



Experiences of Somali and Oromo youth in the child protection system



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ABSTRACT

Background: Little is known about the experiences or proportion of refugees involved with child protective services (CPS) in the United States, because they are not an identifiable group in CPS data systems. This study utilized an innovative data matching project to identify refugees in CPS data systems and explored the experiences of Somali and Oromo youth in Minnesota's child protection system.

Methods: A sample of 629 Somali and 62 Oromo youth who were involved with CPS between 2000 and 2013 were identified by linking datasets from the Minnesota Departments of Education and Human Services. Descriptive statistics, chi-square analysis, and *t*-tests were used to explore the proportion and characteristics of children involved with CPS, placement experiences, and child protection professionals' documentation of families' strengths and needs.

Results: Somali and Oromo youth were involved with CPS at low rates (3.7%). Residential treatment facilities were the most common out-of-home (OHP) placement settings for Somali youth (41%), and almost a third of placements for Oromo youth were in a correctional facility (31.6%). Strengths identified for both groups included low alcohol and other drug use and few health issues. Needs included social support, mental health/coping support, and parenting skills.

Conclusions: OHP settings for Somali and Oromo youth were highly restrictive. More research is needed to determine what is driving the high utilization of restrictive placements for Somali and Oromo youth, how accurately the Structured Decision Making tool assesses strengths and needs for families with refugee backgrounds, and how CPS professionals' assessments of strengths and needs compare to the refugee families' perceptions of their own strengths and needs.

1. Introduction

Over the past 30 years, the United States (U.S.) has resettled over three million refugees (U.S. Department of State, 2015). Refugees are people who have fled persecution in their country of origin and are unable to return. They represent a small subgroup of the broader legal category of immigrants. Per capita, Minnesota receives more direct refugee arrivals than any other state, more than twice as many secondary migrants, and is home to some of the largest communities with refugee backgrounds in the U.S. (Office of Refugee Resettlement, 2013).

Families with refugee backgrounds face a complexity of resettlement and acculturation stressors that impact family functioning and are believed to place them at risk for involvement with child protective services (CPS) (BRYCS, 2003). However, little is known about the experiences of families with refugee backgrounds in CPS in the United States, the risk and protective factors that led to their involvement, the

extent to which CPS services were responsive to their cultural and practical needs, or the outcomes of existing service interventions for these populations (Chang, Rhee, & Berthold, 2008; Earner, 2007; Fong, 2007). A major barrier to understanding the experiences of refugee families involved with CPS is that data to identify these families are largely unavailable in CPS data systems (Dettlaff & Earner, 2007; Lincroft & Resner, 2006). In general, data fields that identify nativity or immigration status of parents or children are often optional and rarely completed (Lincroft & Resner, 2006). Minnesota's child protection data utilizes broad racial/ethnic data categories that do not permit identification of immigrants or refugees (Minnesota Department of Human Services, 2010).

In this study, we were interested in the CPS experiences of refugee communities that have arrived in recent years. Somalis and Oromo people, from Ethiopia, have been arriving to the U.S. and Minnesota in large numbers since the early 1990s, and continue to make up a large proportion of refugee arrivals today (Office of Refugee Resettlement,

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2015). Most recent census data estimated that 35,872 Somalis and 15,902 Oromos live in Minnesota, but are likely underestimates due to language and trust issues that affect Census participation (U.S. Census Bureau, 2013). In current CPS data systems, Somali and Oromo families are grouped into the broader category of *African American*; thus data on the proportion or experiences of Somali and Oromo families involved with CPS in the U.S. are not available. Further, while Somali and Oromo groups are both from East Africa, they have distinct cultural, political, and migration histories, and it should not be assumed that their experiences with CPS would be the same.

This paper describes an exploratory study whose purpose was to examine the proportion and experiences of Somali and Oromo youth involved with Minnesota's child protection system. It utilized an innovative data integration project that responded to challenges of identifying refugees in child protection data systems by linking child protection with education data systems. Findings contribute unique knowledge about the involvement of Somali and Oromo youth in Minnesota's child protection system, suggest implications for effective CPS and resettlement service delivery for these populations, and identify areas for further exploration.

2. Background

2.1. Background on Somali and Oromo refugees

Somali and Oromo families face unique socioeconomic and psychosocial challenges related to their experiences of pre-migration trauma as well as post-migration resettlement and acculturation stress, which can affect family functioning and stability. Somali and Oromo families have fled wars and unresolved sociopolitical conflicts in Somalia and Ethiopia. Somalia has been engulfed in clan-based warfare and has been without an internationally recognized government since 1991 (Amnesty International USA, n.d.). Somali refugees have fled torture, rape, and violence perpetuated by warlords. More than 2 million people have been displaced within and outside of Somalia, and many have lived in refugee camps in Kenya for over two decades, awaiting resettlement to a third country (UNHCR, 2010).

Oromo people have been under the rule of successive, brutal military regimes in Ethiopia since the late 1970s. More than two million Oromo refugees have fled Ethiopia, and violence continues today as Oromo people remain engaged in a struggle for their own independent state (Yusuf, 2009). Ethiopian military rulers have targeted Oromo people and committed severe and widespread human rights violations, including torture, murder, disappearances, arbitrary detention, execution, and widespread surveillance in response to an over 40-year resistance (Advocates for Human Rights, 2009; Human Rights Watch, 2014). Experiences of war trauma and torture have been shown to be associated with psychosocial problems in Somali, Oromo, and other refugee populations (Jaranson et al., 2004; Shannon, Vinson, Wieling, Cook, & Letts, 2015; Steele et al., 2009). Refugee trauma and untreated mental health symptoms also impact family functioning (Lacroix & Sabbah, 2011; Weine et al., 2004).

2.2. Resettlement and acculturation stressors

Research conducted in the U.S. and other resettlement countries has documented the impacts of resettlement and acculturation stressors on family functioning and parenting practices. Resettlement-related stressors include: language barriers, loss of occupational credentials, social isolation and loss of child monitoring networks, housing problems, discrimination, and unequal access to health and social services (Dettlaff, 2012; Johnson, Clark, Donald, Pedersen, & Pichotta, 2007; Rasmussen, Akinsulure-Smith, Chu, & Keatley, 2012; Shannon et al., 2016). Many of these are identified as risk factors for CPS involvement in the general population (Cadzow, Armstrong, & Fraser, 1999; Chang et al., 2008; Critelli, 2015; Lincroft & Resner, 2006), and are com-

pounded for immigrants by language barriers and unfamiliarity with U.S. systems (Earner, 2007). Young children in immigrant families also experience higher rates of poverty than their native born counterparts (Capps, Fix, Ost, Reardon-Anderson, & Passel, 2004). Perceived discrimination has also been shown to negatively impact mental health and resettlement, with one study finding that East African refugees experienced greater discrimination than Eastern European refugees (Ellis, MacDonald, Lincoln, & Cabral, 2008; Hadley & Patil, 2009).

The acculturation process presents additional challenges for families, including changing family and gender roles, loss of status, role reversal resulting from more rapid acculturation of children, intergenerational conflict, and loss of family and social support (Degni, Pöntinen, & Mölsä, 2006; Delgado, Jones, & Rohani, 2005; Earner, 2007; Lashley, Hassan, & Maitra, 2014; Pine & Drachman, 2005; Pumariega, Rothe, & Pumariega, 2005; Renzaho, Green, Mellor, & Swinburn, 2011; Segal & Mayadas, 2005; Williams & Berry, 1991). Somali parents in Australia, Sweden, the UK have described feeling a loss of parenting authority and control over their young children and teenagers (Griffiths, 2003; Johnsdotter, 2002; 2015; Lewig, Arney, & Salveron, 2010).

Services and supports that refugee families receive upon arrival to the U.S. are time-limited and narrowly focused on early employment, not on successful family adjustment (BRYCS, 2003; Critelli, 2015). Researchers and resettlement practitioners have critiqued these services as inadequate to meet the acculturation needs of new families (Church World Services, 2010; Fix, Papademetriou, & Cooper, 2005; Gilbert, Hein, Losby, & Stein, 2010). Significant needs for information and cultural orientation remain after limited resettlement services end, including information on how to access health and social services; norms related to parenting, appropriate discipline, and childcare techniques; child protection laws; the role of CPS; and the rights and responsibilities of families involved with CPS (Critelli, 2015; Lewig et al., 2010; Lincroft & Resner, 2006).

2.3. Refugee family strengths

Although migration presents significant challenges, families with refugee backgrounds have strengths and protective factors that impact psychological wellbeing, social adjustment, and child maltreatment. Parents with refugee experiences have protected their children through extraordinary conditions, and often choose to resettle to give their children a better future (Critelli, 2015; Dettlaff, 2015; Kenny & Lockwood-Kenny, 2011). Belief in one's ability to cope, religious affiliation, cultural values, and sense of cultural identity can also protect against stressors. Traditional Somali cultural and religious values found to protect against abuse include: prohibitions against physical interaction between genders and the use of alcohol and drugs, sex and gender taboos, and the importance of maintaining virginity before marriage (Plummer & Njuguna, 2009). Additional protective factors include being able to resettle with one's family in-tact, strong social support, and adequate materials resources (Dettlaff, 2012; Porter & Haslam, 2005; Shields & Behrman, 2004).

2.4. Refugee involvement with CPS

Available research on immigrant CPS involvement in the U.S. is mixed, with studies finding overrepresentation, underrepresentation, and significant within-group variation of CPS involvement compared to native born children (Pelczarski & Kemp, 2006; Segal, 2000; Zhai & Gao, 2009). Research using data from the 2010 National Survey of Child and Adolescent Well-Being (NSCAW) found that children living with a foreign-born parent were underrepresented in CPS, comprising only 8.6% of children in CPS while representing 23% of children in the U.S. population (Dettlaff & Earner, 2012). However, in their presentation of findings, Dettlaff and Earner (2012) cautioned that refugees are undercounted in these data, which masks larger problems and results in

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