Children of Immigrants in the Child Welfare System: Characteristics, Risk, and Maltreatment

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Children in immigrant families face a number of risks that may lead to involvement with child welfare agencies. Yet, little is known about their involvement in this system. This study analyzes data from the National Survey of Child and Adolescent Well-Being to identify the characteristics, risk factors, and incidence of maltreatment among children of immigrants involved with the child welfare system, and compares those factors to children in U.S.-born families. Findings indicate that significant differences are present in the type of maltreatment experienced and in exposure to risk. Increased awareness of these differences can facilitate an understanding of the dynamics of risk and maltreatment in immigrant families, as well as the development of culturally competent assessment, intervention, and prevention activities.

IMPLICATIONS FOR PRACTICE

- Despite the lower likelihood of certain risk factors for children in immigrant families, it is important for practitioners to be aware of the unique sources of risk that may be present in immigrant families, including financial challenges, stress resulting from acculturation, and the potential for separation from children when parents are undocumented.

Children in immigrant families are often perceived to be at increased risk of maltreatment due to the unique stresses and pressures experienced by immigrant families as a result of immigration and acculturation (Pine & Drachman, 2005; Segal & Mayadas, 2005). Literature on families' experiences following immigration cites several sources of risk, including financial challenges, loneliness, isolation, language difficulties, and the loss of previously established support systems (Finno, Vidal de Haymes, & Mindell, 2006; Maiter, Stalker, & Alaggia, 2009). Compounding these stressors are legislative initiatives that restrict immigrant families' access to basic safety net services and an increasingly hostile public attitude toward immigrants. The result is not only greater economic instability, but also fear that can drive families already under stress into deeper isolation. Combined with differences in parenting styles and disciplinary techniques (Earner, 2007; Fontes, 2002), these factors may affect the safety and well-being of children in immigrant families, and lead to involvement with child welfare agencies.

Yet, despite these potential risks and the rapid growth of the immigrant population, the actual involvement of children of immigrants in the child welfare system is unknown, as this information is not collected at the state or national levels. As a result, little is known about the characteristics, risk factors, or incidence of maltreatment among children of immigrants who come to the atten-

tion of this system and how these factors may differ from children in families who are native to the United States. This study analyzes data from the National Survey of Child and Adolescent Well-Being (NSCAW) to identify the characteristics, risk factors, and incidence of maltreatment among children of immigrants involved with the child welfare system and compares those factors to children in U.S.-born families. Increased understanding of these issues is necessary to address the needs of immigrant families involved in this system and to respond to the issues that affect the safety, permanency, and well-being of immigrant children and youth.

Sources of Risk for Immigrant Children and Families

Beginning with the migration process, immigrant families experience numerous challenges that may affect their ability to function, meet the needs of their children, and provide for their safety and well-being. For many immigrant families, the migration experience marks a significant life crisis. Although the circumstances leading to migration vary among families, most choose to migrate because the financial, social, or political situation in their own country has left them with no other options (Segal & Mayadas, 2005). Migration often occurs in several phases, resulting in extended periods of separation between children and their parents, as well as between spouses and sibling groups. For undocumented immigrants, the process of entering the United States can be considerably dangerous, with some experiencing violence, robbery, and sexual assault. The stress commonly associated with immigration can result in depression and anxiety, while individuals who experience significant trauma during immigration may develop symptoms of posttraumatic stress disorder (Finno et al., 2006).

Following migration, pressures resulting from acculturation may lead to a variety of challenges for immigrant

families as they navigate a new culture, unfamiliar systems, and often a new language. Acculturative stress results when individuals lack the necessary skills or means to interact and be successful in the new environment (Berry, 2005). Although many of these challenges are tangible (e.g., finding employment, paying bills, accessing education and health care systems), each can produce significant anxiety. Language barriers, lack of employment opportunities, loss of social support, and inadequate financial resources are all factors associated with acculturative stress (Berry, 2005). Undocumented immigrants are likely to experience additional stress, as they live with the ongoing fear of deportation and possible separation from their children, the majority of whom are U.S. citizens (Fortuny, Capps, Simms, & Chaudry, 2009).

Adding to these challenges are differential responses to acculturation within family systems. Differences in acculturation often form the basis for tension between parents who adhere to traditional cultural values and children who are more rapidly exposed to the social norms of the majority culture. Tensions may occur as children experience conflict between parental expectations and the values of the majority culture which emphasize autonomy and independence (Falicov, 2005; Fontes, 2002). Increased parenting stress is common among immigrant parents, who feel they are no longer able to control their children and preserve the closeness of their relationship. As parents struggle to maintain discipline, they may become more harsh and rigid in their attempts to regain authority (Bacallao & Smokowski, 2007).

Among immigrant parents, cultural and financial pressures may result in changes to previously established gender roles and expectations (Coltrane, Parke, & Adams, 2004). These stressors often necessitate women entering the workforce, which may require men to accept additional responsibilities for childcare and housework (Coltrane et al., 2004). This is further compounded when men struggle with unemployment, as this may increase the risk for relationship conflict. Research indicates that outside employment of wives and unemployment of men are both significantly associated with domestic violence among immigrant couples (Aldarondo, Kaufman-Kantor, & Jasinski, 2002).

In addition to these challenges, immigrant children and families experience poor outcomes in a number of factors that may lead to increased risk of involvement with child welfare systems. Working immigrant families are twice as likely as working native families to have incomes below twice the federal poverty level, and overall, 51% of children of immigrants live below the poverty level, compared with 35% of children of U.S.-born parents (Fortuny et al., 2009). Contributing to this, 25% of children of immigrants have parents with less than a high school education, compared to only 8% of native parents, and 61% of children of immigrants have at least one par-

ent with limited English proficiency. Although immigrant families have higher rates of poverty and economic hardship, they are less likely to receive public benefits, and children of immigrants are less likely to have health insurance (Fortuny et al., 2009). These disparities exist largely due to eligibility rules that exclude noncitizen parents, both documented and undocumented, from accessing these benefits.

Literature suggests that immigrant families experience a number of risk factors that may lead to increased risk of child maltreatment and contact with child welfare systems. Yet, little data exists concerning the actual incidence of maltreatment among children of immigrants, or the specific risk factors associated with maltreatment that are present in these families. In this study, data are analyzed to report prevalence estimates of the child and family characteristics, incidence of maltreatment, and parent and family risk factors among children of immigrants involved in child maltreatment investigations. These factors are compared to those in families with U.S.-born parents. Increased knowledge of these issues can facilitate a culturally competent understanding of the dynamics of risk and maltreatment in immigrant families, as well as the development of culturally competent assessment, intervention, and prevention activities.

Methods

Findings are based on data from the National Survey of Child and Adolescent Well-Being (NSCAW), a nationally representative sample of children who were subjects of reports of maltreatment to child protective services (CPS) agencies. NSCAW data were collected under contract from the Administration for Children and Families of the U.S. Department of Health and Human Services, and is the first national study to provide detailed information on the experiences of children and families with the child welfare system. NSCAW consists of 5,501 children randomly selected to participate in the survey, along with their associated caregivers and child welfare caseworkers.

Sample Design

NSCAW employed a two-stage stratified sampling design to produce national population estimates. In the first stage, the United States was divided into nine sampling strata. Eight of these strata corresponded to the states with the largest child welfare caseloads. The ninth stratum consisted of the remaining states and the District of Columbia. Primary sampling units (PSUs), defined as the geographic area containing the population served by a child welfare agency, were selected from within those nine strata. In the second stage, 5,501 children ages birth to 14 were randomly selected from lists of closed investigations or assessments from the sampled areas. Sampling within PSUs was stratified by age, type of maltreatment,

receipt of child welfare services, and placement in out-of-home care. Current analyses are based solely on children who were living with a biological parent at the time of the baseline NSCAW interview ($N = 3,717$), as information is not available on the nativity of parents whose children were in out-of-home care.

Constructs and Indicators

Primary caregiver nativity. The term *primary caregiver* refers to the person with whom children were living at the time of the baseline interview who had the majority of responsibility for their care. The current analyses were restricted to primary caregivers who identified as biological mothers or biological fathers. The nativity of primary caregivers was established through caregiver reports of whether or not they were born in the United States.

Child and caregiver characteristics. The child characteristics examined in this study include (a) age, (b) gender, (c) race, and (d) nativity. Caregiver characteristics include (a) age, (b) gender, (c) marital status, and (d) education level. Child and caregiver characteristics were established through interviews with primary caregivers.

Family and household characteristics. Family and household characteristics examined include (a) household yearly income, (b) family composition, (c) caregiver instability, and (d) language use within the home. Household yearly income was established through primary caregiver reports. Family composition was established from household rosters to determine whether children's biological fathers were present in the household and to identify households in which other adult relatives were present. Language use was established through caregiver reports of the use of languages other than English in the home and caregivers' comfort level speaking English.

Alleged and substantiated maltreatment. Information about the most serious type of alleged maltreatment was obtained from CPS caseworkers using a modified Maltreatment Classification Scale (Manly, Cicchetti, & Barnette, 1994). Maltreatment categories include physical abuse, sexual abuse, emotional abuse, physical neglect (failure to provide), lack of supervision, abandonment, and other maltreatment. The outcome of maltreatment investigations was determined from CPS caseworker reports of the final disposition assigned to the maltreatment investigation. Type of substantiated maltreatment was determined by analyzing the maltreatment type associated with substantiated investigations only ($N = 1224$).

Parent and family risk factors. CPS caseworkers identified parent and family risk factors present at the time of the maltreatment investigation. Risk factors included active alcohol abuse, active drug abuse, serious mental health or emotional problems, intellectual or cognitive impairments, physical impairments, poor parenting skills, active domestic violence, use of excessive discipline, caregiver history of maltreatment, recent history of arrest, low social support, high family stress, and difficulty meeting basic needs.

Analyses

All prevalence rates and statistical tests were weighted to yield estimates for the national population of children who were subjects of reports of maltreatment to CPS agencies. Analysis weights were constructed to adjust for the selection probability of PSUs and for the selection probability of individual children within PSUs. Full details of the NSCAW weight derivation are available in Dowd et al. (2003). The reported prevalence estimates were compiled in Stata® 10 using survey commands to adjust for the two-stage sampling employed in NSCAW. Between-group differences were tested using categorical independence. These tests are based on the Pearson chi-square statistic converted to an F-statistic with non-integer degrees of freedom using a second-order Rao and Scott (1981) correction to account for the complex survey design.

Results

The analyses indicate that children living with a foreign-born parent comprise 8.6% of all children who come to the attention of child welfare agencies. Among these, 82.5% are U.S.–born citizens. More than two thirds (67.2%) of children of immigrants are Hispanic, followed by non-Hispanic White (14.8%), non-Hispanic Black (10.0%), and non-Hispanic Asian (7.5%).

Child and Caregiver Characteristics

Table 1 displays differences in child and caregiver characteristics between children living with immigrant parents and children living with U.S.-born parents. Children of immigrants did not differ significantly from children of U.S.-born parents by age. However, they were significantly more likely to be female than children of U.S.-born parents (57.8% vs. 48.1%). Children of immigrants were more than 4 times as likely to be Hispanic, and 5 times as likely to be Asian compared to children of U.S.-born parents. Caregivers differed significantly by age, with U.S.-born caregivers tending to be younger. U.S.-born caregivers were nearly twice as likely as immigrant caregivers to be under age 30 (45.1% vs. 25.7%), while nearly three fourths (74.4%) of all immigrant parents were over age 30. No significant differences were present in marital status or education level between immigrant parents and U.S.-born parents.

Family and Household Characteristics

Income did not differ significantly between families with U.S.-born parents and families with immigrant parents. However, the majority of children of both U.S.-born and immigrant parents are found in families earning less than $20,000 per year (59.9% of children of U.S.-born

parents and 70.1% of children of immigrants). Children of immigrants were significantly more likely to be living with both their biological father and mother than children of U.S.-born parents. Biological fathers were present in 45.9% of homes with an immigrant parent, compared to only 28.5% of homes with a U.S.-born parent. However, households with a U.S.-born parent were significantly more likely to have a grandparent present (12.3%

TABLE 1. *Child and Caregiver Characteristics*

Characteristics	Total sample % (N = 3717)	Immigrant status		F	sig
		U.S.-born parent % (n = 3366)	Immigrant parent % (n = 351)		
Child					
Age				$F_{(2.11, 174.94)} = 0.30$	ns
0–2	18.0	18.4	14.0		
3–5	21.8	21.7	22.0		
6–10	36.7	36.3	40.5		
11+	23.5	23.5	23.5		
Gender				$F_{(1, 83)} = 3.64$	*
Male	50.9	51.9	42.2		
Female	49.1	48.1	57.8		
Race				$F_{(2.71, 225.11)} = 38.75$	***
Black (non-Hispanic)	26.6	28.5	10.0		
White (non-Hispanic)	47.0	50.7	14.8		
Hispanic	19.3	13.8	67.2		
Asian	2.1	1.5	7.5		
Other	5.0	5.5	0.5		
Nativity				$F_{(1, 83)} = 74.88$	***
U.S.-born	97.32	99.0	82.5		
Foreign-born	2.68	1.0	17.5		
Caregiver					
Age				$F_{(2.15, 178.74)} = 4.97$	**
15–19	3.7	4.0	1.5		
20–29	39.3	41.1	24.2		
30–39	41.4	40.7	47.3		
40+	15.5	14.2	27.1		
Gender				$F_{(1, 83)} = 0.03$	ns
Female	89.9	90.0	89.2		
Male	10.1	10.0	10.8		
Marital status				$F_{(3.17, 263.10)} = 1.82$	ns
Married	28.0	27.3	34.0		
Separated	17.4	16.8	22.4		
Divorced	21.4	21.5	20.1		
Widowed	1.9	1.7	3.8		
Never married	31.4	32.7	19.7		
Education level				$F_{(1.86, 154.65)} = 0.02$	ns
< High school	30.5	30.6	29.6		
High school diploma	45.5	45.5	45.6		
> High school	24.1	24.0	24.8		

Note. Weighted population estimates are shown.
* $p < .05$; ** $p < .01$; *** $p < .001$; ns = not significant at $p < .05$.

TABLE 2. *Family and Household Characteristics*

| | Total sample % ($N = 3717$) | Caregiver nativity | | F | sig |
| | | U.S.-born parent % ($n = 3366$) | Immigrant parent % ($n = 351$) | | |
Characteristics					
Household yearly income				$F_{(3.70, 306.91)} = 1.40$	ns
<$10,000	27.3	27.5	25.7		
$10,000–$19,999	33.7	32.4	44.4		
$20,000–$29,999	16.2	16.6	12.9		
$30,000–$39,999	9.6	9.4	10.6		
$40,000–$49,999	5.3	5.6	1.9		
$50,000 and higher	8.1	8.5	4.6		
Family composition					
Biological father present	30.3	28.5	45.9	$F_{(1, 83)} = 9.00$	**
Grandparent present	11.5	12.3	4.4	$F_{(1, 83)} = 12.93$	***
Other adult relative present	18.6	19.3	15.6	$F_{(1, 83)} = 0.65$	ns
Language use					
Language other than English spoken in home	11.2	6.3	53.6	$F_{(1, 83)} = 116.56$	***
Comfortable speaking English	96.9	98.3	73.1	$F_{(1, 83)} = 42.26$	***

Note. Weighted population estimates are shown.
* $p < .05$; ** $p < .01$; *** $p < .001$; ns = not significant at $p < .05$.

TABLE 3. *Alleged and Substantiated Maltreatment*

| | Total sample % ($N = 3717$) | Caregiver nativity | | F | sig |
| | | U.S.-born parent % ($n = 3366$) | Immigrant parent % ($n = 351$) | | |
Maltreatment factors					
Most serious type of alleged maltreatment					
Physical abuse	27.8	27.0	36.0	$F_{(1, 83)} = 3.12$	ns
Sexual abuse	11.5	10.4	20.7	$F_{(1, 83)} = 6.03$	*
Emotional abuse	7.6	6.2	19.7	$F_{(1, 83)} = 28.77$	***
Physical neglect	19.1	21.0	2.4	$F_{(1, 83)} = 40.66$	***
Lack of supervision	27.2	28.3	17.6	$F_{(1, 83)} = 3.06$	ns
Abandonment	0.5	0.6	0.2	$F_{(1, 83)} = 2.11$	ns
Others	6.1	6.4	3.4	$F_{(1, 83)} = 1.22$	ns
Investigation outcome				$F_{(1, 83)} = 0.02$	ns
Substantiated	22.1	22.0	22.7		
Not substantiated	77.9	78.0	77.3		
Substantiated maltreatment	($n = 1224$)	($n = 1122$)	($n = 102$)		
Physical abuse	26.3	25.6	32.3	$F_{(1, 83)} = 0.81$	ns
Sexual abuse	12.5	12.1	15.8	$F_{(1, 83)} = 0.19$	ns
Emotional abuse	12.6	11.1	25.1	$F_{(1, 83)} = 4.30$	*
Physical neglect	14.8	16.4	2.1	$F_{(1, 83)} = 23.16$	***
Lack of supervision	26.4	27.0	21.4	$F_{(1, 83)} = 0.25$	ns
Abandonment	0.7	0.7	0.7	$F_{(1, 83)} = 0.01$	ns
Others	6.6	7.1	2.7	$F_{(1, 83)} = 1.86$	ns

Note. Weighted population estimates are shown.
* $p < .05$; ** $p < .01$; *** $p < .001$; ns = not significant at $p < .05$.

vs. 4.4%). Children of immigrants were significantly more likely to live in a household where a language other than English is spoken (53.6% vs. 6.3%). Immigrant parents were significantly more likely to report being uncomfortable speaking English than U.S.-born parents (26.9% vs. 1.7%). A summary of family and household characteristics is included in Table 2.

Alleged and Substantiated Maltreatment

Alleged maltreatment. There were significant differences in the types of alleged maltreatment that brought children of immigrants to the attention of the child welfare system compared to children of U.S.-born parents. Children of immigrants were nearly twice as likely to be subjects of a report of alleged sexual abuse than children of U.S.-born parents (20.7% vs. 10.4%), and more than three times as likely to be subjects of a report of alleged emotional abuse (19.7% vs. 6.2%). However, children of U.S.-born parents were significantly more likely to be subjects of a report of alleged physical neglect than children of immigrants (21.0% vs. 2.4%).

Substantiated maltreatment. There was no significant difference in the overall rate of substantiated maltreatment between children of immigrants and children of U.S.-born parents. However, significant differences were present in the types of substantiated maltreatment. Children of immigrants were more than twice as likely to be confirmed as victims of emotional abuse, compared to children of U.S.-born parents (25.1% to 11.1%), while chil-

dren of U.S.-born parents were significantly more likely to be confirmed as victims of physical neglect (16.4% to 2.1%). Although children of immigrants were significantly more likely than children of U.S.-born parents to be subjects of reports with allegations of sexual abuse, there was no significant difference between children of immigrants and children of U.S.-born parents in the rates of confirmed sexual abuse following a maltreatment investigation. A summary of alleged and substantiated maltreatment is included in Table 3.

Parent and Family Risk Factors

For each of the risk factors, as identified by caseworkers, in which significant differences were present, those risk factors were more prevalent in homes with U.S.-born parents than in homes with immigrant parents. Active alcohol abuse and active drug abuse were each 3 times more prevalent in households with U.S.-born parents than in households with immigrant parents. U.S.-born parents were also significantly more likely to have an intellectual or cognitive impairment (6.4% vs. 2.0%), a physical impairment (5.3% vs. 1.0%), or a recent history of arrest (33.1% vs. 13.0%). A summary of parent and family risk factors is included in Table 4.

Discussion

Immigrant children and families present the child welfare system with unique challenges to service provision.

TABLE 4. *Parent and Family Risk Factors*

Risk factors	Total sample % (N = 3717)	Caregiver nativity		F	sig
		U.S.-born parent % (n = 3366)	Immigrant parent % (n = 351)		
Parent and family risk factors					
Active alcohol abuse	5.7	6.1	2.0	$F_{(1, 83)} = 5.43$	*
Active drug abuse	12.4	13.3	4.3	$F_{(1, 83)} = 8.02$	**
Serious mental health or emotional problem	12.9	13.3	9.3	$F_{(1, 83)} = 1.00$	ns
Intellectual/cognitive impairment	6.0	6.4	2.0	$F_{(1, 83)} = 3.89$	*
Physical impairment	4.8	5.3	1.0	$F_{(1, 83)} = 4.49$	*
Poor parenting skills	27.4	27.7	24.7	$F_{(1, 83)} = 0.22$	ns
Active domestic violence	12.3	12.2	13.2	$F_{(1, 83)} = 0.14$	ns
Use of excessive discipline	20.4	20.0	24.0	$F_{(1, 83)} = 0.87$	ns
History of maltreatment (of caregiver)	19.6	19.7	18.4	$F_{(1, 83)} = 0.10$	ns
Recent history of arrest	31.0	33.1	13.0	$F_{(1, 83)} = 21.44$	***
Low social support	27.9	27.6	30.5	$F_{(1, 83)} = 6.35$	ns
High family stress	49.7	50.5	43.3	$F_{(1, 83)} = 0.37$	ns
Difficulty meeting basic needs	21.4	21.9	17.1	$F_{(1, 83)} = 0.70$	ns
Any risk factor	91.4	91.6	89.3	$F_{(1, 83)} = 0.41$	ns
Mean risk factors (SE)	2.60	2.86	2.12	$t = 2.38$	*

Note. Weighted population estimates are shown.
* $p < .05$; ** $p < .01$; *** $p < .001$; ns = not significant at $p < .05$.

Yet due to lack of comparative data, it has been difficult to understand how the characteristics of these families are similar to or different from those of nonimmigrant families involved with this system. This knowledge is important to not only provide more effective services and promote positive outcomes for immigrant children, but also to better understand the specific risks that affect immigrant families and plan prevention efforts. Researchers and practitioners alike have speculated that children of immigrants may present to child welfare systems as more vulnerable and with greater risk factors than children of U.S.-born parents. However, this study indicates that children of immigrants are considerably underrepresented among children who present to the child welfare system, as they represent only 8.6% of children involved with this system compared to 23.0% of the child population in the United States.

Further, although immigrant families may face a number of risks due to their experiences with immigration and acculturation, these findings indicate that certain risk factors associated with maltreatment are more likely to be present in families with U.S.-born parents. Specifically, U.S.-born parents are 3 times more likely to be actively abusing alcohol or drugs than immigrant parents and are significantly more likely to have recent histories of arrests. It is also important to note the lack of significant differences in the prevalence of several risk factors often associated with immigrant families, including the use of excessive discipline, active domestic violence, low social support, and difficulty meeting basic needs. These results may be explained by a number of strengths that are embedded within many immigrant families. For many immigrants, the desire for a better life for their children that is associated with their reasons for migration may be a powerful strength and motivating factor that may buffer against the risks associated with immigration and acculturation. Immigrant families' culture and connections to their countries of origin may also be important protective factors. Although learning to function in a new culture may be a source of stress for many immigrants, adherence to cultural values and beliefs is a significant source of strength that allows individuals to maintain flexibility in the face of a changing environment (Falicov, 2005). Finally, immigration status may act as a social control agent, particularly for the undocumented, as an arrest can result in deportation and separation from their children. Even for those with legal status, an arrest or involvement with criminal activity can result in losing legal permanent residency.

Concerning the incidence of maltreatment, findings indicate that children of immigrants are no more likely to be subjects of a substantiated maltreatment investigation than children of U.S.-born parents. However, considerable differences were found in the types of substantiated maltreatment, with children of immigrants more than twice as likely to experience emotional abuse. This finding is difficult to interpret as statutory definitions of emotional abuse vary widely across states (Hamarman, Pope, & Czaja, 2002), and the data available do not provide information on the behaviors associated with these allegations. However, it is possible that cultural differences in parenting styles or expectations contribute to this finding, as immigrant parents may have developmental expectations of their children that fall outside the norms of U.S. culture. For example, studies indicate that children in Mexican immigrant families have significant responsibilities, including conducting basic household tasks, caring for younger siblings, and providing financial support (Orellana, 2001; Orellana, Dorner, & Pulido, 2003), which may be viewed as contributing to a "parentified child" and emotionally harmful. As evidence of this, Jambunathan, Burts, and Pierce (2000) found that immigrant mothers were significantly more likely than U.S.-born mothers to be identified as having "inappropriate developmental expectations" of their children when rated on a measure normed on U.S.-born adults to identify parents at risk for abuse or neglect.

Although children in immigrant families are more likely to experience emotional abuse, they are nearly eight times less likely to experience physical neglect. This is particularly interesting given the lack of significant differences in income levels between immigrant and U.S.-born families. However, this may be explained by the previously mentioned strengths present in many immigrant families, as well as lower rates of substance use and intellectual and/or physical impairments, as well as a combination of these factors.

Finally, although there were no significant differences between children of immigrants and children of U.S.-born parents in rates of substantiated sexual abuse, children of immigrants were significantly more likely to be involved in cases with allegations of sexual abuse. It is difficult to draw conclusions regarding this finding, as allegations of maltreatment are often unfounded and no significant differences in rates of confirmed sexual abuse were present following an investigation to determine whether the abuse had indeed occurred. Thus, this finding cannot be interpreted to suggest that children of immigrants are at any greater risk of sexual abuse in the absence of additional evidence of substantiated differences. However, this finding may warrant further investigation to identify the source of these reports and other differences that may contribute to the observed differences in allegations.

Implications of Findings

The findings in this study represent the first national data available concerning the involvement of children of immigrants in the child welfare system. They also dispel some of the prevalent perceptions concerning the risk of

maltreatment in immigrant families and suggest that immigrant families may have a number of strengths that can be used to facilitate positive outcomes. These may include their reasons for migration, their desire for improving their children's circumstances, and the presence of extended family who can be included in service planning as additional supports. However, although these strengths may mitigate risk in some cases, it is important that practitioners clearly assess the risk factors that are present within immigrant families. To do so, practitioners need to understand the unique challenges faced by immigrant children and families resulting from immigration and acculturation, and how those challenges may have contributed to their involvement with the child welfare system. Further, child welfare practitioners need to assess for additional risks that may be present in families with undocumented members, including the possibility of separation from their children. In these situations, caseworkers may need to assist families in making guardianship plans for children should one or both parents be detained by immigration control officials.

In addition to understanding their unique needs and strengths, it is important for practitioners to understand how public policies may affect immigrant families' abilities to meet the needs of their children. Many of the problems affecting immigrant families originate outside of the family and are instead located in the social and economic dynamics of globalization and transnational migration that have led to the development of anti-immigrant policies at the state and federal levels. These policies have decreased many of the supportive programs previously available to vulnerable immigrant families and are likely to have a considerable effect on the services available to immigrant families upon contact with child welfare systems. In cases where these supportive services are necessary to achieve case goals, immigrant families may be at a considerable disadvantage. These structural disadvantages need to be considered by child welfare agencies, and efforts should be made to collaborate with other community organizations to facilitate access and remove barriers to needed support services.

Findings suggest that child welfare agencies need to address the issue of emotional abuse within immigrant families and provide information on how to prevent it. However, in the absence of more detailed information on the behaviors or treatment that is being identified as emotionally abusive, it is difficult to develop programs or services to address this issue. Additional research is needed to understand this issue and to develop appropriate recommendations. However, child welfare agencies should be aware of the potential for increased risk of emotional abuse within immigrant families and conduct assessments that adequately explore for this risk. At the same time, child welfare agencies need to ensure that staff recognize the cultural differences that may be present in immigrant families and ensure that culturally appropriate, non-harmful behavior is not mistaken for abuse.

Finally, although these findings indicate that children of immigrants are considerably underrepresented among children who come to the attention of child welfare systems, it is important to consider other reasons that may lead to this underrepresentation. Lack of involvement with child welfare agencies is not necessarily indicative of greater family functioning. Rather, it may be an indicator of deepening social isolation, avoidance of social service systems, lack of enrollment in school, or lack of access to service providers.

Limitations

These findings are among the most reliable data available on children of immigrants and their families who come to the attention of the child welfare system. However, there are several important limitations. First, although these analyses sought to identify differences between children with immigrant parents and children with U.S.-born parents, we were unable to identify differences within immigrant families related to immigration status (i.e., whether a parent has legal status in the United States), as this variable was not collected in NSCAW. Second, the reliability and validity of caseworker reports of parent and family risk factors have not been established, and the correspondence between parents' self-report on these variables and caseworker assessments has not been examined. However, it is the caseworker's perception of risk that guides decision making, and as such, the measures of risk used in this study provide valuable information. Future studies can address these limitations by collecting additional measures.

Conclusion

Given the rapid growth of the immigrant population in the United States, it is important that child welfare agencies and staff recognize their unique characteristics, risks, and service needs. Further research is needed to better understand this population within the child welfare system, and to identify practices that are successful in achieving positive outcomes for immigrant children and families—both those who come to the attention of child welfare agencies and those in need of preventive services. Yet the expansion of this body of knowledge is limited due to the lack of data collected and reported by child welfare systems. Policies are needed that address the safe collection and storage of this data. Failure to discern the differences between immigrant and nonimmigrant families promotes a one-size-fits-all model of service provision that is not consistent with family-centered models of child welfare practice that promote the identification of unique circumstances and needs. The findings reported in this study represent the first steps

in identifying and understanding immigrant children and families who come to the attention of the child welfare system. Yet, additional work is needed to facilitate a better understanding of this unique population to enhance service provision.

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