

CHAPTER 4
RESOURCE MATERIALS



Understanding Families —Part 1

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Culture Clash

By Teru Osato Lundsten and Naomi Ishisaka

In the world of parenting, who decides who's right and wrong? How does culture dictate U.S. conventional wisdom?

Around the world, all babies have the same needs—to sleep, to be fed and to be responded to when they cry. As children grow, all parents face decisions regarding discipline, norms of behavior and how best to prepare their children for successful adulthood in their culture. Yet in the United States, Eurocentric, middle-class, culturally based judgments regarding the “best” approaches to child raising are presented as “conventional” wisdom in the numerous mainstream parenting books and resources available. Ubiquitous parenting books and magazines debate the merits of one parenting style or another. Put your baby in a crib or co-sleep? Negotiate with your child or set strict boundaries?

These resources ignore many questions. Where do these norms of behavior come from? Who decided that my child should grow, eat, behave according to these percentiles and milestones and what were their cultural values and perspectives? For parents of color, the situation becomes more complex. Our cultures bring with them thousands of years of human development from around the globe, with varying yet valid approaches to raising children. Yet, are our cultural traditions and expertise included in the canon of parenting resources used by pediatricians and child-development specialists? Are our styles of parenting seen as “wrong” instead of just “different”? How can we expand the notions of what is “right” to include the wisdom and experience of people across many cultures?

Unfortunately, the lack of research and discussion of these issues leaves many parents of color questioning their approach. Worse, the lack of culturally competent research can leave parents of color discounting all Western conventional wisdom. The stakes can be high for children, as practices such as breastfeeding have real benefits but suffer from continued stigma, the intentional spread of baby

formula by Western corporations and a work climate hostile to nursing mothers.

Ten years ago, to better understand these issues and to attempt to add cultural complexity to the child-development field, the field of ethnopediatrics was born. A group of pediatricians, child-development researchers, and anthropologists, notably Carol Worthman of Emory University, gathered in Atlanta and presented a series of papers on this new branch of research: the study of child-rearing practices across cultures.

Not surprisingly, what the group found is that most parents in the world do not follow the advice of popular U.S. parenting experts Dr. Spock, Penelope Leach or Dr. Sears.

PARENTS OF COLOR

For parents of color trying to lay the best foundation for their children, the lack of culturally relevant parenting resources can be frustrating. While there are a few books pertaining to one culture or another, such as Gloria Rodriguez's *Raising Nuestros Ninos: Bringing Up Latino Children in a Bicultural World*, few examine the cultural biases of the dominant culture's parenting establishment. Even fewer look at the ways in which parents of color can preserve their cultural traditions as well as add others to their cultural “toolbox” as well.

While it can be difficult to trace how child-rearing practices have been retained and transformed by American families of color, there are numerous differences between how children of color are raised versus white children. Much has been written in the African-American media, for example, about the different approaches taken by Euro-American and African-American parents regarding discipline. Many Asian Americans still value “Hsiao,” the Confucian ethic of familial love, which includes reverence of elders and ancestors. And while Euro-American Western culture emphasizes the nuclear family, many



communities of color structure their families into kinship groups.

One avenue to broadening the definition of a “normal” child is through education. To this end, in November [2005], a new college was founded in Seattle called The Praxis Institute for Early Childhood Education. The word “praxis” means practical application or exercise of a branch of learning, but to founder Debra Sullivan it has a more refined definition, taken from the work of Brazilian educationalist Paulo Freire: “Theory, action and reflection for critical social change.”

The college will prepare early-childhood educators to teach diverse children—children from low-income families, children of color and those who need training in English as a Second Language. “If teachers can increase their own cultural competency,” says Sullivan, “that will lead to more success for children, and eventually to social change and social justice.”

As an African-American mother, Sullivan has some personal observations about her parenting style and that of other black parents. Her observation is that black parents are generally firmer and more explicit than white parents, with clarity of both direction and expectation. “We have an advantage over white parents,” she says, “because we have a larger parental toolbox. We have no choice but to acculturate.” Black parents have learned white parenting methods by unavoidable osmosis, but few white parents know black parenting methods. “I know white parents better than they know me,” says Sullivan.

Sullivan says black parents do not feel that their parenting methods are wrong, but sometimes they feel disapproved of by white parents. This is usually because their style is misunderstood.

For example, Sullivan says, black parents sometimes do not demonstrate that they are in touch emotionally with their children in ways that white parents would expect. “We roughhouse, but we aren’t touch-feely,” she says. “We read our children’s body language better.”

Another example is the game “playing the dozens,” in which people exchange insults, trying to outdo each other. “It is not rude,” explains Sullivan. “The point is how you use language. It’s verbal jousting.”

She adds that some black parents provide fewer “manipulatives” (what people in her profession call toys) to their children than do white parents. “Black children’s games tend to be more collaborative, less

competitive. They play verbal games, hand games, and call and response games.” This is a living relic of their African ancestors.

Understanding cultural origins of modern behavior is further complicated by historical realities such as slavery.

Dr. Joy DeGruy-Leary, a professor of social work at Portland State University, has developed a theory called “Post Traumatic Slave Syndrome” (PTSS), which proposes that the trauma of slavery has been passed down through the generations and accounts for troubling practices that continue today. One of these behaviors is making denigrating statements about children.

Before emancipation, this was done to dissuade the slave master from molesting or selling children. It was such a profoundly ingrained survival mechanism that it persists to this day. But, says DeGruy-Leary, “It is not our whole story.” She believes that African Americans are capable of addressing uncomfortable issues. By shining a light on PTSS, she hopes to dispel it.

Frustration with the lack of culturally competent parenting resources for African Americans led Philadelphia’s Janice M. Robinson to create her own publication in 1995 called *Successful Black Parenting* magazine. As a child-development specialist, Robinson found that mainstream articles and resources that she would give to parents of color did not resonate with their experience. To address this, she launched the now-defunct magazine to give African-American parents help from their own cultural perspective.

In addition to efforts to cultivate change in the private sector, Seattle’s city government is also trying to diversify its public services. The Human Services Department has several childcare task forces separately focused on the African-American, Asian/Pacific Islander, Latino and Native American communities. Children in these communities speak different languages, have different family values, eat different foods and have different traditions, including pedagogical ones.

Native Americans, for example, traditionally allowed their children to learn through their own observations, and instructed their children with nonverbal cues rather than giving verbal directions. It makes sense that children with varying backgrounds would have distinctive curricular needs. The task forces assess these needs in minute detail.



RICE & SPICE

Unexamined culturally based approaches to parenting can result in decades of misguided “authoritative” wisdom passed on by anxious parents and parenting experts. One such example is in feeding babies. In the U.S., the modern history of feeding babies has been fraught with stigma, Puritan mores regarding propriety as well the insidious influence of formula marketing that told American parents that breastfeeding was not only difficult and time-consuming but not as good as formula for babies’ growth and development. According to La Lache League, by 1956 U.S. breastfeeding rates were down to 20 percent. Today, the issue has come full circle, with breastfeeding advocates struggling to bring back breastfeeding and reverse the decline. Yet for many women of color, years of stigma around wet nursing and the “backwardness” of breastfeeding still linger, and women of color continue to have lower rates of breastfeeding.

Further, as babies grow older, pediatricians and child experts advise the addition of rice cereal to supplement a baby’s diet. However according to a recent story by the Associated Press, much of what is accepted wisdom about baby food is not based in science. Dr. David Bergman, a Stanford University pediatrics professor, says, “There’s a bunch of mythology out there about this. There’s not much evidence to support any particular way of doing things.” The story reported that there is no scientific basis for rice cereal and bland baby food as the first foods that should be introduced to a baby and that the conventional wisdom—repeated thousands of times by Western pediatricians and others—that spices are bad for babies is largely unfounded. The researchers found that across the world, parents feed their babies largely what they are eating and children suffer no ill affects. The researchers also found that children who are exposed to a range of food, including spicy foods, develop more advanced palates in later years and are then able to enjoy a wider range of food options. This flies in the faces of decades of conventional wisdom in the U.S.

IMMIGRANTS & PARENTING

What happens to the kaleidoscope of world parenting methods when they are first brought to the United States?

“In the U.S., that tends to mean non-Europeans”—Americans of color, refugees, and other immigrants—

says Dr. Ellie Graham, a pediatrician at Harborview Medical Center who treats children from low-income families.

Over the years, the needs of refugee families have heightened Graham’s interest in cultural differences. “What distinguishes these families from others,” she says, “is their anxieties.”

She gives an example: malnutrition. About 50 percent of children who die worldwide die from malnutrition, not a disease per se. “Because of malnutrition, they can’t mount a defense against disease,” Graham explains.

Consequently, when they come to America, “some refugee parents want to see their children plump,” she says. They overcompensate, discounting the dangers of obesity.

Another anxiety of refugee parents is infant gastroenteritis, or diarrhea and vomiting. In the U.S., doctors often prescribe extra fluids like Pedialyte for re-hydration, but symptoms may not stop for a few days.

In Africa, gastroenteritis is a more urgent matter. An African baby with gastroenteritis would be placed on an I.V., because many African babies die from the condition. “Perhaps an African parent has witnessed that,” says Graham. “A few days is a long time to them.”

Something she stresses to medical interns and residents is that they must better understand where the patient is coming from. “Empathy fosters better communication,” she says.

Harborview makes a concerted effort to understand traditional healing methods from around the world. Overall, Harborview provides interpretation services in 83 languages. In addition, there are online services.

One responsibility of Ellen Howard, who heads the K. K. Sherwood Library at Harborview, is to oversee a Web site called EthnoMed (ethnomed.org). “We’re very pragmatic,” says Howard. “EthnoMed is not a research tool, it’s a clinical tool—we want to increase understanding and communication when we’re trying to treat someone,” including infants and children.

Information about a particular traditional healing practice is gathered and then reviewed, not just by medical practitioners, but also by people from the relevant culture. Then it is posted and continually updated, and corrected. “We receive lots of feedback about word use, spelling, and whether or not the entire gist of an idea makes sense,” Howard says.



EthnoMed focuses on groups that need it most. There are 10 culture-specific pages, from Amharic to Vietnamese, and 12 more under “other.”

Graham has found that intergenerational conflict in immigrant families has more to do with behavior than illness or other physical matters. A Filipina grandmother, for example, thinks her American grandchildren are rude because they look her in the eye. In the Philippines, young people never look their elders in the eye.

Mergitu Argo, an East African family advocate and project coordinator at the Refugee Women’s Alliance (ReWA), agrees with Graham. “Refugee families want to raise their kids the old way,” she says, “but kids want to be raised the American way.” Argo is a refugee herself, from Ethiopia.

Originally founded for women, ReWA now also opens its doors to men. Among its many programs are parenting classes and support groups. In parenting classes they teach how to raise a bilingual child, incorporating what they see as good parenting methods from both old and new cultures.

Tsege Tsegay, also from Ethiopia, teaches a parenting class at ReWA. The current class consists of parents from Cambodia, Ethiopia, Somalia, and Vietnam. Tsegay teaches in English, but there are four interpreters in the room as well.

Discussions about infants and young children focus on nutrition, safety and immunizations. Tsegay advocates that refugee parents acquiesce to one significant Western parenting method: putting babies on a feeding and sleeping schedule. Many Western women do this because they work outside the home, and many refugee women must meet this demand as well.

Homeland cultures are kept alive by re-telling family stories, wearing traditional clothing, not converting to Western religions and eating traditional foods.

When discussions at ReWA turn to older kids, the topics are school and discipline. Parents learn how they can become more involved in their child’s education, and they learn that in the U.S., corporal punishment is frowned upon.

In Tsegay’s opinion, spanking works in the short run, but not in the long. Children obey immediately out of fear of punishment, but it is not good for their relationship with their parents. Here again, she advocates disciplining the Western way, by withdrawing privileges, for example.

Pluralistic parenting “is rich,” she says. “If parents know both cultures, they can better answer their children’s questions.”

Nonetheless, a gap is widening. “Kids change fast,” says Tsegay. “They Americanize faster than their parents.” In support groups, participants complain that their children have no respect for their cultural heritage or their parents. They see this in children of all ages, not just adolescents. Kindergarteners have threatened to call 9-1-1 when they don’t get their way. They have been told at school that in this country they can call 9-1-1 if they are abused, but their notion of abuse is broad. Not getting ice cream is not abuse.

Refugee parents fear this more than other parents, because it could jeopardize their immigration status.

In addition, many refugee parents greatly value an education, something that may not have been available to them in their homeland. These parents are dismayed when their children are truant. “I can see their disappointment,” says Tsegay. It is as if the children have too much of a good thing, “too much freedom,” she says.

Many refugee parents have fled horrific conditions, so they are bewildered when kids act out. It is far from what they dreamed or imagined. “They have struggled to come to the U.S.,” says Argo. “‘I give up,’ they say.”

To prevent this from happening, ReWA mediates between the generations. They not only identify what each side wants and help them negotiate, they follow up afterward. Fortunately, they have some success stories to tell.

DEMOGRAPHIC CHANGES

There are a host of reasons why Western concepts of parenting are considered conventional wisdom in the United States. The dominance of Euro-American traditions and values in the U.S. social and political landscape as well as the continuation of unexamined practices have led to the current climate.

But as the ethnic landscape of our country is changing, so must experts in the field of parenting change to accommodate the new wealth of traditions and cultures.

As our country becomes ever more diverse, so do practices of all kinds, including child-rearing. What most parents around the world have foremost in mind is what is best for their children.



And what is best may be to get away from the dominant mainstream message that's out of balance for families from non-European cultural backgrounds. What may work best may be a judicious mix of the old and the new, of the tried and true tips and practices from all cultural backgrounds that can be used to bring up healthy, well-adjusted and happy children.

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Ethnopediatrics: Emerging Field Takes Comparative Look at Parenting Practices Around the World

By Teru Osato Lundsten

Among the thousands of mainstream books published in the U.S. to help parents understand and raise children, we were able to find only one author who questioned the cultural bias of Western parenting resources and researched parenting practices around the world. Meredith Small, an anthropology professor at Cornell and author of the books *Our Babies, Ourselves* and *Kids: How Biology and Culture Shape the Way We Raise Our Children*, is the foremost expert on ethnopediatrics, the study of parenting across cultures.

Small says the orthodoxy of Western parenting resources needs to acknowledge the cultural, social and economic foundations of specific U.S. culture and experience. Mainstream U.S. culture's affluence, individualism and nuclear families have a large part in how American parenting practices developed. In other parts of the world, lack of resources, collectivist traditions and extended family networks created their own set of mores and expectations.

In *Our Babies, Ourselves*, Small traces the evolution of human babies, explaining why we are the most dependent infants on earth. Unlike a newborn deer, whose first and immediate task in life is to stand up, human babies are helpless.

Human fetuses have large heads, to accommodate large brains, and the human pelvis can expand only so far during labor, to enable bipedalism. Consequently, human beings are basically born neurologically unfinished, otherwise they wouldn't make it through the birth canal. That's why they need more help than any other species during their early development.

And that's why human parents have so much to do, but there are many ways to do it.

Small compares parenting practices in three aboriginal and two industrial societies. She closely examines two extremes of human civilization, but not Third World countries.

She starts with the !Kung San of Botswana—or, as they are known in the West, the Bushmen of the Kalahari

Desert. The San are some of the few remaining hunter/gatherer groups on Earth. No one owns anything. Food is shared, so no one goes hungry. The San sleep together outside, close to the fire; there is no concept of privacy.

Babies stay with their mothers at all times, slung on their mothers' hips with good and constant access to the breast, seeing the world from the same vantage point as their mothers. San babies never cry for long. As they grow, they are never alone, eventually transitioning to a child group by the time a younger sibling is born.

San babies and children develop superior motor skills, skills that are essential to the San lifestyle. It is a priority with San parents to make sure their children are physically adept.

The parental goals of the traditional San can be summed up as being social integration, mobility and sharing.

Recently, some San have adopted a more settled lifestyle, which entails ownership of goods. This has radically altered their values. Huts are built far apart and cattle are more important than neighbors, says Small. The notion of sharing has disintegrated, privacy has become a need and children spend less time with their parents.

Small looks closely at two other subsistence cultures, the forest-dwelling Ache of Paraguay and the Gusii of Kenya. They are different from the !Kung San in many ways, and from each other, but all three cultures have similar child-rearing practices. Notably, babies are constantly with their mothers for the first several years of their lives.

Small then examines two industrial societies, one that values the "other," and another the "self." The first is Japan. The Japanese became modern and economically successful not through individual achievement, but rather with a sense of collectivity. As a relatively homogenous society, they have been able to apply the values of much smaller societies on a national level.



For the Japanese, as in many Asian cultures, obedience is implicit, and therefore “normal” expectations—as in Dr. Spock’s book—regarding corrective discipline are neither applicable nor useful. In her book *Kids*, Small contrasts the Japanese collective approach of early childhood education. “[In Japanese preschools] pressure to be good often comes from peers. In addition, teachers emphasize qualities such as empathy and pride in the group; they believe that intelligence can only be associated with self-control and good social behavior. There are no isolated timeouts, nor are there any kids who do not want to participate in group activities.” In these environments, Small says, children do not need to be taught to share, since that is their default inclination.

In the United States, the last society scrutinized by Small, the parental goal is the child’s eventual independence. Parental efforts to foster independence start from Day One.

Physical contact with infants is minimal compared to other societies. There are strollers, cribs and other paraphernalia in which babies are placed. Only half of American babies are breast-fed, and even then it’s only for about five months, on average. If done in public, breast-feeding must be discreet. Many babies are fed on a schedule, and as they grow they are often introduced to solid foods according to detailed charts. They often don’t have the same mealtimes or bedtime as the rest of the family.

Babies cry a lot, and parents do not always feel it is necessary to respond, at least not right away.

The American family is a conjugal unit and parental privacy is key. It is important that the baby sleep in a separate bed, usually in a separate room, as soon as possible.

Many Americans rarely see infants at all until they become parents, when they learn parenting skills from doctors and books. A favorite book for generations, Benjamin Spock’s *Dr. Spock’s and Baby Child Care*, first published in 1946, is now 992 pages and in its eighth edition.

American babies are regarded as “bundles of potential,” says Small, and a good parent is one who uncovers that potential. Many parents see themselves as teachers rather than protectors (whereas Gusii parents do not make a concerted effort to teach their children anything). Americans stimulate their babies, starting with baby talk and hanging bright mobiles above the crib (whereas Gusii mothers do not interact verbally with their babies).

American parents are concerned with the developmental stages of childhood, and are expected to know the norms of those stages, most of which have been established by testing white, middle-class babies. This does not realistically reflect the experiences of the many ethnicities in the country. Small cites the example of Latino babies, who for a variety of reasons are born smaller than white babies. Latino parents would be spared unnecessary worry about their newborns if norms were more culturally sensitive.

In the U.S., says Small, “Having children is just like any job . . . one which can ultimately be judged a success or a failure.” This suggests that in other cultures parenting is not considered work or something to be judged.

Small then addresses the issues of sleeping, crying, and feeding, which she calls “the triumvirate of infancy.”

For most of human history, babies and children have slept with either their mothers or both parents. In many parts of the world they still do so today. According to Small, the U.S. is the only society in which babies routinely sleep alone. In fact, she says that American babies spend 67.5 percent of their time alone.

Co-sleeping is biologically advantageous because the breathing of babies and their mothers is remarkably in sync when they are sleeping together, with the neurologically incomplete baby “learning” to breathe regularly from the mother, as if she were a metronome.

It is interesting to note that a bestseller in the U.S., *The No-Cry Solution* by Elizabeth Pantley, claims to help parents teach their babies to fall asleep without breast- or bottle-feeding or using a pacifier.

Small points out that the incidence of Sudden Infant Death Syndrome (SIDS) in the United States is the highest in the world. Whether or not there is a correlation between solitary sleeping and SIDS is a matter of controversy, but she discusses it openly.

A baby’s crying is the only way it can communicate its needs. It is a call for engagement, a signal for some sort of change, and “the infant expects a response from their environment,” pediatrician T. Berry Brazelton says.

All babies cry, but non-Western babies cry much less than Western babies, according to Small. The difference is how quickly their mothers respond. Non-Western mothers respond within seconds, but Western mothers don’t respond as quickly.



Small says that American mothers “deliberately do not respond to 46 percent of crying episodes during the baby’s first three months of life.” Consistent with the American cultural imperative of fostering independence, this may be an attempt to teach children early on to work out their problems on their own.

Colic is another controversial topic. Colic is commonly regarded as an infant’s pathological reaction to some mysterious internal distress—mysterious because there is rarely anything physically wrong with the baby. In fact, pediatrician Ronald Barr says that “colic is something infants do, not something they have.” Non-Western parents rarely complain of having a colicky baby.

Small concludes that Western babies cry for extended periods “because the accepted and culturally composed caretaking style is often at odds with infant biology. . . . Babies are still stuck with their Pleistocene (Ice Age) biology despite our modern age.”

This is the crux of her entire book: the conflict between culture and infant biology. She infers that in preparing children for adulthood, when they will experience different pressures depending on their culture, this conflict is more obvious in some cultures than others.

Breast-feeding is another issue that highlights this conflict. The biological advantages to breast-feeding are many: Both nutrients and protectants are transferred from mother to infant until the child develops its own immune system.

During the industrial revolution, in 1867, the first baby formula was developed by a German chemist, enabling Western women to work away from home and their babies. Baby formula became big business in the West, and eventually in Third World countries as well.

But both history and cross-cultural studies show that when more babies are fed with formula, depriving them of important nutrients and protectants, more babies die. According to Small, UNICEF estimates that 1.5 million babies die each year worldwide because they are not breast-fed, and the U.S. National Institute of Environmental Health and Safety estimates that four out of every 1,000 babies in the United States die each year for the same reason.

In recent years, underdeveloped countries have begun to combat the invasion of Western feeding practices.

In Papua New Guinea, for example, a prescription is now required to buy a baby bottle.

No one parenting approach is “right” or “wrong,” even if parents might think so. Western parents aren’t the only ones who need to be reminded of this, says Small. *Efé* pygmies in Zaire, for example, pass a nursing infant from one lactating woman to another, a practice which would appall a !Kung San mother.

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A Knock on the Door

By Philneia Timmons

About 7 p.m. there was a knock on the door. I was afraid I already knew who it was and that my family was in trouble.

The problems started when my son was 10 years old and his grandfather died. His grandfather was more like a father to him than his own father. Many times when my son would visit their house, his father wouldn't be there, but his grandfather was, and they'd sit and talk and have fun.

ANGER IN HIS EYES

Before his grandfather died, my son was basically well-behaved. After, he had so many questions, like, "Where do people go when they die?" I could see the anger in his eyes and hear the fear in his voice. I believe his feelings were even stronger because losing his grandfather brought up the sad feelings he had about his father not being around. My son began to retaliate against his father, me and just life itself. He was getting in trouble just about every day in school. He wasn't working and he was being disruptive. I was running to the school so often that I had to quit my job. I felt so frustrated, I didn't know what to do.

Eventually I started to hit him, even though I don't believe in hitting kids. One night I hit him with a belt because his teacher had called to say he had cursed in class. He screamed so loud when I hit him that I stopped, but the damage was already done. The next day the school informed me that they had found bruises on my son's body. ACS came that night.

"WE RECEIVED A CALL"

When I answered the door, there was a social worker there named Mrs. R., her assistant, and a police officer. They said they wanted to ask me a few questions.

Mrs. R. handed me a paper and asked to see my children. (I also have a daughter.) She said, "We received a call from your school that your son had

bruises on his arm and upper thigh." Mrs. R. insisted that I lift my children's clothing. When I did not comply, Mrs. R. asked her assistant to lift them and then she took pictures of the bruises on my son's left arm and thigh. Then she told me my children were being removed.

As they left my house, I felt like a piece of my heart was being ripped out.

"MY CHILDREN NEED ME"

After my children were taken, I went through terrible pressure and depression, not knowing whether my children were safe. I could not eat or sleep many days and nights.

I felt so much anger. I'd often ask myself why ACS couldn't help while my children were home. "My children need and want to be with me," I'd think. "If you're helping us, then help us together. I'll do whatever it takes, you can still make your home visits, every day if you'd like. Just please release my children to me."

EMOTIONS RUNNING WILD

Then there was the anger that I felt toward myself. Growing up, my mother would often hit me with belts and even extension cords. Sometimes her anger was out of control. I felt mistreated and misunderstood, and I would rarely speak to my mother even though what I was looking for was guidance, acceptance, attention and a way out from the madness and the pressures that I felt as a child.

When I gave birth to my son, I vowed that I would never hit my children the way my mother hit me.

But when my son's behavior got so bad, I was angry and desperate and I just wanted to do something to stop it. I knew how I acted after my mom hit me—I was so hurt and afraid of another beating that I'd stop doing whatever it was I just got hit for. I thought a beating would make my son stop, too.



I never imagined it would mean I would lose my kids. I was so angry at myself because my children had to suffer for what I'd done. I cried myself to sleep many nights. My emotions were really running wild because I loved my kids so much and it hurt so much to lose them.

STARTING TO COOPERATE

For the first couple of months, my anger kept me from doing what the system told me I needed to do. I wasn't going to counseling because I felt I didn't need it. Whenever I went to see the caseworker, I wasn't cooperative because I just wanted to smack her.

But after a few months of rebelling, I realized that I couldn't let that continue because there was too much at stake—my children. The longer it took me to get proper visits with them, the harder it was going to be to get them back permanently.

So I prayed, I read the Bible, I told myself again and again to calm down. I forced myself to get my emotions under control. I also decided that if I was going to change my situation, I couldn't just depend on my caseworker or my lawyer. I would have to learn what I could about the system myself.

I WAS IN CONTROL

I went to the library and the librarian gave me *The Family Act Book*, a very thick blue book with information about the system. It said I had the right to visit my children, the right to be a part of making decisions about their medical care and education. It said I could even attend parent-teacher conferences.

I wrote the information down in a notebook. With that knowledge, I would go to meetings at the agency or ACS and I would quote different sections of the book. I wanted them to think I had real power behind me, so when they asked me where I got my information from, I'd lie and say that I had my own lawyer. I spoke calmly but firmly and I carried myself in a way that let them know I was in control.

Many times I had to hold back tears, anger, frustration that felt like a ball of fire. Inside I often felt hot and furious. But I thought about ice, snow and winter to calm me down. I controlled my temper, and it paid off.

A PERSON, NOT A CASE

The agency began to look at me as a person, not as a caseload and docket number. It helped, too, that I began to comply more fully with their requirements. I went to therapy and I completed two parenting skills classes. I also began working at the Child Welfare Organizing Project, where parents who have children in the system advocate to improve how the system treats parents.

Because of all that, I gained permission to take my children to school every day. I took them to doctors' appointments and therapy, too. Eventually I was allowed to spend time with them on the weekends.

ACCEPTING MY SON'S WAYS

Soon I realized that I had to calm down, not only with the system but with my son, too. For a while after my son went into care, he had even more problems than he'd had before. His behavior in school grew worse and he didn't want to do any work at all. He was probably sad and mad that he'd been taken from me.

I was frustrated but I told myself that all I could do was talk to him. I just told him over and over how important school is and that I'd gone to school too. Maybe because I was calmer, he began to respond a little better to me. I also think his therapist helped him. Sometimes I felt uncomfortable with her—I felt like she was judging me—but my son liked her.

One day my son said to me, "Mommy, you're always telling me what to do." He said, "Ma, I would feel better if you said, 'Just try to do it.'" When he said that, I realized that maybe I was too demanding and I had to accept that my son had ways of his own.

HELP US AT HOME

Still, there were limits to how much I could do until I finally was given a caseworker who really worked with me. I've had three caseworkers during the two years my children have been in care. The first two never once made a home visit.

A few months ago, I was given my third caseworker and she's beautiful. I almost love her. She saw how hard I was trying, and she gave me weekend and overnight visits. I appreciate that she acts like she trusts me and cares about my children and me.



Soon my two children will be released into my care full time. I have some worries how long it will take my children to get used to being home. Sometimes my son and I still have our turbulences. But he and I have grown and our relationship has improved.

Looking back, I did need help with my son because I felt out of control and that was affecting my relationship with him. But I don't believe that my children needed to be taken from me. I wish that I had been given help while my children were still with me instead of having them thrown into the system.

Philneia's children are now home and she is working as a parent advocate with ACS. This story is reprinted from *Rise*, © 2006, with permission from Youth Communication/New York Center (www.youthcomm.org).



Domestic Violence: Safety Tips for You & Your Family

IF YOU ARE IN DANGER

Call 911 (or your local police emergency number).

To find out about help in your area call the National Domestic Violence Hotline:

1-800-799-SAFE or 1-800-787-3224 (TTY)

Whether or not you feel able to leave an abuser, there are things you can do to make yourself and your family safer.

IN AN EMERGENCY

If you are at home and you are being threatened or attacked:

- Stay away from the kitchen (the abuser can find weapons, like knives, there).
- Stay away from bathrooms, closets or small spaces where the abuser can trap you.
- Get to a room with a door or window to escape.
- Get to a room with a phone to call for help; lock the abuser outside if you can.
- Call 911 (or your local emergency number) right away for help; get the dispatcher's name.
- Think about a neighbor or friend you can run to for help.
- If a police officer comes, tell him/her what happened; get his/her name and badge number.
- Get medical help if you are hurt.
- Take pictures of bruises or injuries.
- Call a domestic violence program or shelter; ask them to help you make a safety plan.

HOW TO PROTECT YOURSELF AT HOME

- Learn where to get help; memorize emergency phone numbers.
- Keep a phone in a room you can lock from the inside; if you can, get a cellular phone that you keep with you at all times.
- If the abuser has moved out, change the locks on your door; get locks on the windows.
- Plan an escape route out of your home; teach it to your children.
- Think about where you would go if you needed to escape.
- Ask your neighbors to call the police if they see the abuser at your house; make a signal for them to call the police, for example, if the phone rings twice, a shade is pulled down or a light is on.
- Pack a bag with important things you'd need if you had to leave quickly; put it in a safe place, or give it to a friend or relative you trust. Include cash, car keys and important information such as court papers, passport or birth certificates, medical records and medicines, immigration papers.
- Get an unlisted phone number.
- Block caller ID.
- Use an answering machine; screen the calls.
- Take a good self-defense course.

HOW TO MAKE YOUR CHILDREN SAFER

- Teach them not to get in the middle of a fight, even if they want to help.
- Teach them how to get to safety, to call 911, to give your address and phone number to the police.
- Teach them who to call for help.



- Tell them to stay out of the kitchen.
- Give the principal at school or the daycare center a copy of your court order; tell them not to release your children to anyone without talking to you first; use a password so they can be sure it is you on the phone; give them a photo of the abuser.
- Make sure the children know who to tell at school if they see the abuser.
- Make sure that the school knows not to give your address or phone number to *anyone*.

HOW TO PROTECT YOURSELF OUTSIDE THE HOME

- Change your regular travel habits.
- Try to get rides with different people.
- Shop and bank in a different place.
- Cancel any bank accounts or credit cards you shared; open new accounts at a different bank.
- Keep your court order and emergency numbers with you at all times.
- Keep a cell phone and program it to 911 (or other emergency number).

HOW TO MAKE YOURSELF SAFER AT WORK

- Keep a copy of your court order at work.
- Give a picture of the abuser to security and friends at work.
- Tell your supervisors—see if they can make it harder for the abuser to find you.
- Don't go to lunch alone.
- Ask a security guard to walk you to your car or to the bus.
- If the abuser contacts you at work, save voice mail and e-mail messages.
- Your employer may be able to help you find community resources.

USING THE LAW TO HELP YOU

Protection or Restraining Orders

- Ask your local domestic violence program who can help you get a civil protection/restraining order and who can help you with criminal prosecution.

In Most Places, the Judge Can . . .

- Order the abuser to stay away from you or your children.
- Order the abuser to leave your home.
- Give you temporary custody of your children and order the abuser to pay you temporary child support.
- Order the police to come to your home while the abuser picks up personal belongings.
- Give you possession of the car, furniture, and other belongings.
- Order the abuser to go to a batterers' intervention program.
- Order the abuser not to call you at work.
- Order the abuser to give guns to the police.

If You Are Worried About Any of the Following, Make Sure You . . .

- Show the judge any pictures of your injuries.
- Tell the judge that you do not feel safe if the abuser comes to your home to pick up the children to visit with them.
- Ask the judge to order the abuser to pick up and return the children at the police station or some other safe place.
- Ask that any visits the abuser is permitted are at very specific times so the police will know by reading the court order if the abuser is there at the wrong time.
- Tell the judge if the abuser has harmed or threatened the children; ask that visits be supervised; think about who could do that for you.
- Get a certified copy of the court order.
- Keep the court order with you at all times.



CRIMINAL PROCEEDINGS

- Show the prosecutor your court orders.
- Show the prosecutor medical records about your injuries or pictures if you have them.
- Tell the prosecutor the name of anyone who is helping you (a victim advocate or a lawyer).
- Tell the prosecutor about any witnesses to injuries or abuse.
- Ask the prosecutor to notify you ahead of time if the abuser is getting out of jail.

BE SAFE AT THE COURTHOUSE

- Sit as far away from the abuser as you can; you don't have to look at or talk to the abuser; you don't have to talk to the abuser's family or friends if they are there.
- Bring a friend or relative with you to wait until your case is heard.

- Tell a bailiff or sheriff that you are afraid of the abuser and ask him/her to look out for you.
- Make sure you have your court order before you leave.
- Ask the judge or the sheriff to keep the abuser there for a while when court is over; leave quickly. If you think the abuser is following you when you leave, call the police immediately.
- If you have to travel to another state for work or to get away from the abuser, take your protection order with you; it is valid everywhere.

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How the Dynamics Between Animal Abuse & Child Abuse Affect the Forensic Interview Process

By Allie Phillips¹

I love my pets very much and I couldn't live without them. When I'm sad, they always make me glad that I have them. My pets don't put me down and they're always by my side. They always love me. Why can't some people return their love?

They always return ours.

— William, Grade 4²

Studies have shown a frightening connection between animal abuse and family violence in the home.³ In fact, one of the first studies to address the link between child abuse and animal abuse discovered that 83 percent of homes with abused or neglected children also had abused and neglected pets.⁴ Many law enforcement and child protection professionals are now aware that children or adults who abuse animals were often abused themselves as children. Research has also shown that people who abuse children often abuse companion animals⁵ in the home.⁶ This article will take a unique approach regarding the connection between animal abuse and child abuse by outlining (1) the relationship between children and their companion animals and how children of abuse may protect and seek comfort from their companion animals during cycles of abuse; (2) how abusers in the home may use and fulfill threats against companion animals to seek compliance and silence from child victims of sexual and physical abuse; and (3) how animal abuse in the home can be explored in the forensic interview to learn if companion animals are used as targets against children in the home, as well as to assist children to disclose their own abuse.

FROM ABUSING ANIMALS TO ABUSING CHILDREN & BEYOND

Law enforcement, domestic violence and child protection professionals must be aware of animal abuse occurring within homes for several reasons: (1) animal abuse displays serious antisocial behavior by the offender (whether child or adult); (2) animal

abuse is a relatively common occurrence in the lives of many children; (3) animal abuse witnessed by children has potential negative developmental consequences for the child; (4) animal abuse is related to interpersonal and family violence; (5) the well-being of companion animals is at risk in violent homes; and (6) if animal violence is reduced, this could help achieve a less violent society for children and adults.⁷

Recognizing these issues, many states are now moving toward mandating animal control officers to report evidence of child abuse or domestic violence when investigating animal abuse cases.⁸ Animal control officers are often in a position to observe a neglectful environment, shared by humans and companion animals. These same states are cross-training child protection workers, domestic violence professionals and animal control officers to work with each other to report both child and animal abuse discovered in the home. Many states are now bringing law enforcement officers, domestic violence and child protection professionals, and animal control officers together in a coordinated response to help protect children, domestic partners, and companion animals from abuse in the home. Doing so will help to marshal and coordinate treatment and services for the entire family (including companion animals), all in an effort to end the cycle of family and animal violence in the home.

THE RELATIONSHIP BETWEEN CHILDREN & THEIR COMPANION ANIMALS

The American Veterinary Medical Association estimates that 70 percent of American homes with children under the age of 6 have at least one companion animal (primarily a dog or cat); that 78 percent of American homes with children over the age of 6 have at least one companion animal; and that 72 percent of companion animals with children in the home have women as their primary caretakers.⁹ Ask young children who their best friend



or favorite “sibling” is, and many will cite their pet. Companion animals often provide comfort, security and unconditional love to frightened and abused children. A story written by a second grade student named Melissa describes this relationship: “My rabbit is quiet. I feed him and give him water. He keeps me company when I’m mad, sad or angry. I tell my secrets to him. He listens quietly. I don’t know what I would do without him.”¹⁰

HOW OFFENDERS USE COMPANION ANIMALS TO SEEK COMPLIANCE & SILENCE FROM A CHILD

An abusive parent or member of the household may exploit the loving bond between child and companion animal to threaten the child into silence regarding the abuse, or to compel compliance from the child. The abuser may threaten to harm or kill the family pet to ensure the child’s silence or compliance. By silencing the child, the abuser also seeks compliance with future occurrences of abuse. Some children may even allow themselves to be victimized to save their companion animal from being harmed or killed.

Many women in abusive homes are hesitant to flee with their children to a place of safety because of prior threats made by the abuser toward companion animals in the home. If a companion animal is left behind in the home, abusers may use the pet as a pawn to force their domestic partners or children to return home. When companion animals can be placed in a safe environment (at a no-kill humane shelter or a pet-friendly family violence shelter¹¹), abused family members are more likely to leave the abusive home. Training police officers, animal control officers, [and] domestic violence and child protection professionals to ask children or other family members whether companion animals have been injured or killed in their presence, or whether the abuser has verbalized threats against pets, will enable these front-line professionals to take appropriate action for the safety of the entire family, and to provide necessary counseling and other services.

THE FORENSIC INTERVIEW PROCESS

Depending on the age of the child and severity of the abuse, some children are withdrawn and hesitant to disclose abuse to a stranger, such as a forensic interviewer or a law enforcement officer. In the rapport-building stage of a forensic interview, finding

avenues to provide comfort and security to the child is essential. By asking a child about a companion animal during the Rapport or Abuse Scenario phases, the forensic interviewer may learn of abuse, killing or threats of abuse toward the family pet. This discussion may lead the child to disclose his or her own abuse.¹² In some situations, allowing the child to have the companion animal present during a forensic interview may also help the child to disclose. The Mississippi Children’s Advocacy Center went one step further by providing a trained therapy dog to sit in therapy sessions with children and sit at their feet while they testify in court.¹³ The Center now has a cat named Pookie that assists children during forensic interviews and therapy sessions.

The Boat Inventory on Animal-Related Experiences may be helpful in formulating appropriate questions for the forensic interview.¹⁴ These questions provide an avenue to help children disclose animal abuse in the home, their own abuse, and whether they have abused an animal. The Inventory explores whether the child’s pet has been a source of comfort to the child, whether the child has felt afraid or worried for the pet, and whether the child has lost a pet as a form of punishment or to make the child do something. Forensic interviewers may wish to start a discussion regarding companion animals by asking the child: (1) Do you have a pet? (2) Tell me about your pet. (3) Is your pet happy? (4) Is your pet safe? These questions are simply provided as suggestions since each forensic interviewer must formulate questions that are appropriate for the child’s developmental level and circumstances. Providing any person, particularly a child, the opportunity to talk about a companion animal often yields a great deal of personal information, in turn allowing the forensic interviewers and front-line professionals to understand the dynamics of abuse in the home and assist in stopping the cycle of violence.

CONCLUSION

“Enhancing our awareness and knowledge about the relationship between violence to animals and violence to children provides a unique opportunity to enhance our services to both.”¹⁵ Children who have been victimized by physical, sexual or emotional abuse and who have difficulty with disclosure in the forensic interview process may find comfort in discussing their companion animals. Asking a child about companion animals and possible abuse of those animals can also help child protection professionals understand



the dynamics of violence in the home and gather evidence to aid in the prosecution of the abuser and treatment for the family.

- 1 Allie Phillips is a senior attorney with the American Prosecutors Research Institute in Alexandria, VA working with the National Center for Prosecution of Child Abuse and the National Child Protection Training Center. The author wishes to thank Caitlin Parkinson, NCPTC intern, for her research and assistance on this article.
- 2 Raphael, Pamela; Colman, Libby; & Loar, Lynn. *Teaching Compassion: A Guide for Humane Educators, Teachers and Parents* (The Latham Foundation for the Promotion of Humane Education, 1999, p. 6).
- 3 Arkow, Phil. *Breaking the Cycles of Violence: A Guide to Multi-Disciplinary Interventions* (The Latham Foundation for the Promotion of Humane Education, 2003, pp. 8–9).
- 4 Boat, B.W. "Links Among Animal Abuse, Child Abuse and Domestic Violence." *Social Work and the Law* (Haworth Press, 2002, p. 35); Ascione, Frank R., Ph.D.; Weber, Claudia V., M.S.; and Wood, David S. "The Abuse of Animals and Domestic Violence: A National Survey of Shelters for Women Who Are Battered." *Society & Animals*, Vol. 5, No. 3 (1997), pp. 205–218. In this study involving 48 shelter programs, family violence shelter workers reported that 85.4% of women entering the shelter disclosed animal abuse occurring in the home, and 63% of children also spoke of animal abuse in the home. Yet only 13 of those 48 shelters specifically ask questions about family pets during the intake process (Ascione, Weber & Wood, 1997).
- 5 The terms "companion animal" and "pet" will be used interchangeably throughout this article.
- 6 Boat, Barbara W. "Abuse of Children and Animals: Using the Links to Inform Child Assessment and Protection." In Ascione, F. R. & Arkow, P., eds., *Child Abuse, Domestic Violence, and Animal Abuse: Linking the Circles of Compassion for Prevention and Intervention* (West Lafayette, IN: Purdue University Press, 1999, pp. 83–108).
- 7 Flynn, C. P. "Why family professionals can no longer ignore violence toward animals." *Family Relations*, Vol. 49, No. 1 (2000), pp. 87–95.
- 8 California currently mandates that animal control officers report suspected child abuse; Colorado mandates that veterinarians report suspected child abuse; Maine and Ohio require agents of humane society shelters to report child abuse; and the following states require that all persons (which would include animal control officers, humane society agents, and veterinarians) report child abuse: Delaware, Florida, Idaho, Indiana, Kentucky, Maryland, Mississippi, Nebraska, New Hampshire, New Jersey, New Mexico, North Carolina, Oklahoma, Rhode Island, Tennessee, Texas, Utah, Wyoming.
- 9 Arkow, Phil. *Breaking the Cycles of Violence: A Guide to Multi-Disciplinary Interventions* (The Latham Foundation for the Promotion of Humane Education, 2003, pp. 7–8).
- 10 Raphael, Pamela; Colman, Libby; & Loar, Lynn. *Teaching Compassion: A Guide for Humane Educators, Teachers and Parents* (The Latham Foundation for the Promotion of Humane Education, 1999, p. 9).
- 11 Some family violence shelters are now allowing women and their children to bring their companion animals to the shelter. Others contract with local humane shelters to house the pets until the family can be safely reunited. For example, in 1999, PetSafe, a safe shelter program, was created in Maryland for animals coming out of abusive homes while other family members are placed in family violence shelters. Shelters in Lansing, Michigan, and Cincinnati, Ohio, list questions regarding family pets on their intake form so that women and their children can leave an abusive home and take the family pet(s) with them into safety. Still, only 6 of the 48 shelters surveyed (see endnote 4) collaborated with animal shelters or veterinarians to provide housing to animals (Ascione, Weber & Wood, 1997).
- 12 This technique, called "moving in and away," acknowledges that children can often talk about outside issues (what has happened to someone else) before they can talk about what happened to themselves.
- 13 Vachss, a German shepherd, was honored with the Hero of the Year Award in 1994 for his work with the Mississippi Children's Advocacy Center in Jackson, Mississippi.
- 14 Formulated by Barbara W. Boat, Ph.D., The Childhood Trust, Department of Psychiatry at University of Cincinnati. For a full version of the Inventory, please contact APRI.
- 15 Boat, Barbara W. "Abuse of Children and Animals: Using the Links to Inform Child Assessment and Protection." In Ascione, F. R. & Arkow, P., eds., *Child Abuse, Domestic Violence, and Animal Abuse: Linking the Circles of Compassion for Prevention and Intervention* (West Lafayette, IN: Purdue University Press, 1999, p. 92).

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