



2013 EPRESS

Annual Performance Measures Survey

Please take 30 seconds to fill out the Performance Measures Survey using the link below. **Your feedback** and comments are extremely important. Please also have your **staff and volunteers** take the survey. Thank you!!

https://fsu.qualtrics.com/SE/?SID=SV_77q2C63QBngfWGp

Questions from Directors

We have a mother who is angry with us all the time. She has been here for several weeks, and is always scowling and complaining; she even came to orientation angry. We are concerned that the child is going to think that she is mad at him. What should we do?

Parents have many different reactions to having their children removed from them. It is a normal reaction to be angry, upset, confused, sad, and

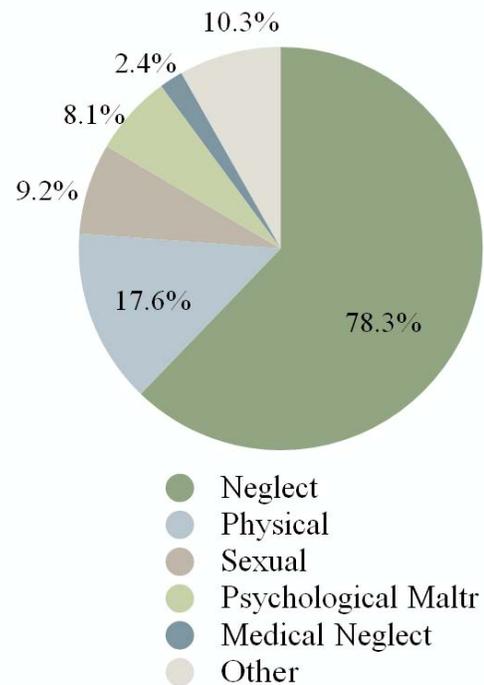
frustrated, among other feelings. I suggest that you, in effect, start over with this client. Have another intake with her. Maybe you started off on the “wrong foot.” Try to establish rapport. Try to convince her that you both want the best thing for her child, so you are “on the same side.” Find out if there are any other services that you can help her obtain. Take some time to assess this case with your staff and be sure you are doing everything you can to help her. Also, be careful to remind staff not to resent the client for her attitude. Focus instead on building empathy and finding common ground. Remember that your client needs you to look beyond her emotions toward you. It’s very easy to like clients who are compliant and friendly. It’s more difficult to help difficult clients succeed.

A long-time staff member who is very qualified is going to start her own SV program in the next county. I fully support this, and she will be wonderful. Does she have to have her own letter of agreement? After all, the judges know her, and she’s very experienced from her work at my program.

The short answer is Yes, unless the new program is just a satellite/branch program of your own SV program. But I suspect this is not the case. Although I am sure that this person is highly qualified, she and her new program will be separate from your program. That means she will have to develop her own policies and procedures, as well as her own agreement with the court. Perhaps you will be generous and let her take copies of your program’s policies, but be sure that the new program’s name is listed on the new policies, not your program’s name! This also protects you. When you are not the director of a program, you don’t want everything that happens at another program to be associated with your program. Keep everything separate from now on – you two have two separate programs.

There is a local church group whose representative came to my program and offered us dozens of volunteers. This was great news, until I realized that those volunteers do not want to take the training that the rest of my staff had to take. My church group wants an exception: can I give it to them?

I completely understand that these are mature adults who will likely make very good volunteers. But unless these volunteers are only going to do non-client work like painting and fundraising, my answer is no. You are protecting your program, your clients, and all of your volunteers when you adhere to the full training policies of the Best Practices. It is extremely unfortunate that these good folks don't have the time to get fully trained, because your team needs them. But think of the risks: you know how emotionally charged, complicated, and even dangerous these cases can be. Even if you tried to use these new volunteers only for the "least dangerous" cases, it is very difficult to know how complicated and risky each case is when the referral is first received. There are also issues of granting exceptions: the risk is that the exception will eventually become the rule. It will be impossible to have other volunteers want to take the full training when they know that other people were granted exceptions to that training. Your team should all have the same baseline training. If you cut corners on that, you –or your clients – will pay the price later.



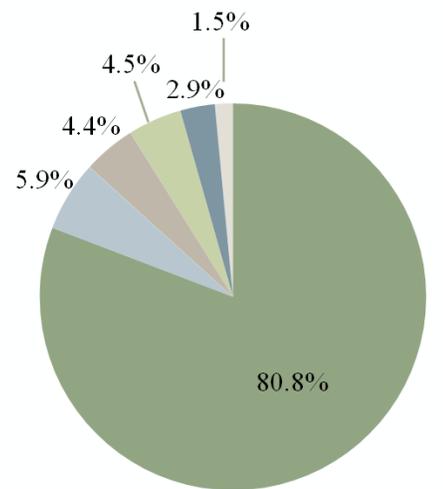
CHILD ABUSE AND NEGLECT STATISTICS

National Statistics

Types of Maltreatment, 2011	
Type	Percentage
Neglect	78.3%

Physical	17.6%
Sexual	9.2%
Psychological Maltreatment	8.1%
Medical Neglect	2.4%
Other	10.3%
Total*	125.9%

*Total % exceeds 100% because many children suffer more than one type of maltreatment.



- Parent
- Non-Parent Relatives
- Unmarried Partners of Parents
- Other
- Unknown Relationship
- Unidentified

In this section, we review national and state statistics about child maltreatment.

Nationally, the greatest percentage of children who were maltreated suffered from neglect. A child may have suffered from multiple forms of maltreatment and was counted once for each type. For 2011, more than 3.7 million children were reported on claims of abuse, 50 states reported 676,569 victims of child abuse and neglect, and researchers estimate that many more were unreported.

National Statistics

Characteristics of Perpetrators, 2011	
Type	Percentage
Parent	80.8%
Non-Parent Relative	5.9%
Unmarried Partner of Parent	4.4%
Other	4.5%
Unknown Relationship	2.9%
Unidentified	1.5%
Total	100.0%

When counting each perpetrator once (regardless of how many times they abuse), 50 states reported a 508,849 count of individual perpetrators. Most of the

perpetrators were parents. The “Other” perpetrator category indicates relationships including sibling, victim’s boyfriend or girlfriend, stranger, and/or babysitter.

Reports of Child Abuse, by Percentage		
Type	Florida*	National
Neglect	55.5%	78.3%
Physical	10.3%	17.6%
Sexual	4.6%	9.2%
Psychological Maltreatment	1.4%	8.1%
Medical Neglect	2.0%	2.4%
Other	51.1%	10.3%
Total	124.9%	125.9%

*Total % exceeds 100% because many children suffer more than one type of maltreatment.

In a child population of over 4 million, there were 33,612 substantiated reports of child abuse in Florida during 2010. There were over 50,239 confirmed victims of child abuse and neglect in Florida in 2010.

Ethnicity of Child Victims, 2007-2011		
Type	Florida	National
White	47.9%	43.9%
African-American	29.7%	21.5%
Hispanic	17.0%	22.1%
Other	5.4%	12.5%
Total	100.0%	100.0%

In Florida, the largest group of abuse victims is White, followed by African-American. Nationally, in 2011 the ethnic background for victimized children was 24,217 White; 15,393 African-American; 9,247 Hispanic; 1,756 Multiple Race; 995 Unknown; 182 Asian; 103 American Indian or Alaskan Native; and 25 Pacific Islander.

Child Fatalities by Age, 2011		
Type	Florida	National
<1	38.0%	42.4%
1 – 2	37.0%	31.4%
3 – 5	13.0%	14.9%
6 – 8	3.0%	3.7%
9 – 12	5.0%	3.9%
13 – 15	4.0%	1.6%
16+ and Unknown	0.7%	2.1%

The youngest children are the most vulnerable to death as the result of child abuse and neglect. Nationally, children who were younger than 1 year old died from abuse and neglect at a rate of 16.8 per 100,000 children in the population younger than 1 year old.

In 2011, there were 1,258 child fatalities: 534 were under the age of 1; 395 from ages 1-2; 187 from ages 3-5; 45 from ages 6-8; 48 from ages 9-12; 21 from ages 13-15; and 227 over the age of 16 or Unknown.

Child Fatalities by Race, 2010-2011		
Race/Ethnicity	Florida	National
White	43.6%	40.5%
African-American	28.1%	28.2%
Hispanic	16.6%	17.8%
Native American, Alaskan Native, Asian, and Multiple Races	6.1%	6.7%
Unknown	5.5%	6.9%

Although more of the victims are White, examining the national rates reveals that African-American children had the highest rate of child fatalities at 3.92 per 100,000 African-American children in the population.

Out of 1,209 national deaths in 2011: 490 children were White; 341 were African-American; 215 were Hispanic; 84 Unknown; 13 American Indian or Alaskan Native; 8 Asian; and 1 Pacific Islander. The rates in Florida closely mirror national rates, though differences are seen in higher White children fatalities and lower

Hispanic children fatalities.

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Florida Child Abuse Death Review Committee. 2011. Annual Report. Retrieved from www.childdeathreview.org/reports/FL_2011CADRrpt.pdf

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ADVISORY BOARDS: How to Build and Improve Your Supervised Visitation Program's Capacity and Outreach

This article helps visitation programs think about the role, goals, mission, and activities of Advisory Boards. It is applicable to existing and emerging programs.

What is an Advisory Board?

An Advisory Board can help you grow your program. It is a committee made up of key collaborative partners from the community that have a stake in the availability, competency, and outcomes of a successful program. Advisory Boards assist Supervised Visitation Programs or other programs with reviewing policy, service delivery, and sustainability.

An Advisory Board is also a mechanism by which an organization can increase its visibility and enhance its credibility in the community. Advisory Boards also bring needed expertise to a program, and link a new program or service into the

existing social service network. Advisory boards are NOT boards of directors, so it is important to distinguish their role and function from that of formal boards of directors.

10 BASIC RESPONSIBILITIES OF A BOARD OF DIRECTORS

1. Determine the organization's mission and purpose
2. Ensure effective organizational planning
3. Ensure adequate resources
4. Ensure effective financial management
5. Enhance organization's public image
6. Govern organization by broad policies and objectives
7. Ensure continuity and representation on the board through its members
8. Manage board's governance
9. Assess board's own performance
10. Select/evaluate/support the executive director

11 BIGGEST MISTAKES BOARD MEMBERS MAKE

1. Not understanding what a board is/does
2. Concentrating on the here/now and yesterdays
3. Not willing to raise money (or to give)
4. Not taking fiduciary responsibilities seriously
5. Micro-managing
6. Failing to take recruiting seriously
7. Not training new board members
8. Not taking governance of the board seriously
9. Not taking diversity seriously
10. Not doing board evaluations/assessments
11. Not effectively evaluating and supporting the executive director

The roles and responsibilities of **Advisory Boards** vary, but typically include:

- To advise the Board of Directors or staff of an organization on the needs for certain services in the community.
- To advise on training, staff development, and case staffing (as requested).
- To assist with fundraising or other resource development tasks.
- To provide an outside ear to an organization and its Board of Directors on pertinent issues.
- To share specialized skills or knowledge with the Board of Directors or staff as needed (e.g. legal knowledge, mental health expertise, and security measures).
- To guide the process and to facilitate the examination of the system's response to victims and their children.

In addition to these roles and responsibilities, Advisory Boards can continue to assist organizations by reviewing specific cases that may present unique problems to the staff, and make recommendations on addressing issues these cases raise. "The Advisory Board, since its members come from the same community as the participants, serves as a liaison" between the participants and the program.



Programs that utilize Advisory Boards include:

- Supervised Visitation Programs

- Social Service Agencies
- Public Health Agencies

Also, Advisory boards can review operational procedures to ensure that there are no legal problems. The Advisory Board can communicate with key stakeholders about issues impacting the success of an organization's program. In addition to these roles, Advisory Boards can take the lead in fundraising to obtain much-needed funds for the program's operation. The diverse members of an Advisory Board have the ability to reach different sources of funding in their community.

Instead of focusing on the daily activities of a program, an Advisory Board focuses on the success of the program's broader mission. In Advisory Boards for Supervised Visitation programs, board's role is to focus on building permanent safety, while the visitation program's role is concerned with reunification, safety during the visit, building parent capacity and motivation, and preventing revictimization. Together, the task before them is to define their respective leadership roles in the broader scope of community intervention.

Who Serves on Advisory Boards?

Members of an Advisory Board must demonstrate knowledge of the work that the Supervised Visitation Program does. Common stakeholders who should be considered for Advisory Board membership in Supervised Visitation Programs include representatives of the following, chosen by the director of the respective program:

- Domestic violence center staff
- Public child welfare staff
- Batterers' intervention Program staff
- Judges hearing domestic violence cases or their designees
- Attorneys
- Licensed mental health professionals
- Probation & parole officers

- Representative of the guardian ad litem program
- Child welfare program staff
- Law enforcement agency staff
- Past consumer of supervised visitation services



The rationale behind the creation of Advisory Boards is that "effective implementation of the proposed recommendations requires a community approach". Due to the complexity of issues involved, one system alone cannot make all the changes that are needed. For example, you cannot increase court services without increasing state funding. For this reason Advisory Boards should intentionally craft recommendations not as mandates for one system, but as an open invitation for the community. Policy makers, systems, organizations, government and the public in general can identify ways in which they can contribute to be part of the solution". This community approach empowers change at the individual, organization, and political levels.

How to Create a Board and Have it Shape Program Policy

An Advisory Board can help by addressing these questions:

- How can a program become more visible in the community?
- How can programs become eligible to receive more funding?

- How can the programs and the courts work together to prevent violence?
- How do we work toward a more common understanding of and language for violence and abuse in our intervention and in all child protection cases?
- How do we make domestic violence and child abuse visible in all referral processes?
- How do we build attention in our collective interventions to the specific ways in which batterers abuse children?
- How can we develop a coherent way of asking about safety across all intervening systems?
- How do we build safeguards against the ways in which perpetrators might use the visitation program to gain increased access or unsupervised visits without a change in abusive behaviors?
- How do we initiate and structure discussions about cases which programs identify as too dangerous for visitation or exchange?
- How do we pool resources and expertise to provide ongoing training for visitation programs and other interveners in post-separation violence?
- What trainings should our program provide to prevent child abuse and neglect?
- How do we shape our program's policy to better prevent child abuse and neglect?
- How can our program's policies become more transparent, especially in dealing with child abuse and neglect?
- How can our program educate the community on domestic violence, child abuse, and neglect?

Advisory Boards have the responsibility of asking the Board of Directors and leaders of programs that will define the programs and allow them to run well. Advisory Boards are valuable because of their role of asking questions about the nature of the problem, different views on what causes the problem, the current

solutions, and potential solutions that are applicable various types of organizations – from Supervised Visitation to Human Subjects Research.



Creating Conditions for Successful Visitation Programs

Defining and Shaping Relationships With:

- Courts
- Advocacy programs
- Batterer intervention programs
- Mental health programs
- Adult educational programs
- Police/law enforcement
- Prevention Programs

Advisory Boards are made up of integral members of the organizations listed above. Therefore, Advisory Boards are uniquely situated to create relationships between the program they advise and these organizations. This ability allows for an expansion of the program's networking system.

A Note About Prevention

An Advisory Board can help a Supervised Visitation program to consider its role in the prevention of child abuse. Advisory Boards can work to prevent abuse before families require supervised visitation programs as well as in these programs. Because Advisory Boards do not have the day-to-day responsibilities that programs hold, they have the flexibility and lack of restrictions to have future-oriented thinking and create preventative measures in addition to responding to current problems.

Through education in the form of posters, newsletters, and other media, programs can help individuals, especially parents, become non-violent, learn about, and care for their children. Alongside education initiatives, Advisory Boards can create action-based prevention strategies. These strategies enable members of the community to take part in stopping child abuse. An example of this type of strategy is community-building through offering to help parents who experience isolation and excessive amounts of stress. A, Advisory Board, has a unique ability to hone in on how to prevent and lessen the issues that the programs work to eliminate.



Significance of Advisory Boards

Advisory Boards can provide credibility to the efforts of an organization because people in different fields who are experts on the focus of an organization's efforts

lend their perspectives to one project. Advisory Boards "assist with the creation of those standards and procedures" that direct a supervised visitation program, as well as the standards and procedures for any program with an Advisory Board. Advisory Boards demonstrate "the importance of a collaborative process and community leadership."

Advisory Boards can help define the role of supervised visitation programs. "Protecting children is a goal that we can all understand, but whose job is it to make sure that the abuser gets to treatment? We find that we are hoping that the court tells us, when they refer, what they want us to do, while (at the same time) the court is expecting us to figure that out and tell them." And what are the various roles of visitation centers?" and to discover common themes that will help the organizations have structure for their mission statements and definitions of their roles." Advisory Boards assist programs to define their purposes and roles. Advisory Boards can clarify the responsibilities of an organization rather than passing blame, so each organization or system will have a clarified knowledge of its responsibilities. Through many different perspectives, an Advisory Board can have the unique vision with which an organization can create a relevant and successful program.



Online Resources

1. Fieldstone Alliance

Publishing and consulting organization that focuses on nonprofit organizational development. Excellent resources on strategic planning, collaboration, community organization, resource development and more. Formally part of the Amherst Wilder Foundation, Inc., St. Paul, MN. <http://www.fieldstonealliance.org/>

2. Minnesota Rural Project for Women and Child Safety: Collaborating for Woman and Child Safety.
3. Hagemester, Nakajima, Beeman, Edleson, & Baker. This is a training manual. Chapter 6 is particularly helpful in providing guidance in developing a collaborative effort.
<http://www.mincava.umn.edu/rural/documents/cwcs/cwcs.html>
4. Society for Nonprofit Organizations
5820 Canton Center Road, Suite 165, Canton, MI 48187
Ph: (734) 451-3582,
Fax: (734) 451-5935
<http://www.snpo.org>

Criticisms/Disadvantages of Advisory Boards

Keep in mind that an Advisory Board is not a panacea for all of a program's limitations. For example, it does not have the same responsibility as a governing board. Unlike Boards of Directors, Advisory Boards do not have hiring or firing power within the organization, they are not responsible for all organizational planning, they can't ensure that an organization has adequate resources to meet its stated mission, and they may not have power over the organization's services or legal powers. In addition:

- Advisory Boards are often viewed as auxiliary, or as "window-dressing." Willing(ness of Supervised Visitation Programs) to listen to the concerns of the Advisory Board and to obtain feedback from its members may be a requirement for an effective Advisory Board.
- Resources allocated to the development and management of Advisory Boards tend to be limited and are often the first to be cut from budgets.

- Finally, replacing the autonomy of the individual with the judgment of a community, may not be in the best interests of prospective participants.

Tips for Building a Board and then using it Effectively

Laying the groundwork for developing community ownership and an action plan for any collaborative community effort to address complicated, multi-faceted concerns takes time and effort. The following suggestions were identified by the Wisconsin Consulting Committee to build community partnerships.

1. Creating a “child-focused” project involves many players and systems who share a common understanding of the problem and a common understanding of how to address the problem. Memorandum of Understanding developed and signed by all players can hold the effort together during times of conflict.
2. Work together to define the domestic violence and sexual abuse crimes that will be the focus of the collaboration. Case reviews and cross-trainings can help everyone identify the gaps and create solutions.
3. Consider that the “natural” leaders for collaboration in a community may be already over-extended and need support continue. Also, look for emerging leaders in the community, who with encouragement and support, could assist in the new collaborative effort.
4. When developing a plan of action for community development, categorize the outcomes by short- term, intermediate, and long-term timelines for completion.
5. Identify gaps in resources (information, experience, funds, staff, facilities, partnerships, etc.) that exist. Determine the priorities and how the needed resources will be obtained.

This list, while specific to a Supervised Visitation Program, illustrates the ability of an Advisory Board for any type of organization to define the organization’s focus, identify the areas where solutions are lacking as well as new solutions, provide new community leaders by including community members who are not already in

formal leadership roles, create both short and long term plans, and discover what resources are needed as well as new resources.

If you have questions about building and maintaining a Community Advisory Board, call the Clearinghouse at 850-644-6303.

<https://safehavenonline.org/glossary-of-terms.html#advisory-committee>

http://familyvio.csw.fsu.edu/wpcontent/uploads/2012/FAQ_Developing_a_Program.pdf

Soar Executive Summary, <http://soarinri.org/projects/child-custody-and-visitation>

“The Role of Community Advisory Boards: Involving Communities in the Informed Consent Process” by R. Strauss, S. Sengupta, S.C. Quinn, J. Goepfing, C. Spaulding, S. Kegeles, and G. Millett, Dec. 2001, *American Journal of Public Health* 91 (12) 1938-1943. Retrieved from:

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<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1446908/#r1>.

http://jjcdev.com/~ctf/files/Community_Ownership.pdf.

http://jjcdev.com/~ctf/files/Community_Ownership.pdf.

Cultural Competence and Multiculturalism in Supervised Visitation

Introduction

In this section of the EPress, we will review the importance of cultural competence in supervised visitation, and learn how to become more culturally competent. Put simply, *cultural competence* is the ability, awareness and skills to work effectively with people of different cultures. *Culture* can broadly be defined as the shared values, knowledge, traditions, and beliefs of any group of persons. Groups may be defined by race or ethnicity, religion, socioeconomic status, nationality, sexual orientation, gender, or ability/disability, as well as other characteristics. As a supervised visitation monitor, you will interact with a variety of people from a variety of different backgrounds and cultures. In order to do your job effectively, you must develop cultural competence. This includes being aware of your own perspective, biases and stereotypes; being aware of how you interact with people from other cultures; knowledge about cultures different from your own; as well as the skills necessary to work with people from other cultures.

Key Terms

Ethnicity is a term used to describe belonging to a social group that has a common national or cultural tradition. Ethnicity typically describes sociological factors, such as language, customs, and heritage.

Race refers to a group of people who have similarities in biological characteristics. This does not imply that there are genetic differences between races. Racial categories are often defined by a person's physical appearance (i.e. skin, hair, build, etc).

Racism refers to a pattern of behavior that denies access to opportunities to one racial/cultural group, solely because of race or culture, yet perpetuates access to opportunities and privileges to another racial/cultural group.

Minority groups are those groups of people/cultures who are discriminated against, treated unequally or oppressed because of differences from the “majority” group, or overarching culture.

Individualistic cultures are those in which each member’s focus is themselves and their immediate family. This type of culture often emphasizes personal achievement, rather than group goals.

Collectivistic cultures refer to those cultures that teach common cooperation and emphasize group identity. An individual’s identity is often defined by their group membership in these cultures.

Stereotypes are oversimplified, often negative, generalizations about any person belonging to a specific group or culture.

Prejudices are unfavorable opinions that are formed without basis in knowledge, reason or thought.

Discrimination is the unfair treatment of a person, or persons because of perceived or known membership in a cultural group. Discrimination is the action based on a prejudice belief.

Oppression describes using authority in a cruel or unjust manner, often against a minority group.

Ethnocentrism describes the belief that one’s own ethnic group or culture is superior to all others.

Classism describes prejudice or discrimination in favor of or against a particular social class, or classes.

Multiculturalism describes the ability to preserve different cultures or identities while maintaining one unified body, society or nation. Also known as cultural pluralism, cross-cultural, and intercultural.

Diversity refers to any individual differences in culture, including age, gender, sexual orientation, religion, education level, socioeconomic status, nationality, race, ethnicity, or ability/disability.

Cultural assimilation occurs when a person or group is exposed to a new culture and progressively adopts the new culture's customs and attitudes, while abandoning their original customs and attitudes.

Acculturation occurs when a person or group is exposed to a new culture, yet maintains the integrity of their original culture, while adopting some of the customs and attitudes of the new culture.

Visualization Exercise

Please take a moment to close your eyes and think about the following:

1. Picture your neighborhood. What are your neighbors?
2. Think about your closest co-workers...
3. Who are your closest friends?
4. Think about the last time you looked for a new doctor, dentist, hair stylist, etc...

Now think about how you define yourself. What group(s) and culture(s) do you identify with?

When you thought about the statements and questions above, did you picture people who were like you, or different from you? Do you often interact with people of different races, nationalities, sexual orientations, or religions? How do your friends, co-workers, neighbors and service providers reflect your culture? How are they different from you? Are they different from you?

Key Terms Matching

Please match the key terms on the left with the correct definition on the right.

Key Term Definition	
Ethnicity	unfair treatment of a person or group because of cultural identity
Cultural Competence	any individual differences in culture

Acculturation	belief that one's own culture is superior
Prejudice	when a person or group keeps their original culture, yet embraces components of the new culture
Multiculturalism	cultures that teach common cooperation and group identity
Ethnocentrism	groups of people who are oppressed because of differences from overarching culture
Discrimination	negative opinions formed without logic or reason
Diversity	group with common national or cultural tradition; typically describes sociological factors
Collectivist Cultures	ability, awareness and skills to work well with persons of other cultures
Minority Group	ability to preserve different cultures or identities while maintaining one unified body, society or nation

Cultural Reflection Exercise

1. Pick two cultures different from your own. What were your attitudes and beliefs about these cultures when you were younger? How have your beliefs and attitudes changed? Have they changed? What contributed to the changes?
2. Think about your experiences, your values and your beliefs. How have these been shaped by your culture? Do these values inform how you interact with people who are different from you?
3. Think about the last time you were in a diverse setting (surrounded by many people different from you, and from each other). What were your

feelings about the experience? Did you tend to gravitate toward certain people more than others? What people are you most comfortable around? Which people make you most uncomfortable? Is your discomfort founded on reason? Where does it come from (i.e. past experiences, personal beliefs, family or cultural attitudes)?

4. Have you ever been in a situation where you felt judged, discriminated against or oppressed? What were the circumstances surrounding the experience? What feelings do you associate with it?
5. How you ever been in a situation where you had the power to judge, discriminate or oppress an individual or group? What did you do with that power? How did you act toward the individual or group? Did you try to treat the person, or persons with dignity and respect? What could you change about that experience, if anything?

Best Practices for Cultural Competence

- Be aware of your own cultural attitudes, beliefs and biases. Know what cultures you are comfortable working with and what cultures you need to learn more about to be comfortable with.
- Try not to place parents or children into categories. Avoid stereotyping supervised visitation participants. Don't assume you know anything about their culture. Instead, ask questions.
- Treat all people with dignity and respect, regardless of cultural differences or similarities.
- A monitor should not use derogatory terms when talking about a family they supervise, whether the participants are present or not. Be careful of racial and ethnic slang and slurs. Remember that everyone you encounter is a person. We each have our cultures, but we are people first.
- If you are having trouble providing effective, respectful supervised visitation to any family and you believe it is because of cultural differences/misunderstanding, consult your supervisor about an ethical, productive way to make changes.

- Do not interfere with cultural customs or traditions while providing supervised visitation, unless the child seems uncomfortable, or his/her safety is at risk.
- Language is an important part of culture. A parent may want to interact with their child in a language other than English, and your program may permit this if a translator is available, or the monitor knows the language. But keep in mind that you may miss signs of abuse or be ignorant of a problem if you cannot understand what the parent is saying.
- Certain cultures value the sovereignty and privacy of the family unit. Supervised visitation may be viewed as an intrusion on family privacy, or may be in direct violation of cultural standards. Parents may be frustrated and monitors must respect that, however, the monitor's job is to ensure child safety. Listen to parents and build open communication and respect, but be clear about your primary objectives. Be aware of your negative reactions to parent emotions.
- If you are assigned to a case that includes a culture you have never encountered, or that you have encountered infrequently, it is important to take time to educate yourself about cultural customs and beliefs. Make sure you are attentive to both verbal and nonverbal communications that may not be aligned with your culture. For instance, you may find that it is impolite to shake someone's hand in some cultures, or that eye contact while speaking is considered disrespectful.
- Remember, you may be part of the same culture as a supervised visitation participant. Do not allow this to cloud your professional judgment. Be wary of generalizing your beliefs. The participant may differ from you in ways you do not expect.
- It is possible that a supervised visitation participant may stereotype you because of the culture they believe you belong to. If you believe this is happening, consult your supervisor. Prejudices go both ways and should be addressed, in order to provide the best service possible.

- If you have questions, you can ask the family to teach you about their customs and traditions as you interact with them. This will further your development of cultural competence.
- Cultural competence cannot be developed overnight. It is a continuous process as you encounter people different from yourself! Don't be afraid to ask questions as you learn.

Resources

Corey, G., Corey, M.S., & Callanan, P. (2003). *Issues & Ethics in the Helping Professions*. 6th ed, pp. 108-145.