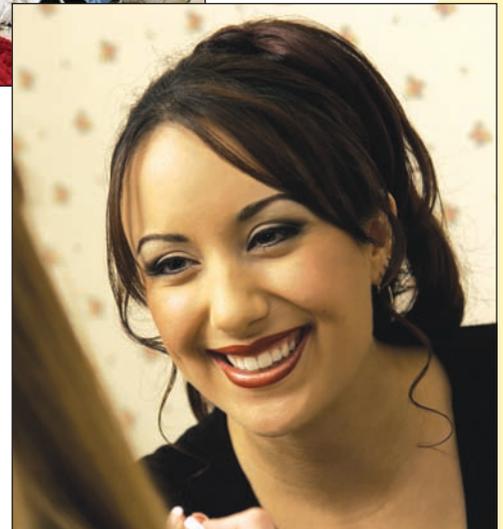
Appendix: Visitation Center Surveys
Methodology—Visitation Center

A survey was sent to visitation centers throughout the United States. This self-administered survey was developed by the investigators and consisted of questions meant to identify culturally sensitive practice and social service delivery. The questions addressed issues that were thought to identify culturally competent and minority-focused visitation centers.
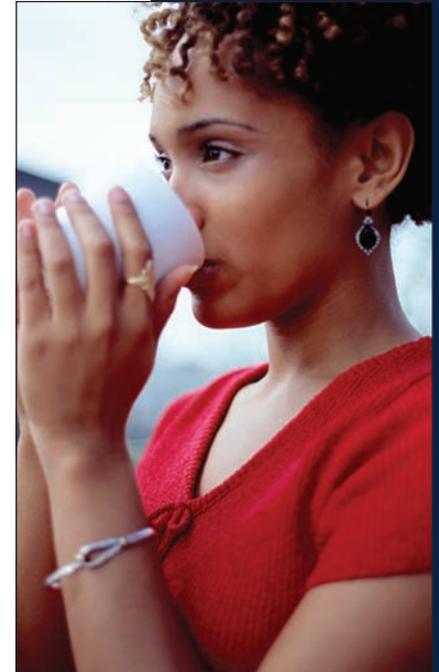
Sample

A list of 135 visitation centers was created. Investigators contacted programs to verify the mailing address and to identify a contact person at each visitation center. Surveys were mailed with consent forms to the contact persons, and they were asked to complete the survey anonymously. Three weeks later, a second mailing occurred and contact persons were given a second opportunity to respond. A total of 80 completed surveys were returned to the investigators. The response rate was 59%. The vast majority of surveys (92%) were completed by the program director, coordinator, facilitator, or supervisor. Visitation centers from 25 states participated in this investigation. Information about the visitation centers is presented by research questions.

Why do courts refer parents and children to visitation centers?

Program contact persons were asked why courts refer parents and children to their centers. At least 9 out of 10 contact persons said courts were physically or emotionally protecting children from at least one parent and/or facilitating exchange of children because parents were in conflict (see Table 1).gram contact persons were asked why courts refer parents and children to their centers. At least nine out of ten contact persons said courts were physically or emotionally protecting children from at least one parent and/or facilitating exchange of children because parents were in conflict (see Table 1).

Reasons Why Courts Refer Parents and Children to Visitation Centers (appendix table 1)

Reason	Percentage
To physically protect children from parent(s)	95%
To emotionally protect children from parent(s)	94%
To prevent child abduction	90%
To facilitate exchange when parents are in conflict	89%
To physically protect one parent from the other parent	86%
To facilitate parental change	84%
To emotionally protect one parent from the other parent	76%

Note: n=80.

Do referrals to visitation centers involve domestic violence or child abuse/neglect?

Referrals to visitation centers can involve domestic violence and child abuse/neglect issues. Forty-one percent of program contact persons reported that the referrals to visitation centers involve parental conflict involving custody/visitation; 38% have histories of partner abuse; 31% involve child abuse/neglect cases; and 22% involve both child welfare and partner abuse.

What do visitation center staffs consider when accepting referrals?

Visitation center staffs consider various issues when accepting referrals. However, less than 2 out of 10 centers consider parents' race/ethnicity or religion when accepting referrals (see Table 2).

Visitation Centers Consider These Issues When Accepting Referrals (appendix table 2)

Issues	Percentage
Available space at the center	65%
Language	61%
History of partner abuse	59%
Parent's criminal record	59%
History of parents' substance abuse	56%
Staffing	56%
History of child abuse/neglect	56%
Skill/expertise of center staff	54%
Allegation of parental abuse	54%
Services offered by center	49%
Parent's ability to pay for center services	40%
Cultural traditions	31%
Accessibility/location of center	28%
Parents' customs and values	24%
Parents' and child's race or ethnicity	15%
Parents' and child's food preferences	13%
Parents' and child's nationality	13%
Parents' and child's religion	11%
We have to accept all referrals	4%
History of parents' violence in other centers	1%
History of parents' payment of fees in other centers	1%

Note: n=80.

In regard to parents' race or ethnicity, program contact persons were asked if the center had a staff member who helped parents access related services.

Twenty-four centers (32%) reportedly have a person who can assist parents in accessing services. This person's job title varied considerably. The most common job titles were "supervisor" (33%), "whoever is working" (17%), and "intake coordinator" (13%). These staffs help parents by "making referrals and explaining services" (69%), "providing language interpretation services" (25%), and "giving parents materials and lists of resources" (6%). It should be noted that only 16 of the 24 centers described how they helped parents.

Do visitation staffs receive training regarding racial or ethnic differences?

Researchers asked if staff had received training to help them understand any racial or ethnic differences that may affect their work with parents and children. The vast majority of centers reported that at least some of their staffs (86%) have received training. More than two-thirds of these centers said that most of their staffs have been trained, and 6% of centers reported "don't know" or "not applicable." Additionally, specific training is provided for other issues (see Table 3).

Topics for Staff Training (appendix table 3)

Training Topic	Percentage
Domestic violence and impact on children	82%
Child abuse/neglect	76%
Safety and security	76%
Perpetrator and victim behavior	75%
Child protection procedures	73%
Sexual assault	63%
Risk assessment	63%
Working with diverse clients	61%
Cultural competence/diversity	59%
Stalking	50%
Chemical dependency	49%

Note: n=71-76.

If the center does <u>not</u> routinely consider parents' race or ethnicity when accepting referrals, why not?

Researchers wanted to know why centers do not routinely consider parents' race or ethnicity when accepting referrals. The most common reason why the centers do not consider race or ethnicity of parents (55%) is because they use a "color-blind" approach (race/ethnicity/nationality not considered). Other centers reported "limited racial or cultural diversity of families seen by center" (8%), "limited center resources" (5%), and "limited community resources" (3%).

Do centers provide language interpretation services?

Only 45 programs responded to this question. A majority of those visitation centers that responded (64%) reported that they provided language interpretation services. Only five centers that responded reported that language interpretation services were "not applicable." The most common language was Spanish. Ninety-three percent of centers that provided language interpretation services said they translated Spanish. The next most common languages were Arabic (7%) and Korean (7%). Overall, the 45 visitation centers provided language interpretation for 19 languages (see Table 4).

Languages Translated by Visitation Centers (appendix table 4)

Language	Number of Centers
Spanish	35
Korean	4
Sign language	3
Arabic	2
Mandarin	1
Bengali	1
Ilokano	1
Vietnamese	1
Farsi	1
Bosnian	1
African languages	1
Somalian	1
Albanian	1
Indian	1
Polish	1
Chinese	1
Russian	1
Euro Asian	1
Creole	1

Note: n=45, na=data not available

Do centers offer services that are tailored to specific racial/ethnic, gender, or cultural groups?

The majority (58%) reported that they do not offer services tailored to specific racial/ethnic, gender, or cultural groups and are not planning to. Twenty-nine percent of the centers said that these services are "always" or "sometimes" provided, and 13% reported that they did not provide these services but were planning to. Table 5 shows the types of services that were provided and to what groups.

Visitation Center Services Tailored to Specific Groups (appendix table 5)

Service	Groups	Number of Centers
Language help and services	Mandarin, Ilokano, sign language, Spanish, and African	8
Therapy/counseling	Native American, Korean, and Spanish	4
Parenting classes	Spanish	3
Match families with cultural consultants/staff	Native American	2
Visitation for same-sex parents	Same sex parents	1
Anger management	Spanish	1
Father programs	Data not available	1
Hispanic group services	Hispanic	1
Accommodations for religious services	Muslim	1
Cultural meals and activities	Muslim	1
General accommodations for ethnicity or religion	by ethnicity or religion	1
Outside visiting referral service	Data not available	1

Note: n=22

Do visitation centers maintain working relationships with other groups or programs?

Visitation centers maintain working relationship with a diverse group of programs and agencies (see Table 6).

Visitation Centers Maintain Working Relationships with the Following Groups (appendix table 6)

Service	Yes
Domestic violence programs	97%
Social Service agencies	97%
Courts	96%
Child protection/welfare agencies	93%
Law enforcement	92%
Batter intervention programs	80%
Probation/parole officers	68%
Substance abuse treatment programs	66%
Cultural/ethnic organizations	63%
Health care agencies	62%

Note: n=76-67.

Results

It was the goal of this research to identify minority-focused/culturally competent visitation centers. Program contact persons were asked if the visitation center offered services tailored to specific racial/ethnic, gender, or cultural groups. If the program contact person responded "Yes," the visitation center was identified as a minority-focused visitation center.

In order to identify the program characteristics that would distinguish minority-focused centers from other visitation centers, program characteristics that were thought to influence minority-focused programs were used in a stepwise multiple regression equation. The program characteristics that solved this equation were inter-correlated to assess the extent of their independence (see Table 7). These characteristics are: visitation center maintains a cooperative working relationship with probation/parole officers (coded Probation); visitation center staff received training to help them understand any racial or ethnic differences that may affect their work with parents and children (coded Training); visitation center staff considers the customs and values of parents when accepting referrals (coded Customs); visitation center staff considers the parents' language when accepting referrals (coded Language); in regard to parents' race or ethnicity, the visitation center has a staff member who helps parents access related services (coded Person); and visitation center staff does not consider parents' ability to pay for services (coded Pay). A review of these inter-correlations reveals that these characteristics are relatively independent.

Correlation Matrix of Characteristics of Minority Focused Visitation Centers (appendix table 7)

	Probation	Training	Customs	Language	Person	Pay
Probation	1.0	.10	.14	.05	.00	.13
Training		1.0	.15	.17	.03	.03
Customs			1.0	.44**	.36**	.32**
Language				1.0	.05	.28*
Person					1.0	.21
Pay						1.0

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Prepared by Dr. Oliver J. Williams, 2007

For the Institute on Domestic Violence in the African American Community and the Office on Violence Against Women

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