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Supporting Latino Families Vulnerable to Child Welfare Involvement

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Abstract

Supporting Latino Families Vulnerable to Child Welfare Involvement

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Background: Latino families with young children are the fastest growing group in the public child welfare system, yet a limited amount of research focuses on understanding their parenting context. This makes research understanding the context of parenting and possible predictors of nurturing parenting a central concern for child welfare researchers. A clear picture of who these families are, and how they are faring, is critical to illuminate potentially modifiable areas for interventions and prevention of future child welfare involvement. **Objectives:** (1) Estimate hypothesized group differences of sociodemographic characteristics and maltreatment risk and protective factors, stratified by race (Black, White, and Latina) and Latina country of origin (Mexican, Puerto Rican, and other origin) among Latinas who have been the subject of a child welfare investigation. (2) Explore possible predictors of nurturing parenting among Latina mothers drawn from variables of within group difference and micro, mezzo, and macro contexts. **Methods:** Data are taken from the National Survey on Child and Adolescent Well-being II – Restricted Release (NSCAW-II), a national probability sample of families who were investigated for possible maltreatment between February 2008 and April 2009 in 83 counties nationwide. The

study analysis was restricted to mothers of children between 0 and 5 years old who remained in their biological mother's care (n = 1,836). **Results:** Bivariate results examining sociodemographic and maltreatment risk factors demonstrate heterogeneity when Latina mothers were examined by country of origin. Puerto Rican mothers have significantly higher risk factor rates when compared to Mexican and other origin mothers – which was often obscured when Latinas were examined homogenously due to the larger percentage of Mexican mothers in the sample. **Conclusion:** Results from this study bring to light within group heterogeneity among these Latina mothers which was obscured by examining Latinas in aggregate. This study furthers our understanding of racial and ethnic differences among Latinas with vulnerability to child-welfare involvement in a contextually and culturally responsive manner.

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Becoming a mother was the most life changing experience I have ever had. It changed my view of the world, of myself, of the parents and families that I worked with clinically, and of my scholarly work. It also shifted how I saw my own parents and their influences on me. My parents sacrificed more than I think I could imagine, and can only appreciate now that I have my own children. Not only in childhood, but throughout my adult life - their unwavering belief that I was capable of succeeding, good enough, and their continuous pride in me, carried me through all the moments in my life when I lost faith in myself.

My mom and dad, while moving through their own challenges and obstacles, worked hard to raise me and my brothers in a way that emphasized several things: (1) familia es importante, (2) education is critical, (3) stand up to bullies and protect those that can't protect themselves, and (4) social justice is a long hard fight – but unquestionably worth it. These values have shaped every choice I have made as an adult. These values drove my head first dive into the social work profession, my engagement is social activism, my absolute conviction that I would get my MSW, and my tenacity to achieve my PhD. My foundation was strong.

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DEDICATION

For my brothers – I'm finally done – can you even believe it?

For my daughters - this work has been almost as much of your childhood so far, as I have. I started this for me, but I finished for you. You are smart, strong, and capable of anything you might dream of. I love you.

CHAPTER 1: INTRODUCTION

Young Latino children represent the fastest growing population within the child welfare system (U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, & Children's Bureau, 2002, 2011). At the time of referral and substantiation, Latino children are younger than non-Latino children (Alzate & Rosenthal, 2009). Despite the growing need to better understand Latino families, many social workers and other professionals who work with families vulnerable to child welfare system involvement are not familiar with this population and may not be experienced with culturally informed practice. Furthermore, limited research has examined the needs, experiences, and contexts of parenting for this population – which is alarming given the high stakes nature of child welfare system involvement, which can lead to temporary or permanent loss of custody. Of substantiated cases, Latino children younger than 5 years old have the greatest risk of being removed from their parents care when compared with non-Latino same-age groups (Alzate & Rosenthal, 2009). This dissertation seeks to illuminate the sociodemographic characteristics, risk and protective factors associated with maltreatment, and factors influencing nurturing parenting within Latino families with the goal of providing a contextual framework through which social workers who work on the behalf of these families can understand them.

In the social work profession, being Latino is generally conceptualized as a static, dichotomous construct (Alegria et al., 2004). This is then the main organizing factor for assumptions that are made about engagement, assessment, and intervention strategies. The category “Latino” is a proxy used to capture a set of lived experiences that assumes “good enough” coverage of within-group “sameness” (Alegria et al., 2004). In reality this ethnicity construct, which is portrayed as an either/or dichotomy, actually represents a whole host of

diverse groups and populations. While sharing some characteristics, such as having historically originated from countries that share the Spanish language, Latinos in the United States have multiple areas of heterogeneity or *within-group*¹ differences (González, 2011).

Many of the overarching theories and assumptions of parenting in the United States have at their foundation research that originally capitalized on homogenous samples of mostly white middle-class families (Garcia Coll & Meyer, 1993; Lancy, 2007). These traditional theories and assumptions serve as a barometer for understanding parenting behavior and risk assessment for social workers (Ansary & Perkins, 2001; Mennen & O'Keefe, 2005). Potential differences not only in the context of parenting but also in the predictors for nurturing parenting have significant implications for child welfare involved families due to the vulnerable position that families who come into contact with the child welfare system are in and the racial and ethnic disparities related to system involvement. Thus, the purpose of this dissertation is to explore the following: (1) potential differences in the context (parent demographics, culture: Latina variables of within-group difference between Puerto Rican and Mexican mothers, macro system: child welfare system parenting concerns, mezzo system: support and economic resources, and micro system: individual caregiver risk factors and parenting behaviors) of parenting for mothers vulnerable to child welfare involvement across race (Latina, Black, and White), then for Latina mothers, within-group differences by country of origin (Mexico, Puerto Rico, and other); and (2) possible predictors for nurturing parenting among Latina mothers, accounting for variables of within-group differences (language spoken in the home, number of years in the United States, immigrant and documentation status).

¹ I will use the term *within-group* to denote differences that exist among Latino subgroups.

In this dissertation, my primary aims are to begin illuminating the sociodemographic context of parenting for Latina mothers with young children who encounter the child welfare system and to examine possible predictors for nurturing parenting. I used a quantitative methodological approach to conduct secondary data analyses using the restricted release version of the National Survey on Child and Adolescent Well-being II (NSCAW-II), a nationally representative sample of child welfare involved families. Analyses examine sociodemographic factors; parenting supports; several domains of within-group difference such as country of origin, number of years in the United States, and language spoken in the home; and multi-level risk factors among Mexican, Puerto Rican, and other Latina country of origin mothers with children up to 5 years old.

Theoretical Framework

This dissertation is informed by the Latino Parenting Framework (Rodriguez-JenKins, 2014), which specifically highlights the complex facets that impact parenting young children in a contextualized framework. The Latino Parenting Framework (Rodriguez-JenKins, 2014) is a heuristic model that proposes that parenting beliefs and practices are reciprocally influenced by a family's culture and environment, and are dependent on the child's developmental stage. Building on Quinlan and Quinlan's (2007) ecological environmental risk framework and Harwood and colleagues' (2002) suggested considerations for understanding within-group differences of Latino families in the United States, this framework highlights the importance of accounting for multiple facets of culture and environment when engaging in parenting research. Thus, if environmental risk is present, regardless of prior beliefs, parents will shift their parenting approach if they do not believe that they can successfully meet their child's needs

within their prior framework. For example, a recently immigrated family, who identified a previous cultural value of community and who, in their home country, allowed their young children freedom to roam while trusting their community to watch their children might significantly change this approach when moving to a neighborhood in the United States that they perceive as unsafe; rather than letting their young children wander, they make the choice to keep the children at home close to the parents at all times.

This framing is further expanded to understand the ways in which culture and parenting are constantly renegotiated based on environmental circumstances, recognizing that environmental circumstances are often a result of institutional and structural inequalities. The Latino Parenting Framework posits that the term “culture” is often used in research as a proxy for social and environmental factors (Rodriguez-JenKins, 2014). As such, culture should be accounted for by more than broad racial terms such as Latino or not Latino. In this dissertation, I draw on this heuristic model to inform the sociodemographics and variables that may predict nurturing parenting as they relate to parenting young Latino children engaged in the child welfare system. For Latino families, this means research must include relevant cultural variables that influence this group’s contextual experiences within the United States, such as country of origin, reasons for arrival in the United States, which may include war and trauma, immigration status, and language spoken in addition to the current sociopolitical climate.

Context of Child Welfare Involvement

The child welfare system affects parenting in a way that is uniquely different from any other contextual challenges a family may face. Because families who have encountered the child welfare system are the focus of this study, this research must account for what this system involvement poses for families. Families where children have been placed in out-of-home care

have been found to have higher rates of risk factors, fewer financial and social resources, and differences in other demographic characteristics when compared to families whose children remain in the home (Marcenko, Lyons, & Courtney, 2011). Given these differences, and the focus of this dissertation to examine contextual circumstances surrounding parenting it is important that analyses account for whether children have remained in their parents care or removed to an out-of-home placement. Furthermore, when children were placed out-of-home, the NSCAW II survey primarily interviewed foster parents or kin caregivers thereby not capturing the contexts of parenting for these families. This limits this dissertation sample to mothers whose children remained in the home.

Background and Significance

Latino Infants and the Child Welfare System

Research examining young Latino children involved in the child welfare system has not been well developed. This is unfortunate given that evidence surfacing thus far suggests that this population experiences complex disparities within the child welfare system. Data collected between 2002 and 2010 by the U.S. Department of Health and Human Services indicate that young Latino children are the largest growing proportion of substantiated child welfare cases (U.S. Department of Health and Human Services et al., 2002, 2011). Of substantiated cases, among all racial categories, Latino children under 5 years of age have the greatest risk of being removed from their parents care (Alzate & Rosenthal, 2009). Latino children tend to be younger than non-Latino children at the time of referral and substantiation. Fifty percent of all Latino children placed in out-of-home care nationally have been between birth and 2 years old, whereas only 24% of all non-Latino children in the same age group have been placed in out-of-home care (Alzate & Rosenthal, 2009).

It is widely accepted that very young children are the most vulnerable population within the child welfare system with respect to their physical safety, social and emotional well-being, and developmental trajectory. “Early experiences matter” is a general mantra for early childhood health specialists, and experiences of maltreatment and trauma during this early period in life can have lasting consequences (Jones Harden, 2007; Wulczyn, Barth, Yuan, Jones Harden, & Landsverk, 2005). Infants placed in out-of-home care, regardless of ethnicity, have been found to be involved in the child welfare system longer than older children (Wulczyn & Hislop, 2002) and are less likely to reunify with their parents (Courtney, 1994; Shaw, 2010). However, for Latino families with young children, research examining factors that might impact parenting remains limited, with a primary focus on Latinos as an aggregate group.

Latino children experience greater cumulative risk within the child welfare system from their disproportional experiences of out-of-home placement to subsequent risk due to increased time within the system and poor odds of reunification based on age (Alzate & Rosenthal, 2009; Wulczyn & Hislop, 2002). Because promoting nurturing parenting is a key component for supporting child welfare involved families, researchers and practitioners need to understand Latino parenting, including the context in which the parenting exists, more clearly by taking into account relevant cultural and environmental factors.

Nurturing Parenting

Generally, scholars agree that nurturing parenting provided to young children is foundational for positive developmental outcomes. Nurturing parenting, characterized by warmth, responsiveness, and sensitivity leads to positive relationships between parents and their children (Bretherton & Munholland, 2008; Planalp & Braungart-Rieker, 2013). For young children, caregivers function as external regulators for their child’s experiences of emotions and

facilitators of their basic needs being met (e.g., sleep, wake, and hunger) that progressively transitions to the child as they grow and develop (Hofer, 1995; Kopp, 1982). Nurturing parenting has generally been found to predict prosocial development in children (Bornstein, Tamis-LeMonda, Hahn, & Haynes, 2008; Davidov & Grusec, 2006), emotional self-regulation (Schunk & Zimmerman, 1997), and decreased externalizing problems (Lahey et al., 2008). In contrast, parents with negative parenting approaches characterized by diminished warmth and rejection may foster internalizing and externalizing mental health problems in children (Siqueland & Kendall, 1996). Understanding the context for parenting and the factors that may reinforce or undermine nurturing parenting is of particular importance for assisting families at risk of child welfare involvement due to the high rates of parenting and family risk factors.

Addressing Gaps in the Literature

Although a substantial body of literature has addressed young children involved in the child welfare system, gaps exist in our knowledge of the sociodemographic characteristics, maltreatment risk factors, and predictors of nurturing parenting specifically relevant for Latino families. This dissertation contributes to the child welfare literature by bringing a contextual framework to the study of parenting in order to provide a clearer picture of who these families are and what risk or protective factors may be uniquely affecting their parenting. Findings from these analyses will inform practice, research, and policy-making for diverse Latino families within the child welfare system – providing information that could be used to develop targeted parenting interventions relevant to the contextualized experiences of these families. Thus, the following research questions guide this study:

- 1a. For Latino mothers in aggregate: What are the parent demographics (age, education, marriage status, employment status, poverty, child age, number of

- children); variables of within-group difference (immigrant status, years in the United States, documentation status, language spoken in the home); micro factors (intimate partner violence, depression, substance use, physical health, caregiver discipline); mezzo factors (economic hardship, economic resources, social support); and macro factors (caseworker concerns about parenting-related risk factors, maltreatment substantiation)?
- 1b. For Latina mothers stratified by country of origin (Mexico, Puerto Rico, and other Latino counties): What are the same demographics, variables, and factors listed in 1a above?
 2. What factors contribute to nurturing parenting for Latina mothers with young children involved in the child welfare system, controlling for parent demographics (age, married, employed), variables of within-group difference (immigrant status, more than 20 years in the United States, documentation status, language spoken in the home), micro factors (IPV, depression, about average physical health, non-violent parenting), mezzo factors (family is getting by, receives WIC, receives SNAP, receives cash services, social support), and Macro factors (maltreatment substantiation; see Figure 1)?

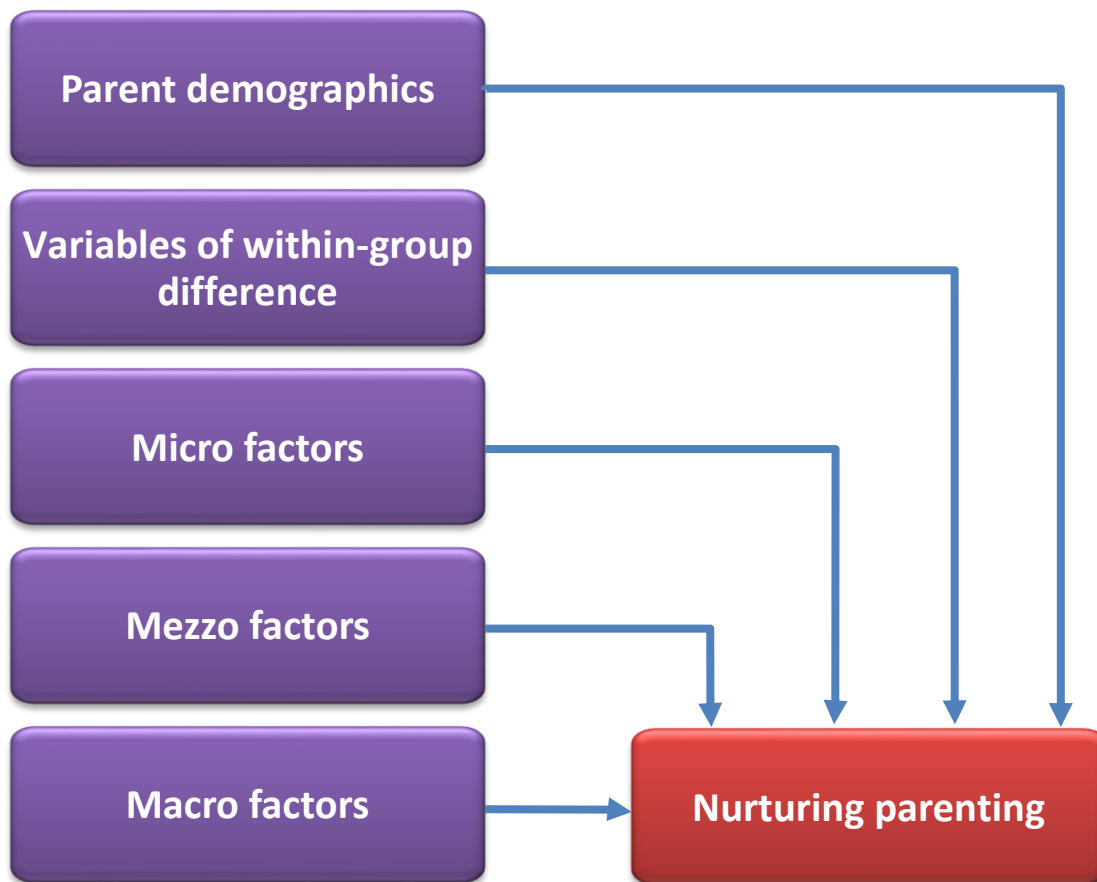


Figure 1. Influences on nurturing parenting

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CHAPTER 2: REVIEW OF THE LITERATURE

The purpose of this dissertation is to explore the socio-environmental context of parenting for Latina mothers of young children vulnerable to child welfare system involvement and to examine possible predictors of their nurturing parenting. The parenting context for Latino families who encounter the child welfare system is conceptualized as a series of multi-level factors (macro, mezzo, and micro; see Figure 2) that either support or undermine these families' well-being. The *macro level* includes the structural and institutional inequalities within the child welfare system itself and those that exist within society for Latino families who become involved in the system. Interpersonal factors make up the *mezzo level* of influence and include financial hardship, economic resources, and social support. Lastly, *micro level* factors include individual risk factors such as intimate partner violence (IPV), depression, substance use, and disciplinary strategies. Furthermore, in addition to the micro, mezzo, and macro systems, an overlay of cultural factors, often operationalized as acculturation, provides a filter for understanding parenting within this population.

This chapter provides an overview of the child welfare literature regarding the experiences of Latino families, with a specific focus on parenting. I begin with a discussion of the larger macro environments relevant to child welfare involved families, followed by an examination of the parenting literature regarding mezzo factors such as poverty, physical environment, and social support. Next, I examine the role of micro factors including parenting, discipline, and maternal risk factors. Lastly, I review the role of culture and acculturation in addition to what is known about the context-specific conditions experienced by Latino families with young children.

Macro Influences

The Child Welfare System

The existence of racial and ethnic disproportionality within the child welfare system is widely agreed upon among child welfare scholars – as is the disparate outcomes that children in early childhood experience in that same system. For Latino families with young children who are vulnerable to this system, a picture of complex cumulative adversity has been uncovered as scholars dissected the contextual experiences that Latinos are faced with in the United States, including high rates of poverty (Lopez & Velasco, 2011), poor access to medical care (Flores & Tomany-Korman, 2008), disparate health outcomes (Vega, Rodriguez, & Gruskin, 2009), and significant educational disparities (Fuller & Kim, 2011).

As the U.S. population of Latinos has increased, so has their presence in the child welfare system (U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, & Children's Bureau, 2002, 2011). Although initially there appeared to be an expected and proportionate increase in child welfare involvement, subsequent research findings indicate that in geographic regions where Latino families have a larger presence in the population they disproportionately account for a higher percentage of child welfare involvement (Hines et al., 2003; Jones, 2006). Researchers have suggested a biased decision making theory - that perhaps this phenomenon is related to the overall perception within a geographic region that Latinos are overrepresented in the general population and so stakeholders (community members, mandated reporters, child welfare workers etc.) implicitly and explicitly make decisions to meet an assumed need or proportion as opposed to actual concrete data around maltreatment (Hines et al., 2003; Jones, 2006). Anti-immigrant

sentiment, discrimination, and racism are likely significant factors driving this biased decision making. However, research into these decision-making processes for Latino families is minimal.

Pathways to Child Welfare Involvement

Scholarly work examining the different pathways that lead Latino families disproportionately to the child welfare system has emphasized the contextual role of cumulative multi-level risk factors caused by structural inequalities and that specifically impact Latino families at higher rates than White families (Garcia, 2009; Hill, 2006; Hines, Lemon, Wyatt, & Merdinger, 2004; Putnam-Hornstein, Needell, King, & Johnson-Motoyama, 2013). Researchers have theorized that individual-level factors (e.g., parent mental health), community-level factors (e.g., disproportionate exposure to community violence), and organizational factors (e.g., reporting and assessment bias) all plausibly contribute to disproportionate representation in the child welfare system (Hill, 2006; Hines et al., 2004). Nevertheless, many scholars hypothesize that the overrepresentation of children from marginalized communities is due to institutional racism rather than actual higher maltreatment rates (Dettlaff, 2014; Hill, 2006; Hines et al., 2004; Ruiz, 2002).

Garcia (2009) presented a framework that integrated these theories and extended the understanding by including issues specific to Latino families' cultural and contextual experiences, such as migration and the individual and social effects of acculturative stressors. In addition to physical (migration, places of residency, place meaning), individual (familial roles, acculturative stressors, risk and protective factors), institutional (organizations clients have direct contact with: e.g., CPS, law enforcement), and socio-political (Personal Responsibility and Work Reconciliation Act, Adoption and Safe Families Act), this frame highlights the importance of

Latino families' subjective experiences. This subjective frame proposes including how parents make meaning and interpret their experiences within these different model elements across time.

Parent's Experiences Navigating the System

The child welfare system is often complex and confusing to the parents who encounter it. The child-centered approach that is commonly used within the various child welfare systems in the United States contrasts with the community and family-centered worldview that many Latino communities hold, leading Latino parents to feel silenced (Ayón & Aisenberg, 2010; Ayón, Aisenberg, & Erera, 2010). These philosophical and cultural differences create a disconnection between the needs and engagement expectations of Latino families, and the reality of institutional limitations, impacting on caseworker-parent relationships negatively (Ayón & Aisenberg, 2010). These relationships are very important as parents attempt to navigate the system, successfully complete services, and reunify with their children.

In addition to the potentially difficult tensions in expectation and worldview between families and caseworkers, Latino parents may experience significant barriers in their access to mandatory child welfare services. Documentation status, lack of health insurance, language barriers, lack of linguistic competency among licensed service providers, transportation barriers, and parents lack of knowledge of the system can create seemingly insurmountable challenges for parents (Ayón, 2009). These obstacles may lead to a variety of problems, including longer wait times to receive services; being served by less experienced and unlicensed practitioners; and having longer commutes to the point of service. Even without added barriers that many Latino families may face, it can be challenging for any family to complete the mandated services that the child welfare system requires and the time constraints imposed (Suleiman, 2004).

Mezzo Influences

Environment

The physical environment, often a result of structural and institutional inequalities, has a profound effect on parents and families. According to data drawn from the 2014 American Community Survey, Latinos experienced poverty at a rate of approximately 24% compared with Whites at 10% and Blacks at 26% (Patten, 2016). Latino children under the age of 18 were found to experience poverty at a rate of 32% (Patten, 2016); this rate doubles (65%) for Latino children who come into contact with the child welfare system (Johnson-Motoyama, Dettlaff, & Finno, 2012). It has been widely documented that children living in poverty are significantly more likely to experience a range of environmental and social inequalities (such as exposure to environmental pollution, community violence, less green space, and inferior educational environments) in comparison with their economically advantaged counterparts (Evans, 2004). Latino families are at disproportionately high risk for exposure to toxic air pollutants, pesticides, industrial chemicals, lead, and mercury (Carter-Pokras, Zambrana, Poppell, Logie, & Guerrero-Preston, 2007).

Living in poverty carries negative effects, particularly in early childhood, on child health and development (Bradley & Corwyn, 2002). Children who experience poverty experience lower academic achievement (Sirin, 2005), poorer physical health (Shonkoff, Boyce, & McEwen, 2009), and increased social-emotional and behavior health problems (Chaudry & Wimer, 2016). For immigrant parents, research examining a sample of Latina mothers (n=71; 77% Mexican origin) has suggested that economic hardship and immigration-related stress were separately correlated with increased internalized and externalized behavior problems in children 3 to 5 years old (Mendoza, Dmitrieva, Perreira, Hurwich-Reiss, & Watamura, 2017). When economic

hardship and immigration stress in combination were high, child behavior problems were greater (Mendoza et al., 2017). Similar to other external phenomena that put pressure on a family unit (see discussion below on maternal risk factors), it would seem that cumulative hardships likely exert stress on the parent, which cascades to affect child well-being.

One mechanism by which poverty affects child well-being may be through the parents' experience of economic stress. Among research studies examining Mexican American parents, family stress – due to unemployment, underemployment, and/or inconsistent employment – has been found to negatively affect parenting practices and parent-child relationships through increased parental depressive symptoms (Barrera et al., 2002; Parke et al., 2004).

Social Support

Social support represents a network of relationships within a family unit and stretches to one's larger community, providing a buffer during adverse life events (Sarason, Sarason, & Pierce, 1990). For parents, this support includes providing respite, parenting knowledge and expectations, and help with decreasing parenting stress (Belsky, 1984). Among Mexican-origin families, maternal perception of social support contributes to positive parenting practices and subsequently improved child well-being (Taylor, Conger, Robins, & Widaman, 2015).

The disproportionate rates of socioeconomic disadvantage found in many Latino groups make the social support of particular importance to this population. In addition to a cultural emphasis on collectivism and social relationships (Harwood, Leyendecker, Carlson, Asencio, & Miller, 2002), Latino families may have to rely heavily on their community because access to and availability of structural and institutional resources are limited. Researchers have suggested this reliance on community support as a contributing factor for the Latino Health Paradox (Campos et al., 2008; Fuentes-Afflick & Lurie, 1997; James, 1993; Sorlie, Backlund, Johnson, &

Rogot, 1993). Latino immigrants must often navigate new, unfamiliar, and at times hostile environments with few socioeconomic resources (Izzo, Weiss, Shanahan, & Rodriguez-Brown, 2000; Prelow, Weaver, Bowman, & Swenson, 2010), thus the social supports are critical.

Micro Influences

Parenting

The federal Child Abuse Prevention and Treatment Act (CAPTA) defines child abuse and neglect as:

Any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse, or exploitation, or an act or failure to act which presents an imminent risk of serious harm. (Child Welfare Information Gateway, 2013, p. 2)

While this is the official definition for maltreatment and therefore “bad parenting” it does not define what type of parenting is considered “good.” Good parenting is arguably something more than meeting the basic needs of a child and not causing harm. It is also rather subjective, since families often define this for themselves based on multiple areas of input, including their experiences of being parented, the specific needs of their children, the societal pressures they experience, their cultural and personal values, and their hopes and dreams for their children.

For young children, infant and early childhood scholars and practitioners generally agree that the basic characteristic of good parenting is nurturance. This construct includes warmth, an attunement and responsiveness to their child’s needs, and sensitivity to their child’s distress in addition to the concrete needs of shelter, food, and safety (Combs-Orme, Wilson, Cain, Page, & Kirby, 2003; Zeanah & Zeanah, 2009).

Within the context of families who come to the attention of the child welfare system, good parenting is a key construct. Understanding what good parenting looks like is crucial, given that a primary goal of the child welfare system is to achieve permanency for the child. Although child welfare practice is dictated by risk assessments and empirical guidelines for good enough parenting (Maluccio, 2000), a question remains about the subjectivity of the construct and whether a good enough parenting framework is distinct from a nurturing parenting framework. Combs-Orme and colleagues (2003) identified sustenance, supervision/safety, stimulation, support and affection, and structure as the five essential aspects for parenting young children. The child welfare system, on the other hand, primarily concerns itself with parenting behaviors that pose a risk of imminent harm to the child.

A meta-analysis of research focused on the transition to parenting concluded that during the first year of life, parenting a child is an overwhelming experience characterized by stress and strain (Nystrom & Ohrling, 2004). Even under the best circumstances, where parents have adequate resources to balance the new demands, parenting is a challenging undertaking. Families who find themselves in the child welfare system are at increased risk for parent stress, limited social and financial resources, and higher likelihood of parent psychopathology (Stith et al., 2008). A study examining a statewide sample of child welfare involved mothers found that 37% of mothers whose children remained in their care were living on an annual income of less than \$10,000, with high rates of unemployment (65%), depression (50%), and intimate partner violence (32%) (Marcenko, Lyons, & Courtney, 2011).

Violent Discipline

Despite a significant amount of research that violent discipline causes harm to children (Gershoff, 2010), it continues to be a surprisingly prevalent parenting strategy using by parents

in the United States. Physically violent discipline is the use of force with the specific intention of causing a child bodily pain with the goal of either correcting or punishing an unwanted behavior (Gershoff, Penrod, & Bitensky, 2007; Straus, 2001). This may consist of spanking, slapping, pinching, biting, kicking, punching, beating, or hitting – with or without a foreign object (Gershoff et al., 2007; Straus, 2001). This type of discipline continues to be a surprisingly prevalent parenting behavior in the United States. A nationally representative survey of 962 parents found that 63% of parents reported engaging in violent discipline with their children between the age of 19-35 months (Regalado, Sareen, Inkelas, Wissow, & Halfon, 2004). Another smaller study which surveyed 182 parents found similar rates (65%) of parent report of physically violent discipline (Socolar, Savage, & Evans, 2007).

The motivation for parents to use violent discipline with their children include a long tradition ranging throughout recorded history (Gershoff, 2010) as well as the parents own childhood history of being disciplined in this manner (Bower-Russa, Knutson, & Winebarger, 2001; Gershoff, 2010; Socolar & Stein, 1995). In one study conducted in Finland, a mother's personal history of being violently disciplined significantly increased the likelihood that she would perpetrate extremely violent acts, such as punching with a closed fist or hitting with an object, against her children (Peltonen, Ellonen, Pösö, & Lucas, 2014). Another study examining low-income mothers with trauma histories found that when mothers made the decision to use violent discipline it was with the intention to regain a sense of control with their child and stop stressful repetitive behaviors that they felt predicted behavior problems in the future (Kistin et al., 2014). These mothers reported primarily drawing on their personal childhood behavioral patterns (Kistin et al., 2014).

Maternal Risk Factors

Maternal depression is well documented to have significant adverse effects on parenting, parent-child relationships, and subsequent child outcomes (Cummings & Davies, 1994; Feldman et al., 2009; Leschied, Chiodo, Whitehead, & Hurley, 2005; Lovejoy, Graczyk, O'Hare, & Neuman, 2000). A nationally representative study of child welfare involved families found past-12-month prevalence rate of major depressive disorder at approximately 25% for female caregivers with young children who remained in their care (National Survey of Child and Adolescent Well-Being, 2007). In a statewide sample of children involved with the child welfare system, 47% of mother's involved in the child welfare system met criteria for depression within the previous 12 months, with no significant differences between families whose children remained in the home, or removed from their parents care (Marcenko et al., 2011).

A depressed mother may have her parenting impeded, not because of a lack of commitment to her child, but because of the debilitating effects of depression. The impact of maternal depression on a child is argued to result from the cumulative effects that depressive symptomology has on the emotional state, behavior, and cognition of a parent during their interactions with the child (Cummings & Davies, 1994). One facet of this symptomology, irritability and affect regulation, disrupts parent engagement with the child – a key component for nurturing parenting (Cummings & Davies, 1994; Kiernan & Huerta, 2008). Researchers have suggested that when a mother struggles with her own affect regulation, it impedes her ability to model a regulatory framework for her young child (Hoffman, Crnic, & Baker, 2006). Other consequences of maternal depression include child internalizing and externalizing mental health problems (Leschied et al., 2005) and delayed cognitive development (Kiernan & Huerta, 2008).

Substance use often co-occurs with depression and other mental health problems (Kessler et al., 2003; Newmann & Sallmann, 2004; Stromwall et al., 2008). Many families involved in the child welfare system are affected by parental substance use (Smith, Johnson, Pears, Fisher, & DeGarmo, 2007). However, rates of substance use among families who come into contact with the child welfare system have varied across studies: from 2% to 79% (Traube, 2012). These wide differences in substance use rates are attributed to methodological variations such as how substance use is defined and measured, what data are used, and the extent and intensity of the sample's child welfare involvement (Young, Boles, & Otero, 2007).

Although substances vary in their specific physiological effect, the use and abuse of substances by the parent can impact the state of consciousness, memory, affect regulation, and impulse control, which in turn affect the capacity for the parent to sustain responsive and nurturing interactions with a young child (Mayes & Truman, 2002). Observations of mother-child interactions associated with histories of drugs (such as heroin, cocaine, alcohol, and marijuana) have indicated diminished maternal sensitivity, increased disengagement and unresponsiveness to children's emotional cues, and heightened physical provocation and intrusiveness (Burns, Chethik, Burns, & Clark, 1997; Gottwald & Thurman, 1994; Hans, Bernstein, & Henson, 1999; Mayes et al., 1997). Substance-using mothers, compared with non-substance-using mothers, have been found to demonstrate less understanding of their child's development and the use of harsher discipline (Mayes & Truman, 2002), greater maternal intrusiveness and hostility (Johnson et al., 2002), and less maternal responsiveness and positive initiation (Molitor & Mayes, 2010).

The presence of IPV has also been identified as a risk factor for positive parenting through the numerous physical and psychological consequences on the mother, such as poor

physical health and depression (Beydoun, Beydoun, Kaufman, Lo, & Zonderman, 2012; Bonomi et al., 2006; Rivas-Diez, Brabete, Ruiz-Garcia, & Rodrigo-Holgado, 2014). In the United States IPV is relatively common. National estimates have proposed that approximately 1 in 5 intimate partners experience at least 1 episode of IPV in the past 12 months (Field & Caetano, 2005). This prevalence rate puts many children vulnerable to witness to IPV, but young children are especially more likely to be exposed (Fantuzzo, Boruch, Beriama, Atkins, & Marcus, 1997). For families involved in the child welfare system, IPV rates between 30% and 60% have been reported (Appel & Holden, 1998; Edleson, 1999; Hazen, Connelly, Kelleher, Landsverk, & Barth, 2004). A study using the NSCAW-I survey found that the past-year prevalence of IPV for mothers was 29%, with a lifetime prevalence of 45% (Hazen et al., 2004). Research using the NSCAW-II survey examining Latina mother's whose children remained in their care found that 33% had reported experiencing IPV in the past year (Ogbonnaya, Finno-Velasquez, & Kohl, 2015).

Latinas experiencing chronic risk factors may additionally struggle with help-seeking, not only because of these factors but due to others as well. Major barriers to help-seeking for Latina mothers include experiences with, and fears of, immigration law enforcement and experiences of racism and marginalization (Bauer, Rodriguez, Quiroga, & Flores-Ortiz, 2000; Lipsky, Caetano, Field, & Larkin, 2006; Sorenson, 2006). Some scholars have argued that cultural pre-dispositions for staying in violent relationships exist, such as values and roles that are seen as specific to Latino families (e.g., familismo, marianismo, machismo) (Bauer et al., 2000; Moreno, 2007). However, it is difficult to extricate these notions of "culture" from the socio-political environmental context that these mothers contend with for engaging in help-seeking.

Culture

(re)Defining Culture

Culture is a term that embodies the entirety of the values, concepts, and assumptions about life that guide patterns of behaviors, thoughts, and interpretations of experiences within a group of people (Jandt, 2013). It is multi-faceted and layered, constantly renegotiated, and influenced by environmental and social circumstances (Rodriguez-Jenkins, 2014). However, at times, the de facto conceptualization of culture is erroneously tied to categories of race and ethnicity, as if Latino, White, or Black were equivalent to a cultural group having themselves cultural meanings. This leads to a belief that being Latino is equivocal to a discrete cultural experience.

Regardless of the interchangeability of culture, race, and ethnicity that is commonly used in popular culture, race and ethnicity are widely understood to be social constructs that have roots in the historical and present-day experiences of societal and structural inequality, privilege, and oppression. The constructs of race and ethnicity represent ways society has assigned meaning to physical characteristics in order to further economic and social goals (Pounder et al., 2003) and help make up a constellation of markers for social position (education, class, ability, gender, sexual orientation, etc.) within U.S. society (Phinney, 1996).

In social science research, race and ethnicity are often used in combination as a proxy to capture these lived experiences, assuming sufficient coverage of within-group sameness. Yet, a growing concern is that research relying on ethnicity as a proxy for social positioning constrains a more nuanced understanding of within-group variance involving Latinos in the United States (Alegria et al., 2004). The practical translation for the meaning of a significant ethnic effect in the context of, for example, a statistical regression remains unclear, subjective, and fails to

clarify the reason for the effect. As a significant amount of research has broadly examined the existence of disparities, there is a need for research to shift to examining possible within-group difference among Latinos that account for contextual differences stemming from areas of possible within-group difference.

Variations of Within-Group Difference

As a natural extension of tackling the challenge of working to capture a more nuanced picture of cultural context within the framework of Latino parenting, culture is viewed here as a two-layered construct that first includes what broadly binds Latinos together as a larger group and then the second accounts for the different ways Latino populations vary (Rodriguez-JenKins, 2014). Therefore for this dissertation, culture is deconstructed in a way that illuminates cultural variations of within-group differences that might otherwise remain invisible. These variations include country of origin, immigrant status, number of years living in the United States, and citizenship status.

In 2014 Latinos represented 17% of the U.S. population (Stepler & Brown, 2016). Of all children under 5 years old, 25% are Latino (U.S. Census Bureau, 2016). Latinos living in the United States are a very diverse group, with origins from over 20 North, Central, and South American countries, and the Caribbean (Ennis, Rios-Vargas, & Albert, 2011). According to an analysis of American Community Survey data for 2014 by Stepler and Brown (2016), Mexican origin individuals constitute the largest group of Latinos (64%), followed by Puerto Rican (9.6%), Salvadoran (3.8%), Cuban (3.7%), and Dominican (3.2%). The remaining 15.7% is composed of individuals who were identified as from other Central American (5.3%; includes Costa Rica, Guatemala, Honduras, Nicaragua, Republic of Panama) and South American (5.9%; includes Argentina, Bolivia, Chile, Colombia, Ecuador, Paraguay, Peru, Uruguay, Venezuela)

countries, who were of Spaniard origin (1.4%), or who listed general terms such as “Hispanic” or “Latino.” While one commonality among Latinos is the Spanish language, there are regional differences in word meanings, and colloquial sayings may not translate the same across different Spanish-speaking Latino populations.

Culturally specific value constructs inform parenting practices and overall socialization of Latino children (Garcia Coll & Pachter, 2002; Guilamo-Ramos et al., 2007). The literature on culturally specific values generally centers on familismo, respeto, personalismo, and simpatia. Latino communities have been further described as having a collectivist orientation, compared with an individualist one, which is often attributed as a mainstream U.S. value (Calzada, Fernandez, & Cortes, 2010; Reese, 2002). In research with Latino families, similar parenting values such as respeto (obedience to and respect for parents and elders) and familismo (family unity, family obligation) have been found across several countries of origin (Dominican Republic, Puerto Rico, Mexico, Columbia, and other Central and South American countries) and family socioeconomic situations (Calzada et al., 2010; Fuligni, Tseng, & Lam, 1999; Garrison & Weiss, 1979; Gurak & Kritz, 1984; Harwood, Miller, & Lucca Irizarry, 1995; Reese, Balzano, Gallimore, & Goldenberg, 1995).

Acculturation

Because Latinos are made up of both U.S.-born (some which predate the formation of the U.S.) and non-U.S.-born individuals, it is important to examine how immigration and acculturation may impact a family. Latino immigrants, like all immigrants entering a new cultural landscape, are at risk for experiencing acculturative stress as a result of exposure to major stressors related to moving to a new culture. Major stressors include discrimination and racism, loss of family and other social supports, financial strain, navigating without

documentation (for some), and struggling with language barriers. Research with Mexican immigrants has found that they can experience significant emotional distress including anxiety, depression, and suicide ideation (Finch & Vega, 2003; Hovey, 2000; Hovey & Magaña, 2000, 2002). Along with the discussion of the impact of depression on parenting above, general psychological distress adversely affects parenting by increasing negativity and unsuccessful disciplinary strategies (Berg-Nielsen, Vikan, & Dahl, 2002; Duncan & Reder, 2000).

No linear connection exists between how parent immigrant status might affect parenting and general family well-being in the Latino child welfare population. The term “immigrant paradox” continues to guide much of the thinking around discussion of health and wellness for immigrants in the United States, meaning that the pattern of morbidity and mortality of a given immigrant group does not appear consistent with what would be expected of their general socioeconomic profile (Acevedo-Garcia & Bates, 2008). A study using a general population based survey of 50 cities in California compared risk profiles for U.S.-born Latinos, foreign-born Latinos, and White caregivers and found significant differences between groups (Johnson-Motoyama, 2014). Foreign-born caregivers reported the lowest household incomes, level of education, and perceived social support scores, indicating increased demographic risks. However, U.S.-born Latinos were more likely than Whites to report symptoms of depression and anxiety, and to report heavy drinking more often than did both Whites and foreign-born Latinos. Although these differences were found to be attenuated by economic resources (Johnson-Motoyama, 2014), immigrant parents with greater economic resources were still significantly more likely to report difficulty in providing food and safe supervision on a regular basis when compared with their White counterparts (Johnson-Motoyama, 2014). Thus, the author concluded that a paradoxical relationship was not actually present.

Several studies have highlighted the protective nature of a birth mother born outside the United States (Putnam-Hornstein & Needell, 2011) and that many significant risk factors associated with child maltreatment are more likely to be observed in families of U.S.-born parents. For example higher rates of drug abuse, intellectual or cognitive impairment, poor parenting skills, recent arrest, and high family stress were found in U.S.-born families when compared to foreign born families (Dettlaff, Earner, & Phillips, 2009). So, although Latino immigrants may present with risks such as fewer economic resources, maltreatment risk factors are more prevalent in U.S.-born Latinos. This may help to explain some of why Latino immigrants have been found to be underrepresented in some state child welfare systems (e.g., Vericker, Kuehn, & Capps, 2007). When examining by both country of origin (Mexican, Puerto Rican, Cuban, Central/South American, Other Hispanic) and immigrant status, researchers have found that infants of immigrants were significantly less likely to have maltreatment referred and substantiated than were U.S.-born infants (Johnson-Motoyama et al., 2014). However, among this sample, Puerto Rican infants had the highest rates of referral and substantiation across both country of origin and immigrant status (Johnson-Motoyama et al., 2014).

Another study found that, when compared with White mothers, U.S.-born Latina mothers were more likely and foreign-born Latina mothers less likely to have maltreatment substantiated, and have their children placed outside the home (Putnam-Hornstein et al., 2013). However, when risk factors were adjusted for socioeconomic status, low socioeconomic status Latino regardless of immigration status children were less likely to be referred, substantiated, or enter foster care than were low socioeconomic status White children; this finding was even more exaggerated for children of immigrant mothers (Putnam-Hornstein et al., 2013). Thus, the authors concluded that this was clear evidence that race and ethnicity are indicators of a complex interaction between

economic, social, political, and environmental factors influencing the health of individuals and communities (Putnam-Hornstein et al., 2013).

Latino family values and parenting practices have been observed to shift over time as part of the acculturation process (Garcia Coll & Pachter, 2002; Harkness, Super, & Keefer, 1992). The Latino Parenting Framework (Rodriguez-JenKins, 2014) reviewed in Chapter 1, illustrates how, over time, parents adapt to environmental circumstances, and then intergenerationally, the baseline models for parenting beliefs and behaviors alter. Given the “natural” inclination for parenting models to shift, the impact of acculturation on parenting is likely due to increased stress on the family associated with the immigration process. For example, in a sample of Cuban, Colombian, Honduran, and Nicaraguan immigrants, high levels of acculturative stress were related to decreases in family cohesion over the first 2 years in the United States (Dillon, De La Rosa, & Ibañez, 2013).

Summary and Conclusion

The literature discussed in this chapter examined the macro, mezzo, and micro contexts of Latino families with young children who are vulnerable to child welfare system involvement. The broad array of factors that support and undermine parenting among these families are difficult to disentangle because this population is plagued by persistent cumulative adversity. From macro to micro levels, structural and institutional inequalities are clearly present. Within the macro sphere, the confusing nature of the child welfare system is made more difficult to navigate because parents are faced with additional barriers. On a mezzo level, high rates of poverty lead to environmental conditions that are known to impact health, increase exposure to community violence, and lead to high rates of economic stress. These are all then simultaneously

causes and effects of micro-level factors, such as high rates of parents experiencing depression, substance use, IPV, and challenges accessing supportive services to manage these issues.

Subsequently, this cascading adversity increases the risk for Latino families to come into contact with the child welfare system at higher rates than White families do.

Culture emerges as a ubiquitous construct often captured through a paradigm of race and ethnicity, which acts as a proxy for lived experiences. A significant amount of research examining Latino families has either compared Latinos as an aggregated group or examined them based on immigration status. Immigration status is a significant factor within and outside of child welfare involved population; however, the extent to which differences might exist across Latino country of origin has been largely unexplored. This dissertation seeks to fill this gap using a nationally representative sample of child welfare families by first evaluating possible contextual differences by Latino country of origin and then examining possible predictors for nurturing parenting.

Taken together, previous research findings have underscored that these parents' lived experiences are complex, and for those that come to the attention of the child welfare system, risk and vulnerability are amplified. As the population of young Latino children in the child welfare system continues to grow, it is imperative that social work scholars and practitioners broaden the understanding of the parenting contexts of these families to better identify meaningful interventions to keep children safe and nurtured.

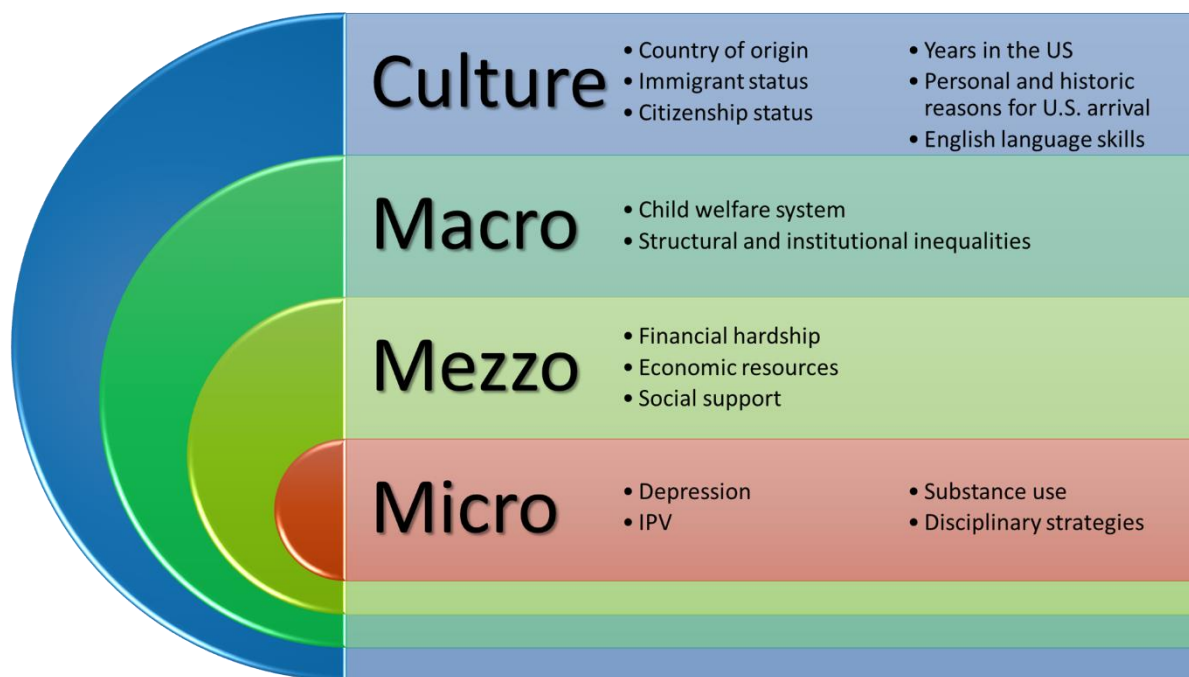


Figure 2. Parenting context for Latino families who encounter the child welfare system

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CHAPTER 3: METHODOLOGY

Study Design

Data for these analyses are from the restricted release version of the National Survey on Child and Adolescent Well-being II (NSCAW-II), a nationally representative sample of child welfare involved families. NSCAW-II data was obtained over three waves between 2008 and 2012 from the National Child Abuse and Neglect Data System (NCANDS) archived at Cornell University (Dowd et al., 2014). The NSCAW-II data set is available through NCANDS for non-commercial statistical research. I present cross-sectional results from only Wave 1 because the sample size decreases significantly across waves on measures of interest.

The NSCAW-II cohort includes 5,872 children, birth to 17.5 years old at the time of the initial sampling, who had been the subject of a child protection investigation or assessment between February 2008 and April 2009. Baseline data was collected between March 2008 and September 2009. Wave 2 data collection began 18 months after initial interviews, beginning in October 2009 and completed in January 2011. Data collection for Wave 3 began June 2011 and was completed in December 2012.

The NSCAW-II used a two-cluster-sampling approach through which 92 Primary Sampling Units (PSUs) were first selected in 81 counties nationwide. Each PSU corresponded to a geographic area served by a single child welfare agency. The sample of investigated and assessed cases include cases that received on-going services and cases that did not, either because they were not substantiated or because it was determined that services were not required. Infants, children receiving services, and children in out-of-home placement were oversampled. The research team determined primary caregiver respondents to be the adult in the household who knew the sampled child the best. This resulted in caregiver respondents primarily being the

biological mother for families whose children remained in the home and the foster mother for children placed in out-of-home care. Regardless of family situation, when there was question about who the primary respondent should be, researchers followed the following hierarchy:

1. Mother (biological, stepmother, adoptive mother, foster mother)
2. Grandmother
3. Father (biological, stepfather, adoptive father, foster father)
4. Aunt
5. Adult sister (biological, step, adoptive)
6. Uncle
7. Adult brother (biological, step, adoptive)
8. Other

Based on the research questions posed for this dissertation, the sample used in the following analyses was limited to mothers of children between the birth and 5 years old who identified as being either Latina, White, or Black. The final, unweighted sample for this study was 1,863.

Weighting

The NSCAW sample was weighted to account for differential selection probabilities. The probability weights were constructed in stages corresponding to the stages of the sample design, with adjustments due to missing months of frame data or types of children, nonresponse, and under coverage. All analyses were weighted to account for the sampling design. The final weighted sample size for the entire dataset was 801,613: 31.7% Latina, 40.6% White, and 27.7% Black.

Sample Description

Comparative Demographic Characteristics

Cross group: Black, White, Latina

Sample descriptive characteristics by racial group are reported in Table 1. Latina mothers accounted for 22% of the sample's total weighted mothers, Black mothers accounted for 28%, and White mothers accounted for 41%. White mothers were more likely to be married (36%, $p < .001$) than were Black (9%) or Latina mothers (19%). Latina mothers, on average, had more children ($M = 3.22$, $SD = .22$, $p < .01$) than Black ($M = 3.02$, $SD = .18$), and White mothers ($M = 2.53$, $SD = .10$) and White mothers had significantly fewer children than Black mothers ($p < .01$). Latina mothers were significantly more likely than White mothers (42% vs 28%) to have less than a high school education or GED ($p < .01$). Rates of poverty were high across all samples; however, in comparison with White mothers (84%), Latina (93%, $p < .01$) and Black (94%, $p < .001$) mothers had a significantly higher rate of living below 200% of the federal poverty level.

Within-Group: Mexican, Puerto Rican, other

Sample descriptive characteristics by Latina country of origin are reported in Table 2. Among Latinas, approximately 71% were of Mexican/Chicana origin, 13% of Puerto Rican origin, and 19% of some other Latina origin. Cuban origin mothers were excluded in the final sample because only a small number participated in this study ($n = < 1\%$). Puerto Rican mothers were unemployed at a rate of 62%, which was significantly higher than that of Mexican (26%; $p < .01$) or "other country of origin" mothers (35%; $p < .001$).

Measures

The NSCAW-II survey includes assessments of demographic information, child and caregiver well-being, maltreatment, and caregiver support and services. Variables for this

analysis are from baseline data and are organized into four categories: demographic and household characteristics; cultural variables; macro-, mezzo-, micro-level factors; and Aim 2's dependent variable nurturing parenting.

Cultural and linguistic issues for Spanish-speaking respondents were considered when developing the interview guide and choosing measures. Bi-lingual field representatives were certified to conduct Spanish language interviews. All measures used in this study were developed for administration in English and Spanish.

Demographic and Household Characteristics

Demographic information collected on caregivers included race/ethnicity, age, highest level of education completed, employment status, income, and number of adults and children in the home. A three-category race/ethnicity variable was created: Latina, Black, and White. Latina mothers were further stratified by country of origin: Mexican, Puerto Rican, and other Latino countries.

Culture: Latina Variables of Within Group Difference

Multiple variables capturing potential issues of culture and acculturation were collected. Caregivers were asked about the country of origin, language spoken in the home, immigration status, number of years they had been living in the United States, and citizenship status.

Country of origin

Parents were asked, "Are you Spanish, Hispanic, or Latino?" If they answered "yes" they were asked whether they were (1) Mexican, Mexican-American, Chicano; (2) Puerto Rican; (3) Cuban; or (4) Other. If respondents asked, the NSCAW-II definition for Hispanic origin was given as "a Mexican, Puerto Rican, Cuban, Central or South American person, or person of other Spanish cultural origin regardless of race." These categories were mutually exclusive. Cuban

origin families were removed from this study because of their small sample size. Cuban families were not included in the “other origin” category because socioeconomically Cuban’s in the United States have very different profiles than Mexican, Puerto Rican, Central American, and South American immigrant groups (González, 2011; Reisinger, 2016). Country of origin was further dropped from the multivariate analysis because it was highly correlated ($> .8$) with immigration status.

Language spoken in the home

Caregivers were asked, “Do you speak a language other than English at home on a regular basis?” with the option of a yes or no response. If they responded no, they were asked to indicate which language they spoke out of a list of 14, one of which was Spanish. A dichotomous variable was created that indicated when caregivers reported that they regularly spoke English or Spanish in the home.

Immigration status

Caregivers were asked, “Were you born in the United States? The United States includes the 50 states and the District of Columbia, but not U.S. territories.” If caregivers responded with “no” they were coded as an immigrant, if they responded “yes” they were coded as U.S. born. This placed Puerto Ricans who were born in Puerto Rico and migrated to the United States within the immigrant category, despite their citizenship status.

Citizenship status

Citizen status was determined by asking caregivers, “Are you a citizen of the United States?” Possible responses included the following: Yes, born in the United States; Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas; Yes, born abroad of American parent or parents, Yes, U.S. citizen by naturalization; and No, not a citizen of the

United States. Mothers were then asked, “Are you a legal resident of the United States, that is, do you have a green card, a working visa permit or other legal immigration document?” A dichotomous variable was created to indicate whether caregivers were U.S. citizens or not with affirmative responses of U.S.-born citizenship, naturalized citizenship, or other legal documentation as being a documented resident and a “no” to being a U.S. citizen or documented resident as being an undocumented immigrant.

Number of years in the United States

The number of years caregivers had been living in the United States was asked of those born outside of the country. Caregivers were asked, “How many years all together have you been living in the United States?” This variable is a continuous variable that was also transposed into a categorical variable with three groupings (1-10 years, 11-20 years, and greater than 20 years) to represent periods of time during which individuals immigrated to the United States. For the multivariate regression this, variable was further dichotomized as either less than or more than 20 years. This allowed for a bivariate distinction to be made between individuals who immigrated either before or after the Immigration Reform and Control Act (IRCA) in 1986 which increased punitive actions and policies aimed at curbing undocumented immigration and an amnesty provision paving a road for citizenship for some of those currently in the country (discussed further in Chapter 5).

Macro: Child Welfare System, Structural and Institutional Inequalities

This sample comprises mothers with young children who came to the attention of the child welfare system. For each family, child welfare caseworkers were asked about their opinions and case details relating to child maltreatment risk factors. These items were

dichotomous with caseworkers responding either “yes” or “no” and represent how the child welfare system perceived and assessed these families. Questions addressed whether:

1. Child maltreatment allegations were substantiated.
2. Children had special needs or behavioral problems.
3. There was active alcohol or drug abuse by the parent at the time of investigation.
4. There was a presence of high family stress.
5. There was a presence of low social support.
6. Parents displayed poor parenting skills.
7. Parents displayed unreal expectations for their child.

For each item, indicator variables were created using affirmative answers from the caseworkers in order to specify the presence of any risk factors. In totality, these items represent caseworker subjective assessment of parenting circumstances. In order to consistently reflect the mothers parenting context in the multiple regression analysis, the only caseworker reported item used was substantiation status because this provides important information about added pressures of continued involvement with the child welfare system on parenting.

Mezzo: Parenting Factors

Mezzo level factors captured in the NSCAW-II include social support, financial hardship, and economic resources.

Parent social support

Parent social support was measured using a scale adapted from the Duke-UNC Functional Social Support Questionnaire, which measures perceived social support for the child and family (Broadhead, Gehlbach, Gruy, & Berton, 1988). This social support scale is an 11-item self-report scale ($\alpha = .91$). Each item uses a 5-point Likert scale ranging from “I get much

less than I would like” (1) to “I get as much as I would like” (5). Item examples for this scale are “I get love and affection” and “Help taking care of my child(ren).” Higher scores indicate higher perceived social support.

Financial hardship

Parents were asked, “When it comes to money and making ends meet, how do you think things are going for you? Would you say you are able to save a little money each month, or are just getting by, or struggling to?” This discrete categorical variable was transposed into dummy variables with affirmative answers coded as one. For the multivariate analysis this variable was further dichotomized so that 1=“able to save a little each month and just getting by” and 0=“struggling to get by”.

Economic resources

Caregivers were asked, “At the present time, does anyone in this household receive WIC (Women Infants, and Children), SNAP, TANF/AFDC (Aid to Families with Dependent Children), general assistance or other public assistance including state-specific welfare programs (like MFIP, Calworks, Workfare, or Workfirst), housing support (like public housing or Section 8), or a disability check (SSI), or none of the above. Each type of assistance was its own dichotomized variable with 0=“no, did not receive”, and 1=“yes, received.” An additional dichotomized variable collapsed cash grants and was used in the multiple regression due to rates lower than 10% of SSDI payments among Mexican origin mothers, and housing subsidies was dropped due to rates under 10% for Mexican and other origin mothers.

Micro: Parenting Factors

Caregivers were asked about micro factors that may impact the parent-child relationship and increase risk for child-maltreatment, such as depression, substance use, IPV, disciplinary strategies, and health.

Depression

Depression was measured using the Composite International Diagnostic Interview Short Form Depression scale (CIDI-SF; Kessler, Andrews, Mroczek, Ustun, & Wittchen, 1998). The CIDI-SF is a World Health Organization (WHO) scale used to assess for depression (dysphoric or anhedonic). This measure has been used in other studies to assess lifetime and past-year prevalence rates of mental health disorders across Mexican, Puerto Rican, and Cuban origin Latinos (Alegría, Sribney, Woo, Torres, & Guarnaccia, 2007). For the present study, the scale's Cronbach's alpha is .95. An indicator variable was created to identify the presence of any depressive disorder over the previous 12 months.

Substance use

The Alcohol Use Disorders Identification Test (AUDIT; Babor, Higgins-Biddle, Higgins, Gassman, & Gould, 2004) was used to measure the existence of excessive and harmful use of or dependence on alcohol. The AUDIT is a 10-item scale developed by the WHO as a simple measure to screen for excessive drinking. Response items each have a score ranging from 0 to 4. Summed scores above 8 indicate harmful and hazardous alcohol use. This measure was validated in Mexico as part of the WHO effort for multinational validation (De la Fuente & Kershenobich, 1992). The AUDIT was translated using a rigorous procedure with attention to content, technical aspects, criterion, and conceptual correspondence. The Cronbach's alpha for this present study is .96.

The Drug Abuse Screening Test (DAST-20; Skinner, 1982) was used to measure problematic substance use. The psychometric properties for the DAST-20 have been found to be reliable, highly sensitive, and specific (Yudko, Lozhkina, & Fouts, 2007), including validity for Spanish speakers whose country of origin was identified as Cuba, Puerto Rico, Peru, Colombia, Honduras, or Nicaragua (Bedregal, Carter Sobell, Sobell, & Simco, 2006). The Spanish-language version was generated using a back translation technique from English to Spanish, back to English in order to attain linguistic accuracy (Bedregal et al., 2006). Respondents could choose “yes” or “no” to each item with affirmative answers receiving 1 point in this 20-item self-report measure. Points were summed, yielding a total score ranging from 0 to 20 ($\alpha = .99$). The recommended scoring for the DAST-20 is as follows: 0 is no evidence of drug related problems, 1 to 5 indicates low level of drug related problems, 6 to 10 indicates intermediate level of drug related problems (likely meeting DSM criteria), 11 to 15 indicated substantial level of drug related problems, and 16 to 20 indicated severe level of drug related problems. For this study a cutoff score of 5 to 20 was used to maximize sensitivity for substance abuse issues.

Indicator variables were created for alcohol, drug, and either alcohol or drug use with the cutoff scores for intermediate to severe substance use from the AUDIT and DAST-20 to specify the presence of primary caregiver substance abuse within the past 12 months. Rates of drug and alcohol use were extremely low, and so this item was dropped from the multiple regression analysis.

Intimate partner violence

To measure IPV, caregivers were asked to respond to 9 items from the Conflict Tactic Scale 2 ($\alpha = .95$) (CTS2; Straus, Hamby, Boney-McCoy, & Sugarman, 1996). Caregivers were asked about the prevalence and nature of violence committed by a romantic partner in the past 12

months. The measure includes minor violence items (pushed, grabbed, shoved) and severe violence items (choked, beaten, threatened with a gun or knife). The CTS2 has been translated into Spanish (Straus, 1999). The CTS2, as an overall measure, has been found to function reliably for psychometric properties (using all 39 items) among Spanish- and non-Spanish-speaking Latinas, suggesting that the scale functions reliably for both groups. However, findings from confirmatory factor analyses (CFA) examining fit of subscales suggested there may be some concerns about validity across groups, particularly in the physical abuse subscale (Connelly, Newton, & Aarons, 2005). For this present study, an intact CTS2 scale was not used, and an indicator variable was constructed based on the 9 items to measure whether a mother has, or has not, experienced any instances of IPV over the last 12 months.

Overall health

An overall indicator of physical and mental health functioning was generated using the Short Form Health Survey (SF-12; Ware, Kosinski, & Keller, 1996). The SF-12 is a 12-item scale derived from the Medical Outcomes Study 36-Item Short Form Health Survey (SF-36; Ware, Snow, Kosinski, & Gandek, 1993). This scale generates a score for physical and mental health – each using all 12 items ($\alpha = .71$). The SF-12 has been validated for use with Spanish-speaking Mexican and Puerto Rican origin Latinos (Burdine, Felix, Abel, Wiltraut, & Musselman, 2000). The SF-12 is scored so that a higher score indicates better physical functioning. Items are scored and normalized so that the range is 0 to 100 with a mean score of 50 and a standard deviation of 10 in a representative U.S. population. Scores greater than 50 represent functioning above average health status, a score of 40 represents functioning at a level lower than 84% of that for the general U.S. population, and a score of 30 represents functioning at a level lower than 98%.

Caregiver discipline

The Conflict Tactics Scale, Parent-Child Version (CTS-PC; Straus, Hamby, Finkelhor, Moore, & Runyan, 1998) measures what tactics – primarily related to discipline – parents used in their conflicts with their children. This scale includes questions about nonviolent disciplinary tactics (e.g., putting a child in “time out”), psychological aggression (e.g., shouting or screaming at a child), and tactics that are mildly or seriously aggressive (e.g., spanking, hitting, slapping). The CTS-PC also asks about severe physical abuse, neglect, and sexual abuse. Five subscales reflect these different categories – nonviolent discipline ($\alpha = .79$), psychological aggression ($\alpha = .75$), physical assault ($\alpha = .94$), neglect ($\alpha = .85$), and sexual abuse ($\alpha = .84$). This scale is an 8-point Likert type scale, ranging from 1 time to more than 20 times, or no times in the past 12 months. Although these scales are built to provide continuous scores, with higher scores indicating higher levels of each tactic, in the NSCAW-II there was a high occurrence of zero values, thus the subscales were highly skewed and the subscales were dichotomized to represent whether a caregiver engaged in each category of behavior. Given the nature of this data, the tactics are not mutually exclusive.

Dependent Variable: Aim 2

Nurturing Parenting

Caregiver behaviors were measured using the Home Observation Measurement of the Environment-Short-Form (HOME-SF) scale. The HOME-SF is a measurement examining the quality of emotional nurturing, cognitive and verbal responsiveness, and stimulation provided by the child’s caregiver. This scale was adapted from the Home Inventory scale (Bradley & Caldwell, 1984, 1988) and was used in the National Longitudinal Survey of Youth Children and Young Adults (Baker, Keck, Mott, & Quinlan, 1993; Mott, 2004). This measure was created in English and Spanish and has been found to be valid and reliable for Spanish speakers (Sugland et

al., 1995). One study seeking to validate across racial groups found differences of HOME-SF scores between poor and non-poor families rather than by White, Black, and Latino categories, leading to a recommendation that future research remove items from the scale that reference material objects when using the scale in mixed income studies (Bradley, Corwyn, McAdoo, & García Coll, 2001). An example of a removed item is “About how many, if any, cuddly, soft, or role-playing toys does your child have?”

The HOME-SF was divided into four sections by age: birth to 3 (21-items), 3 to 5 (27-items), 5 through 10 (49-items), and 10 to 14 (30-items). A combination of parent self-report and interviewer observation are used in final scoring. Non-dichotomous responses are recoded into a 1,0 format, and scores are derived through summing the individual item scores. There are two main subscales for all ages: Parental Responsiveness and Learning Stimulation, with items from both subscales summed to create a Total Parenting score. This score is then standardized to represent the proportion of positive parenting responses out of total possible for each group. Higher scores are associated with more favorable outcomes and are considered to indicate more developmentally favorable home environments ($\alpha = .98$).

Analytic Strategy

This secondary data analysis focuses on a subsample of the NSCAW-II using weighting that was developed by NCANDS in order to obtain unbiased estimates. In this study, I used the IBM Statistical Package for Social Sciences 24.0 (SPSS) software with the complex sample module and used maximum likelihood estimation to address missing data in all models (Enders & Bandalos, 2001). The first stage of data analysis began with a visual inspection of the dataset, examining univariate distributions for basic demographic characteristics and individual items for

independent and dependent variables. Data was transformed when needed to provide a clean set of variables for analysis. The following description of analytic strategies is organized by aim.

Aim 1

Question 1a: What are the sociodemographic and child maltreatment risk factors for Latina mothers – as a homogenous group, compared with White and Black mothers, who come to the attention of the child welfare system and maintain parenting their children in their home?

Question 1b: What are the sociodemographic and child maltreatment risk factors for Latina mothers when stratified by country of origin (Mexico, Puerto Rico, and other Latin American countries)?

To address question 1a, univariate and bivariate analyses were performed on the baseline data to first examine Latina mothers as a homogenous group – comparing them to Black and White families in the same age group. Then Latina mothers were stratified by country of origin (Mexican, Puerto Rican, and other Latino countries combined) to examine possible within-group difference.

To provide a picture of the full sample, demographic variables were examined at the univariate level for all mothers with children under 5. This was stratified first by race and then by Latina country of origin. Analysis of variance (ANOVA) was used with continuous variables and chi-square test for association with categorical variables to establish statistical differences between groups on each variable. Acculturative variables such as immigrant status, language spoken in the home, and number of years mothers have been in the United States were examined only for Latina mothers because less than 3% of White mothers and less than 5% of Black mothers were born outside the United States compared with approximately 30% of Latina mothers.

Aim 2

What factors contribute to responsive, nurturing parent-child relationships Latina mothers with young children involved in the child welfare system?

A correlations matrix of demographic and independent variables and the dependent variable nurturing parenting was computed to assess the strength of the relationships among variables (see Table 3). Multiple regression analysis was used to predict the outcome of nurturing parenting. First, possible predictor variables were drawn from the literature that (a) reasonably precede child welfare involvement, (b) operationalize theorized Latino within-group difference, and (c) may influence parenting.

Multiple regression analysis allows an exploration of the effect (as measured by a regression coefficient) on the dependent variable of a one-unit change in an independent variable while controlling for the effects of all other independent variables. This analysis also provides the total effect (as measured by the R^2 – the coefficient of multiple determination) on the dependent variable of all the independent variables together. Predictors are organized by parent demographics, micro factors, mezzo factors, and macro factors. Preliminary analyses indicated a high level of correlation between country of origin and mothers who were born outside the United States, so country of origin was dropped from the final model.

Institutional Review Board and Ethical Consideration

The NIMH provided a Federal Certificate of Confidentiality for all NSCAW data collected through 2012. The NSCAW II Data File User's Manual Restricted Release Version (Dowd et al., 2014) provides a detailed description of ethical considerations involved in the study, including IRB approvals, mandatory reporting, and participant informed consent and assent. All informed consent forms provided participants with detailed information about sample

selection and data collection procedures, study purpose and sponsorship, participant risk and benefits, and issues of confidentiality. Small financial incentives were offered to adolescents and families in the form of cash and gift cards.

Access to the Restricted Release version of the NSCAW-II data is available through licensing agreements and adherence to data storage rules in order to minimize the risks for the study participants. The dataset has been de-identified, and therefore accidental disclosure of an individual's identity is not possible. However, even given these precautions, it is important to recognize that families involved in the child welfare system are a highly stigmatized group and further stigmatization may occur because of focusing on characteristics of maltreatment in Latino families if research questions, data analysis, interpretation of findings, and resulting reports are not conducted contextually and thoughtfully.

This dissertation has been approved by the University of Washington Institutional Review Board by Subcommittee EC – under application #47245. The data is kept on a password-protected server only accessible to those approved for access by NCANDS.

Limitations

The dataset employed here is generally acknowledged as containing the most comprehensive data collected to date on Latino families who have come into contact with the child welfare system. Despite its strengths, several issues need to be considered when interpreting the results. Due to the cross-sectional nature of this study, casual inferences between the independent variables and the dependent variable cannot be made. The measure that is operationalizing nurturing parenting relies on self-reports, which could be influenced by different forms of response bias. The sample is made up of families who have been investigated by the

child welfare system, and concerns that responses would be reported to their child welfare workers may have influenced their responses – particularly to the CTS-PC, which included direct questions about psychological and physical aggression and violence, neglect, and sexual abuse. Caregivers were informed and repeatedly reminded, that child maltreatment would be reported to caseworkers, which could have resulted in underreporting.

Table 1

Demographics: Descriptive statistics by race, weighted

	Race					
	Black		White		Latina	
	Mean	(SD)	Mean	(SD)	Mean	(SD)
Parent Age	26.57	(0.53)	27.46	(0.58)	28.03	(0.61)
Married	9 [—] _{†***}		36 ^{†**} _{‡***}		19 [—] _{†***}	
Mean number of children	3.02 [—] _{†**}	(0.18)	2.53 ^{‡*} _{‡***}	(0.10)	3.22 ^{‡**} _{†**}	(0.22)
Mean child age	2.31	(0.13)	2.63	(0.11)	2.44	(0.12)
Less than high school or GED	33		28 [—] _{‡**}		42 [—] _{†**}	
Less than 200% federal poverty level	94 [—] _{†***}		84 ^{†**} _{‡***}		93 [—] _{‡**}	
Unemployed	40		39		30	

* $p < .05$; ** $p < .01$; *** $p < .001$

‡ Black, † White, ‡ Latina

Table 2

Descriptive statistics by country of origin, weighted

	Country of Origin					
	Mexican		Puerto Rican		Other	
	Mean %	(SD)	Mean %	(SD)	Mean %	(SD)
Parent Age	28.09	(0.62)	25.24	(1.61)	29.54	(1.06)
Married	19		14		21	
Mean number of children	3.24	(0.29)	2.80	(0.31)	3.38	(0.23)
Mean child age	2.51	(0.13)	2.71	(0.46)	2.02	(0.32)
Less than high school or GED	41		46		40	
Less than 200% federal poverty level	93		90		94	
Unemployed	26 _{†**}		62 _{‡*}		35 _{†**}	

* $p < .05$; ** $p < .01$; *** $p < .001$

‡ Mexican, † Puerto Rican, † Other

Table 3

Weighted, correlation matrix among demographic and independent variables and the dependent variable (Latina mothers, n=70,478¹)

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1. Nurturing parenting	1.00																	
2. Mother's age	-0.69	1.00																
3. Mother married	0.24	-0.58	1.00															
4. Mother employed	-0.06	-0.36	-0.09	1.00														
5. Mother immigrant	-0.06	-0.27	0.31	0.16	1.00													
6. Spanish language in the home	-0.39	0.19	-0.32	0.00	0.28	1.00												
7. More than 20 years in U.S.	-0.36	0.15	0.06	0.30	0.31	-0.25	1.00											
8. Documented	-0.45	0.29	-0.15	-0.01	-0.34	-0.13	0.23	1.00										
9. IPV within the last 12 months	-0.47	0.45	-0.24	-0.26	0.32	0.57	0.00	0.09	1.00									
10. Depression	-0.45	0.56	-0.35	-0.02	-0.21	-0.02	0.12	0.39	0.10	1.00								
11. Above average health	0.17	-0.22	0.32	0.00	-0.29	-0.07	-0.22	-0.27	-0.54	-0.15	1.00							
12. Getting by financially	-0.51	0.60	0.02	-0.58	-0.30	0.03	0.10	0.36	0.38	0.09	-0.07	1.00						
13. Receives WIC	-0.58	0.21	-0.17	0.61	0.24	0.04	0.41	0.00	-0.02	0.26	-0.11	-0.17	1.00					
14. Receives SNAP	0.19	-0.58	0.51	0.31	0.37	0.14	0.08	-0.35	-0.38	-0.33	0.57	-0.32	0.07	1.00				
15. Receives financial assistance	0.04	0.16	-0.15	-0.08	-0.55	-0.09	-0.02	0.03	-0.35	0.12	0.30	0.32	-0.24	0.03	1.00			
16. Social support	-0.71	0.52	-0.31	-0.06	0.03	0.48	0.11	0.19	0.67	0.12	-0.49	0.54	0.34	-0.46	-0.04	1.00		
17. Non-violent discipline	-0.36	0.01	0.26	0.15	0.35	0.11	0.19	-0.18	0.06	0.22	-0.05	-0.18	0.55	0.15	-0.26	0.18	1.00	
18. Substantiated maltreatment	-0.04	0.05	0.26	-0.26	0.09	0.01	-0.49	-0.01	0.07	0.22	0.25	0.01	-0.01	0.07	-0.33	-0.22	0.05	1.00

¹The total weighted sample across-group is 208,153.

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CHAPTER 4: RESULTS

The first aim of this dissertation is to examine the sociodemographic and child maltreatment risk factors for Latina mothers compared across groups, with Black and White mothers, and within-group by Latina country of origin. Second, this dissertation seeks to explore possible predictors of nurturing parenting among Latina mothers. In order to do this, I conducted cross-sectional bivariate and multivariate analyses on wave one of the NSCAW-II restricted release dataset of child welfare involved families.

The results provided in this chapter are organized into four categories: *culture* – representing factors of within-group difference, *macro system* – the way the family is viewed or judged by the child welfare system; *mezzo system* – support and resources; and *micro system* – individual caregiver or parenting factors. For each category, across-group (Black, White, and Latina) and within-group (Mexican, Puerto Rican, and other origin) are presented. The exception is caseworker reported items for which significant differences occurred only in two across-group items. Across-group descriptions center on comparing Latina mothers with the other two groups. As the final step, multivariate analysis of possible predictors of nurturing parenting for Latina mothers is described.

Aim 1

Culture: Latina Variables of Within-Group Difference

Five variables of possible within-group differences were explored for Latina mothers: country of origin, language spoken within the home, immigrant status, years immigrant mother has been in the United States, and documentation status. Approximately half of the Latinas reported that they speak primarily Spanish in their home. Across Latina mothers, 29% (Mexican = 32%; Puerto Rican = 19%; Other origin = 20%) reported they were born outside the United

States (see Table 4). This is significantly higher than Black (4%) and White (2%) mothers ($p < .000$; not included in the table).

Immigrant mothers

Among Mexican immigrants, 29% were undocumented, which is significantly higher than Puerto Rican mothers (0.2%; $p < .001$) and Other Latinas (8%; $p < .001$). Most immigrant Latinas have been in the United States between 11 and 20 years. Mexican mothers have, on average, reported living the least time in the United States ($M = 11.57$ years, $SD = 1.14$; $p < .05$), and Latinas in the Other group reported being in the United States the longest ($M = 17.52$ years, $SD = 1.75$; $p < .05$). Island-born Puerto Ricans reported being in the United States an average of 14.33 years ($SD = 1.27$).

Macro System: Child Welfare System Parenting Concerns

Approximately 23% of maltreatment allegations were substantiated across racial groups and Latina country of origins (see Tables 5 and 6). Caseworkers reported that over half of all mothers experienced high family stress and 25% had low social support (see Table 5). Rates of caseworker-reported poor parenting skills were highest for White mothers (22%) than for Latina mothers (16%) and Black mothers (11%, $p < .01$). White mothers had a higher rate than Latinas of reported alcohol use (5% vs 2%; $p < .05$). White mothers were significantly less likely than Black or Latina mothers to have their caseworker report that they had unreal expectations for their child (4% vs 6% and 10%, respectively, $p < .05$). In addition, caseworkers reported a very low rate of special needs or behavioral problems across all groups of children. There were no significant differences across the caseworker parenting-concerns variables by mother's country of origin (see Table 6).

Mezzo System: Support and Economic Resources

Across-group: Black, White, Latina

Mothers in all groups experienced similar rates of financial hardship (see Table 7). An average of 15% reported that they were able to save a little money each month, and 45% reported struggling financially.

Latina mothers were significantly less likely to receive overall food support from state nutrition programs (WIC, SNAP) than were Black mothers ($p < .05$), less likely than Black mothers to receive cash grant payments ($p < .05$), less likely than both White and Black mothers to receive SSDI ($p < .05$), and less likely than Black mothers to receive housing subsidies ($p < .001$). Furthermore, Latina and White mothers were less likely than Black mothers to receive any services (17% Latina $p < .05$, 22% White, $p < .001$, vs 8% Black).

Within-Group: Mexican, Puerto Rican, other

Mexican origin mothers had significantly higher mean social support scores than Puerto Rican origin mothers had (42.04 vs 35.94, $p < .05$). A significantly lower percentage of Puerto Rican mothers (23%, $p < .05$) reported that they were “just getting by” financially compared with Mexican (48%) and other origin mothers (44%; see Table 8). Other origin mothers reported a significantly higher rate of struggling financially each month than Mexican mothers reported (68% vs 38%, $p < .001$). Mexicans were, in particular, less likely than Puerto Ricans to receive SNAP (53% vs 82%; $p < .05$). Mexican mothers were significantly less likely than Puerto Rican and other origin mothers to receive cash grants (14% vs 34% and 34%, $p < .01$).

Micro System: Individual Caregiver Risk Factors and Parenting Behaviors

Across-group: Black, White, Latina

Across groups, mothers reported high rates of depression and IPV (see Table 9). White mothers had a significantly higher rate of meeting criteria for depression over the last 12 months

when compared with Latina mothers (26% vs 21%, $p < .05$). On average 29% of all mothers, regardless of race, reported some form of IPV over the past 12 months.

Regardless of race, 83% of mothers reported using non-violent discipline strategies with their young children, approximately 68% of mothers reported psychologically aggressive discipline strategies, and 53% reported physically assaultive discipline.

Twenty-seven percent of Black mothers reported that their children experienced neglect, which is significantly higher than the 17% of Latina mothers and 14% of White mothers ($p < .05$). Mothers reported that their children experienced sexual maltreatment at a rate of approximately 2% across all three groups.

Within-Group: Mexican, Puerto Rican, other

Among Latinas, Puerto Ricans reported a significantly higher rate of depression (41%; $p < .001$) compared with Mexicans (19%) and other Latinas (17%). Puerto Rican mothers also experienced a higher rate of IPV (47%; $p < .05$) compared with Mexican mothers (30%) and other Latinas (24%; see Table 10). Other origin mothers reported a substance use rate of 13%, which was significantly higher than that for Puerto Rican (2%, $p < .05$) and Mexican (1%, $p < .05$) mothers.

Caregiver discipline trends were not significantly different across groups examined by country of origin. There were no significant differences in rates of neglect reported by mothers. Mexican origin mothers reported a rate of sexual maltreatment that was significantly lower than that for Puerto Rican and other origin mothers (0.3% compared with 6% and 2%; $p < .01$).

Aim 2: Multiple Regression Analysis

I used multivariate analysis to explore possible predictors of nurturing parenting for Latina mothers with young children who encountered the child welfare system and remained in

their mother's care (see Table 11). Predictors were organized by parent demographics (age, married, employed), variables of within-group difference (immigrant status, more than 20 years in the United States, documentation status, language spoken in the home), micro factors (IPV, depression, about average physical health, non-violent parenting), mezzo factors (family is getting by, receives WIC, receives SNAP, receives cash services, social support), and macro factors (maltreatment substantiation). Holding all other variables constant: married mothers had significantly higher nurturing parenting scores than unmarried mothers had ($B = -0.06, p < .01$); mothers who had experienced IPV within the last 12 months experienced significantly lower nurturing parenting scores than did those who had not experienced any IPV in the last 12 months ($B = -2.43, p < .01$); and those who reported never using violent discipline had significantly higher nurturing parenting scores than those who had used violent discipline in the past year ($B = 2.01, p < .001$). The model's final R^2 is 54%.

Table 4

Culture: Variables of within-group difference

	Country of Origin					
	Mexican		Puerto Rican		Other	
	Mean %	(SD)	Mean %	(SD)	Mean %	(SD)
Home language is primarily Spanish	56		43		54	
Born outside the U.S. ²	32		19		20	
Mothers born outside the U.S.						
Mean years in the U.S.	11.57 _{‡*}	(1.14)	14.33	(1.27)	17.53 _{‡*}	(1.75)
Number of years in the U.S.						
1 – 10 years	44 _{‡***}		22		7 _{‡***}	
11 - 20 years	48		71 _{‡*}		53 _{‡*}	
Greater than 20 years	9 _{‡*}		7 _{‡*}		40 _{‡*}	
Undocumented	29 _{‡***}		0		8 _{‡***}	
Undocumented mothers' mean age	29.44 _{‡***}	(1.43)	19 _{‡***}	(.00)	39.34 _{‡***}	2.73

* $p < .05$; ** $p < .01$; *** $p < .001$

‡ Mexican, † Puerto Rican, ‡ Other

² A distinction was made in this survey question about whether individuals were born in the United States versus Puerto Rico was made for respondents. Although Puerto Rico is a part of the United States, this question highlights Puerto Ricans who were island-born.

Table 5

Macro system: Across-group child welfare system parenting concerns, weighted

	Race					
	Black		White		Latina	
	Mean	(SD)	Mean	(SD)	Mean	(SD)
	%		%		%	
Substantiated maltreatment	26		20		26	
Special needs or behavioral problems	6		10		8	
Substance use, combined	14		12		11	
Alcohol use, active	2		5 _‡		2 _‡	
Drug use, active	14		12		11	
High family stress	53		52		63	
Low social support	25		24		28	
Poor parenting skills	11 _{‡**}		22 _{‡**}		16 _{‡*}	
Unreal expectation for child	6		4 _{‡**}		10 _{‡**}	

* $p < .05$; ** $p < .01$; *** $p < .001$

‡ Black, † White, ‡ Latina

Table 6

Macro system: Within-group child welfare system parenting concerns, weighted

	Country of Origin					
	Mexican		Puerto Rican		Other	
	Mean %	(SD)	Mean %	(SD)	Mean %	(SD)
Substantiated maltreatment	25		24		30	
Special needs or behavioral problems	9		10		8	
Substance use, combined	13		7		5	
Alcohol use, active	2		4		1	
Drug use, active	13		7		5	
High family stress	62		63		65	
Low social support	27		33		27	
Poor parenting skills	15		17		18	
Unreal expectation for child	8		15		12	

* $p < .05$; ** $p < .01$; *** $p < .001$

Table 7

Mezzo system: Across-group support and economic resources, weighted

	Race					
	Black		White		Latina	
	Mean	(SD)	Mean	(SD)	Mean	(SD)
	%		%		%	
Social support scale	40.26	(1.06)	42.39	(.78)	41.21	(.93)
Financial hardship						
Family is saving a little	17		16		13	
Family is just getting by	39		37		43	
Family struggling	44		47		44	
Economic Resources						
WIC	67 _{†*}		51 _{‡*}		61	
SNAP	80 _{‡***}		60 _{‡***}		59 _{‡***}	
Monetary support (combined)	36		31		20	
TANF/AFDC/General Asst.	21 _{‡*}		14		11 _{‡*}	
SSDI	21 _{‡*}		20 _{‡*}		10 _{‡*}	
Housing subsidy	33 _{‡***}		9 _{‡***}		9 _{‡***}	
Receives no resources	8 _{‡***}		22 _{‡***}		17 _{‡*}	

* $p < .05$; ** $p < .01$; *** $p < .001$

‡ Black, † White, ‡ Latina

Table 8

Mezzo system: Within-group support and economic resources, weighted

	Country of Origin					
	Mexican		Puerto Rican		Other	
	Mean %	(SD)	Mean %	(SD)	Mean %	(SD)
Social support scale	42.04 _{†*}	(1.16)	35.94 _{‡*}	2.94	41.25	(1.60)
Financial hardship						
Family is saving a little	14		10		9	
Family is just getting by	48 _{‡*}		44 _{‡*}		23 _{‡*}	
Family struggling	38 _{‡***}		46		68 _{‡***}	
Economic resources						
WIC	59		59		73	
SNAP	53 _{†**}		82 _{‡**}		67	
Monetary support (combined)	14 _{‡*}		34 _{‡*}		34 _{‡*}	
TANF/AFDC/General Asst.	7 _{‡*}		22 _{‡*}		21 _{‡*}	
SSDI	8		13		15	
Housing subsidy	9		14		8	
Receives no resources	19		11		16	

* $p < .05$; ** $p < .01$; *** $p < .001$

‡ Mexican, † Puerto Rican, ‡ Other

Table 9

Micro system: Across-group individual caregiver risk factors and parenting behaviors, weighted

	Race					
	Black		White		Latina	
	Mean %	(SD)	Mean %	(SD)	Mean %	(SD)
Physical health functioning poorer than average	16		18		14	
Depression in the past 12 months (CIDI-SF)	23		26 _{‡*}		21 _{‡*}	
Substance use, combined	2		5		3	
Alcohol use, active (AUDIT)	3		4		2	
Drug use, active (DAST-20)	2		5		4	
Intimate partner violence	28		28		30	
Parent Self-Reported Neglect (CTS-PC)	27 _{‡*}		14 _{‡*}		17 _{‡*}	
Child Experienced Sexual maltreatment (CTS-PC)	2		4		1	
Caregiver discipline (CTS-PC)						
Non-violent	79 _{‡*}		87 _{‡*}		82	
Psychological aggression	73		67		65	
Physical assault	50		58		50	

* $p < .05$; ** $p < .01$; *** $p < .001$

‡ Black, † White, † Latina

Table 10

Micro system: Within-group individual caregiver risk factors and parenting behaviors, weighted

	Country of Origin					
	Mexican		Puerto Rican		Other	
	Mean %	(SD)	Mean %	(SD)	Mean %	(SD)
Physical health functioning poorer than average	14		19		8	
Depression in the past 12 months (CIDI-SF)	19 _{†***}		41 _{‡***}	^{‡**}	17 _{†**}	
Substance use, combined	1 _{‡**}		2 _{‡*}		13 _{‡***}	^{†*}
Alcohol use, active (AUDIT)	2 _{†***}		.1 _{‡***}	^{‡*}	1 _{†*}	
Drug use, active (DAST-20)	2 _{‡**}		2 _{‡*}		12 _{‡***}	^{†*}
Intimate partner violence	30		47		24	
Parent Self-Reported Neglect (CTS-PC)	16		15		22	
Parent self-report, child experienced sexual maltreatment (CTS-PC)	0.3 _{‡***}	^{†*}	6 _{‡***}		2 _{‡*}	
Caregiver discipline (CTS-PC)						
Non-violent	83		83		75	
Psychological aggression	64		71		59	
Physical assault	48		50		57	

* $p < .05$; ** $p < .01$; *** $p < .001$

‡ Mexican, † Puerto Rican, ‡ Other

Table 11

Weighted Regression analysis, Predicting nurturing parenting (n= 70,477¹)

	Coefficient	Standard error	<i>t</i>	<i>p</i>
Responsive Parenting (ref)				
Parent demographics				
Parent age	-0.06	0.05	-1.24	0.220
Married	2.94	1.00	2.93	0.005
Employed	-0.54	0.58	-0.92	0.361
Within-group difference				
Immigrant	-0.26	0.65	-0.40	0.693
In the U.S. > 20 years	-0.48	0.92	-0.52	0.602
Documented	0.53	1.17	0.45	0.652
Spanish in the home	0.29	0.53	0.56	0.580
Micro factors				
IPV	-2.43	0.91	-2.67	0.009
Depression	0.42	0.57	0.74	0.459
Above avg physical health	1.25	0.68	1.82	0.072
Only non-violence parenting	2.01	0.61	3.31	0.001
Mezzo factors				
Family is getting by	0.74	0.97	0.77	0.444
Receives WIC	1.34	0.71	1.88	0.065
Receives SNAP	-0.72	0.76	-0.94	0.348
Receives cash services	0.50	0.72	0.70	0.489
Social support	0.02	0.03	0.91	0.366
Macro				
Substantiated maltreatment	-0.78	0.48	-1.61	0.111
Constant	11.98	2.83	4.24	0.000
<i>R</i> ²	0.54			

¹The total weighted sample across-group is 208,153.

CHAPTER 5: DISCUSSION, IMPLICATIONS, CONCLUSION

This dissertation has two primary aims. The first is to examine, and describe, the sociodemographic and child maltreatment risk factors for Latina mothers with young children vulnerable to the child welfare system. Arguing that understanding environment and culture is important for understanding parenting, the second aim explores possible predictors of nurturing parenting among Latina mothers, controlling for parent demographics, variables of within-group difference, micro-level factors, mezzo-level factors, and macro-level factors. Although significant findings were identified for Black and White mothers, the scope of the discussion in this dissertation will center on Latina mothers.

Several findings from this research advance the knowledge about the parenting context for young Latino children who encounter the child welfare system, the persistence of racial and ethnic disparities that exist within this population, and the contextual factors that are associated with nurturing parenting for Latinas. I begin this chapter with a discussion of the findings from the across-group and within-group sociodemographic analyses, then move to a discussion of the results of the multivariate analysis. The remainder of this chapter focuses on implications of this research for social work teaching and practice, research, and policy.

Aim 1

Latina Mothers' Basic Aggregated Demographic Profile

Several notable differences were identified for Latina mothers. Latinas were less likely to be married than White mothers, which is inconsistent with previous research that has indicated generally higher rates of marriage among Latinos compared with White and Black mothers (Landale, Oropesa, & Bradatan, 2006). However, because this question specifically asked about marriage, this does not capture whether mothers were in unmarried committed partnerships.

Consistent with prior research on Latino families' demographics, Latina mothers had more children than did White and Black mothers (Passel, Livingston, & Cohn, 2012). Latinas were more likely than White mothers to report having less than a high school education, and more likely to report living at less than 200% of the federal poverty level. These education and poverty rates align with disproportionately lower academic achievement (Ryan & Siebens, 2012; D. Santiago & Soliz, 2012) and higher poverty rates (Patten, 2016) previously found in analyses of national population trends for Latinos in the United States.

Aggregate Socioeconomic Profile: Across-group Differences

Micro system: Individual caregiver risk factors and parenting behaviors

Latina mothers experienced intimate partner violence (IPV) at a rate of 30% which is consistent with previous research examining biological mothers (29%) regardless of age, race, and ethnicity (Hazen, Connelly, Kelleher, Landsverk, & Barth, 2004). The rate of meeting criteria for depression within the prior 12 months was lower for Latina mothers than White mothers (21% vs 26%). These rates are approximately comparable with a similar sample of nationally representative child welfare data (National Survey of Child and Adolescent Well-Being, 2007). Similarly, lower rates of depression among Latina compared with White mothers is consistent with epidemiological studies examining 12-month depression rates by race in a non-child welfare sample (7% vs 11%; Ertel, Rich-Edwards, & Koenen, 2011).

Even though Latinas in this study were found to experience depression at significantly lower rates, maternal depression is still prevalent. Moreover, past research has found that depression may not be readily detected by women or providers (Chaudron et al., 2005). Evidence suggests that mothers and providers have differing cues for identifying a need for mental health support – with mothers relying on severe subjective feelings of depressive symptoms and

suicidal ideation, while providers rely on knowledge about clinical risk factors for depression, possibly leading to a discrepancy in healthcare communication (Chaudron et al., 2005).

The strong association that has been found between maternal depression and child mental health outcomes (Goodman, 2007; Goodman & Brand, 2009; Kingston, Tough, & Whitfield, 2012) provides further evidence of the need for child welfare involved families to receive high quality mental health services. Given the disparate rates of depression found for Latina mothers in this study, it is important that social workers actively seek to minimize the additional barriers Latina mothers might face and ensure linguistically and culturally appropriate depression care. Reducing maternal depression has been found to be associated with improving child mental health, even after accounting for improvements in positive parenting (Shaw, Connell, Dishion, Wilson, & Gardner, 2009; Weissman et al., 2006; Wickramaratne et al., 2011).

Mezzo system: Support and economic resources

Given the extremely high rates of poverty reported by all mothers in this study regardless of race, it is no surprise that approximately 44% of mothers reported that they were struggling to meet their financial needs. This is not a new finding for child welfare involved families. This population tends to be characterized as having high economic needs that include basic necessities, food, and housing (Marcenko, Lyons, & Courtney, 2011).

Access to poverty reduction programs is important for the families in this study. Across race, there were significantly different experiences accessing economic resources (TANF, AFDC, General Assistance, SSDI), nutrition resources (WIC, SNAP), and housing subsidies. Participation in governmental assistance programs overall was higher than general population estimates, but this makes sense considering that this is a child welfare sample and children are overrepresented in benefits usage when compared with adults (Irving & Loveless, 2015). Even with high rates of access to these programs, other than WIC, Latina mothers were significantly

less likely than Black mothers to receive SNAP, economic benefits, and housing subsidies. The most likely reason for this is because immigrants account for a significantly higher proportion of the Latina mothers in the sample compared with the immigrant proportions of White and Black mothers. Contrary to popular belief, in the United States SNAP, SSDI, and TANF (and its precursor, AFDC) are inaccessible to undocumented and even to some documented immigrants (Broder, Moussavian, & Blazer, 2015).

Prior to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) and the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), participation in federal programs was similar for documented immigrants and U.S. citizens. Upon passage of these key acts, documented immigrants were barred from accessing these programs for up to 5 years, sometimes even longer. Furthermore, the IIRIRA instituted mandatory deportation for a range of offenses and fast-tracked the deportation process by eliminating the requirement for individuals to go before a judge. Even those immigrants who may have legally qualified for programs refrained from applying because of confusion about eligibility rules, fear of being a “public charge” (which affects those seeking documentation), and a pervading concern about the deportation-focused nature of the government (Broder et al., 2015).

Macro system: Child welfare system parenting concerns

Substantiation rates of child maltreatment did not vary across or within groups. Latina mothers were less likely than White mothers to have a caseworker report them for poor parenting skills. You might expect poor parenting to be the primary reason that would bring a family to the attention of the child welfare system. However, the significantly different rates for poor parenting identified by caseworkers might suggest that for families of color, it is actually the pressures of life circumstances that interfere and set families on the pathway to child welfare

involvement, since White families – who are less likely to experience significant poverty – had a higher rate of identified poor parenting. In this vein, Latina mothers were more likely than White mothers to be identified as having unrealistic expectations for their child; this disparity might partially be related to differing expectations because of culture and environmental circumstances in addition to a lack of bi-cultural understanding by case workers and misinterpretation of interactions. The generally low rates of parenting concerns and risk factors endorsed by child welfare workers is likely due to this sample being a mix of (1) unsubstantiated cases and (2) substantiated cases in which the children were allowed to remain in-home.

Within-Group Profiles by Country of Origin

Among Latina mothers, 71% were Mexican, 13% were Puerto Rican, and the remaining 18% were from other Latin American countries (excluding Cuba). When demographic, cultural, micro, mezzo, and macro variables were examined by country of origin several significant differences emerged. Main areas of difference are highlighted below.

It is important to note that it is impossible to know with certainty what countries the group “other origin mothers” represents because the NSCAW-II did not ask about specific Latin American countries other than Mexico, Puerto Rico, and Cuba (which was excluded from this sample). However, given comparisons to national trends and general characteristics of this group, it is reasonable to suggest that this group is largely made up of mothers who originated from a Central or South American country. When analyzing Latino populations (as reported in Chapter 2), those originally from countries in Central and South America account for approximately 21% of Latinos in the United States (Stepler & Brown, 2016). Migration history, rates of documented compared with undocumented, and receipt of monetary support grants discussed below are further consistent with this supposition.

Culture: Latina variables of within-group difference

Although there were no significant differences in the country of origin rates for mothers born outside the United States, Mexican mothers were most likely to be undocumented, with a rate of approximately 30%, compared with 8% for other origin mothers. Expectedly, Puerto Ricans were all documented as a function of a series of U.S. legislative acts: The Foraker Act of 1900, The Jones-Shafroth Act of 1917, and The Nationality Act of 1940. Literature discussing Latino immigrants tends to focus on Mexican immigrants as they account for the largest group of immigrants, however this analysis found that 19% of Puerto Rican mothers were born outside in Puerto Rico and migrated to the United States. While citizens, this is an important finding because in the few studies that have examined outcomes for Puerto Ricans by whether or not they were born on the island, Island-born Puerto Ricans tend to fare worse than native-born (Cho, Frisbie, Hummer, & Rogers, 2004; Lara, Gamboa, Kahramanian, Morales, & Hayes Bautista, 2005; Morales, Lara, Kington, Valdez, & Escarce, 2002).

Immigration. Approximately 24% of Latina mothers reported being born someplace other than the United States, with no significant difference by country of origin. Mexican immigrant mothers reported being in the United States fewer years than other origin mothers (average of 11.57 years vs 17.53 years). Of Mexican immigrants, 44% reported arriving between 1998 and 2007 and 48% reported arriving between 1988 and 1997. Puerto Rican's reported arriving primarily between 1988 and 1997. Other origin immigrants reported arriving at rates of 40% between 1970 and 1987 and 53% between 1988 and 1997. It is important to consider these immigration trends within a historical context, against the backdrop of the Immigration Reform and Control Act (IRCA) in 1986, the ratification of the North American Free Trade Agreement (NAFTA) in 1994, and the IIRIRA of 1996 (discussed earlier in this chapter). By 1986, anti-immigrant sentiment led to congress passing IRCA, which had the primary goal of curbing

undocumented immigration. This act increased border enforcement, put in place sanctions for employers that were identified as hiring undocumented immigrants, and provided an amnesty provision for longtime undocumented immigrants to apply for permanent residence (Chavez, 2001; González, 2011).

Many Puerto Ricans came to the United States post-World War II (1946-1964), a period which is known as the Great Migration. Between 1960 and 1980 migration rates progressively decreased; due to narrowing income differentials between the United States and Puerto Rico, standards of living began to improve on the island and return migration offset emigration from Puerto Rico (Frazier, Tettey-Fio, & Henry, 2016; J. Morales, 1986). This changed after 1980 when an economic recession hit the island; income differentials began to widen, unemployment increased, and public debt doubled in the 1980s and then doubled again in the 1990s. For example, in the late '80s unemployment in Puerto Rico reached 20%, when at the same time in the U.S. Northeast, unemployment dropped below 5% (Frazier et al., 2016; C. E. Santiago, 1991). The rates of Puerto Ricans emigrating to the United States fit into this historical narrative: 71% of Puerto Rican mothers in this study reported arriving between 1988 and 1997.

Central American migration trends are characterized by migrants fleeing their home countries because of dangerous political climates, death squads, and guerrilla warfare. Nicaraguans fled the Somosan family's dictatorial rule in the mid-1970s, Salvadorans sought to escape a violent civil war that ravaged their country between 1979 and 1992, and Guatemalans fled brutal conditions enacted by the dictator Carlos Arana Osorio nicknamed "The Butcher of Zacapa" during a bloody civil war from 1960 through 1996 (González, 2011). This aligns with the immigration findings for the other origin group of this study – in that 40% arrived between 1970 and 1987 and 53% arrived between 1988 and 1997. This would also help to explain the

lower rate of these groups' undocumented status, because the majority immigrated prior to the 1986 IRCA amnesty provision.

Micro system: Individual caregiver risk factors and parenting behaviors

The rate of depression for Puerto Rican mothers was significantly higher (41%) than those for Mexican (19%) and other origin (17%) mothers. This mirrors other within-group analyses that have found Puerto Ricans to experience the highest prevalence rates of mental health disorders when compared with other Latino subgroups (Alegría et al., 2007; Hajat, Lucas, & Kington, 2000). Alegria and colleagues (2007) argued that perhaps since Puerto Ricans are born as U.S. citizens, they may have higher expectations about socioeconomic equality, thus making the inequality they experience have a stronger impact on their mental health.

Mezzo system: Support and economic resources

Social support. Puerto Rican mothers had a lower mean social support score than Mexican mothers. This may be related to the higher rate of depression for Puerto Rican mothers; prior research has correlated maternal depression with low social support, particularly in the perinatal period (Elsenbruch et al., 2007; Leahy-Warren, McCarthy, & Corcoran, 2012). Previous research also has found that Puerto Rican women have fewer social connections than Mexican woman (Suarez et al., 2000). These comparatively disparate social support scores are possibly due to contextual socioeconomic differences that exist between Mexican and Puerto Rican mothers. Nonetheless, low social support is related to poor maternal health, higher rates of depression, and poor infant health, and thus it is an important factor for social workers to address as part of engagement, assessment, and intervention processes.

Financial hardship. The “other country of origin” mothers had an overall higher financial hardship profile than those for Mexican and Puerto Rican origin mothers. “Other origin” mothers were more likely to indicate that they were struggling and less likely to report

that the family is just getting by financially. This may be related to a low rate of employment for this group compared with Puerto Rican mothers in particular. To offset financial hardship, many families accessed economic resources (TANF, AFDC, General Assistance, SSDI), nutrition resources (WIC, SNAP), and housing subsidies. Mothers in this study had high rates of WIC support – which parents can qualify for through their citizen children. Mexican origin mothers were less likely than Puerto Rican mothers to access food stamps and less likely than Puerto Rican and other origin mothers to access TANF/AFDC/General assistance. These findings are probably explained by the relationship between documentation and immigration discussed earlier in this chapter.

Macro system: Child welfare system parenting concerns

An interesting finding was that child welfare workers perceived very few differences between Latinas by their countries of origin – primarily in regard to substance use. This may simply be due to there being no practical differences in perception by the child welfare worker. However, for Latinas – when compared with Black and White mothers – caseworkers identified a lower rate of poor parenting skills and higher rate of parents having unreal expectations for their children. Since these variables capture the caseworkers' views, the data may actually indicate a lack of knowledge about within-group differences shaping their schema regarding Latino families in their caseload.

Latina as a broad category represents a socially constructed group – like other groups in the United States such as White or Black. This is the main organizing framework for how individuals in the United States view this population. This clearly misses considerable heterogeneity. In contrast to this, “country of origin” represents a geographic category that helps us understand a more nuanced picture of a family's present circumstances, experiences with resources, in addition to challenges particular to experiencing oppression by being perceived as

part of a larger racial category. A more complex examination of ethnic and racial identity, including country, is then perhaps a better parameter for study.

Intersection of Economic Hardship, Acculturation, and Oppression Effects on Parenting

Within-group differences simultaneously may or may not alter experiences of structural and institutional opportunities for Latinos in the United States. Some obvious restrictions – such as legal ability to access SSDI – result in differences between documented and undocumented residents. Specific identities related to status, however, do not determine deleterious effects of anti-immigrant sentiment or anti-Latino discrimination (DeGenova & Ramos-Zayas, 2003), which then have powerful effects on individuals and families (Araújo & Borrell, 2006; Ayón, 2016).

U.S. citizens' attitudes and beliefs about immigrants have shifted over the past 150 years, often related to the labor market, economy, political milieu, and fears about loss of dominant status. Public discourse has often fallen prey to stereotypic and racist depictions of Latino immigrants, which has a deleterious affect across Latino communities regardless of immigrant status, particularly as associations between ethnicity and undocumented immigration status grow (DeGenova & Ramos-Zayas, 2003; Dick, 2011). In particular, since the terrorist attacks on the World Trade Center buildings (September 11, 2001), the United States has experienced a political and social environment primed to expedite the detention, interrogation, and/or deportation of immigrant Latinos, while at the same time denying due process (DeGenova & Peutz, 2010). Although Muslim and Middle Eastern individuals were the leading targets of the racism, nativism, and xenophobia the U.S. Patriot act, in practice, under the guise of national security, the arrest and detainment of individuals of all backgrounds has increased, often without judicial accountability (DeGenova & Peutz, 2010).

As the negative sociopolitical opinion of immigration increased, escalating public debate

on immigration reform corresponded with increasing violence against Latinos in many states (Southern Poverty Law Center, 2008). Furthermore, documented hate crimes have been found to correspond with increases in immigration rates (Stacey, Carbone-López, & Rosenfeld, 2011). It is unsurprising that 70% of Latinos in a recent study reported experiencing discrimination (Almeida, Biello, Pedraza, Wintner, & Viruell-Fuentes, 2016), a marked increase over the 40% level reported in 2006 (Pew Hispanic Center, 2007).

This escalating violence, discrimination, detention, and deportation impacts Latino parents in two main ways. First, experiencing discrimination is harmful to both physical and mental health (Araújo & Borrell, 2006; Ayón, Marsiglia, & Bermudez-Parsai, 2010; Dawson, 2009). Second, Latino parents have to navigate unique parenting challenges of helping their children understand and process their own experiences of discrimination and inequality (Ayón, 2016). Because the anti-immigrant climate is felt across all Latino groups, regardless of immigration status and country of origin (DeGenova & Ramos-Zayas, 2003), Latino children experience fears of family separation when they are exposed to televised news or firsthand information about discrimination, detention, and deportation (Dreby, 2012).

The measures of acculturation examined within this dissertation represent proxies that play a role in the ability of individuals to access resources to support their families' well-being. It is difficult to separate out differences in "culture" from differences that might be attributed to limited access to economic resources. Indeed, parenting beliefs and values are not measured – rather this research highlights the environmental conditions these mothers experience. A primary context for these families is poverty and economic hardship. Without the added effects of oppression, economic hardship can cause significant psychological distress in mothers that then has negative consequences on parenting and parent-child relationships (Barnett, 2008). With the

additional burden of managing discrimination directly through overt acts of aggression or indirectly through potential employment opportunities, Latino families are at a cumulative disadvantage. Despite all these factors, Latino parents work hard to protect and support their children from the various effects of economic hardship, the barriers in place due to acculturation, and their experiences of oppression.

Aim 2

Aim 2 sought to explore possible predictors for nurturing parenting among Latina mothers of young children, while controlling for parent demographics, characteristics of within-group difference, and variables of interest on micro, mezzo, and macro levels. The primary findings from the multivariate analysis were the following: (1) Mothers who reported only using non-violent parenting tactics had higher nurturing parenting scores than mothers who endorsed any incident of violent parenting, and (2) Mothers who had experienced IPV in the last 12 months had lower nurturing parenting scores than those who experienced none.

Nonviolent Discipline and Parenting

It was no surprise that mothers who endorsed only non-violent discipline had higher nurturing parenting scores than mothers who endorsed some sort of violence. This is a highly vulnerable population of women who are already experiencing a host of cumulative disadvantages. The relationship between maternal depression along with a history of trauma and the use of violent discipline (Banyard, Williams, & Siegel, 2003; Cohen, Hien, & Batchelder, 2008) underscores the need for these mothers to have access to high quality, accessible, mental health services as a way to augment parenting supports. Although this analysis is unable to control for the mothers' personal history of trauma, rates of maternal depression and IPV were

high. Other studies have found that child welfare involved mothers generally have a very high prevalence of personal trauma (Chemtob, Griffing, Tullberg, Roberts, & Ellis, 2011).

These trauma histories have been found to emerge in the context of discipline through mothers' viewing their young children's behavior through a lens of their experiences and interpreting challenging behaviors as evidence of trouble in the future that must be prevented (Kistin et al., 2014). Furthermore, exposure to IPV in infancy and early childhood has direct effects on externalizing behaviors (Levendosky, Leahy, Bogat, Davidson, & von Eye, 2006). This then would increase the likelihood that a mother might feel compelled to use violent discipline.

Taken together, a trauma-informed approach to parenting services would help support parents to explore both why they are using specific disciplinary strategies and how to interpret challenging child behaviors within the context of the mothers' own childhood experiences. Parent training programs must also be culturally and contextually responsive to Latino families. The barriers that often get in the way of Latino parents accessing mandated services, such as documentation status, lack of linguistic competency of providers, and parents' lack of knowledge of the system (Ayón, 2009), must be addressed. Then parenting interventions must be provided by licensed providers who have knowledge of the environmental contexts in which families live. Interventions need to be shaped to reflect the cultural values of the populations that they are likely to serve (Parra Cardona et al., 2012). One way to do this is for researchers, social workers, and parent-training providers to seek out community members to work with to develop or adapt trainings in meaningful ways.

Intimate Partner Violence and Parenting

Several studies have identified relationships between IPV and maternal parenting (Levendosky & Graham-Bermann, 2000, 2001; Levendosky et al., 2006; Margolin, Gordis,

Medina, & Oliver, 2003). The impact that intimate partner violence has on women includes a wide range of physical and mental health effects, such as poor functional health, sleep disorders, chronic health issues, chronic pain, depression, PTSD, anxiety, and self-harm (Dillon, Hussain, Loxton, & Rahman, 2013). Factoring in the high rate of poverty experienced by this population and additional stress as a result of being investigated by the child welfare system, it makes sense that experiencing IPV would have a *spillover* effect onto parenting. The spillover hypothesis posits that hostility or conflict in one family system influences other family systems (Bogat, DeJonghe, Levendosky, Davidson, & von Eye, 2006; Krishnakumar & Buehler, 2000).

Latina mothers may be less likely to report IPV or to seek help. Research has highlighted that for women generally who experience IPV, significant barriers exist to help-seeking. These include factors such as pressure to not address the IPV, not recognizing events as IPV, self-doubt, low-self-esteem, and fear of the perpetrator (Petersen, Moracco, Goldstein, & Clark, 2005). For immigrant Latinas this may be further exacerbated by barriers such as limited English language proficiency, fear of government agencies, lack of financial resources, social isolation, and the fear of either themselves or the perpetrator being deported (Bonilla Santiago, 2002).

For Latinas who are involved in the child welfare system, a particular contextual layer is added where mothers are often victims of abuse and also the primary caregiver. Considering these factors, combined with the impact that experiencing IPV has on parenting, social workers clearly need to engage and assess mothers sensitively about their experiences of IPV and help them to access supportive services. This must include eliciting any fears or concerns about help-seeking and providing information about the help-seeking process.

Implications

Research Implications

Strides have been made over the past several decades regarding health disparities and disparate experiences within governmental systems. However, during this same period of time, the larger structural and institutional systems have remained essentially unchanged. It is increasingly clear that a more nuanced understanding of predictors is needed for these communities that experience disparities. Scholars need to “drill down” into the experiences of these specific communities and engage in local research that focuses on community and environmental contexts. Researchers and practitioners know that disparities exist, and although it is important that trends are monitored, efforts should also be funneled into developing next steps – ways to decrease disparities within communities and improve outcomes. This begins through partnering with service users, service providers, and community members to not only identify existing needs but also develop upfront efforts for sustainable interventions.

Acculturative stress was not measured in the NSCAW. As a substitute, this analysis relies on the assumption that there is stress inherent in the variables related to immigration and acculturation. When at all possible, measures of actual acculturative stress should be used when examining parenting or indicators of well-being for Latino families. Furthermore, it is clear that Latino families from different background countries have both similarities and differences, and that disentangling these will often be messy and confusing. It is important that researchers keep grappling with the best way to parse the data to address within-group differences.

Rates of substance use by both parent report and caseworker report in this data were very low and inconsistent with findings in other child welfare samples. Due to these low rates, this factor could not be used in the multivariate analysis and warrants examination in future analyses of possible predictors of parenting behaviors. This is a challenging construct to nail down for

system involved families since parents are highly reluctant to admit substance use out of fear that their answers will be passed on to their child welfare worker and thus negatively impact their case. Perhaps a consortium of child welfare researchers, social workers, and veteran parents could come together to problem-solve ways to approach gathering sensitive information in a manner that provides system involved parents informed consent that takes into account the firm boundaries of mandated reporting while offering reassurance in order to maximize the collection of important variables.

As a final limitation, the findings from this dissertation do not reflect the context of parenting for parents whose children were removed from their care. This is because the caregivers that were interviewed for children in out-of-home placements tended to be foster or kin caregivers. This is likely a reflection of two factors: (1) the child-focused nature of the child welfare system and (2) parents whose children are removed from their care are more likely to be difficult to locate. Regardless, it is critical that the same information gathered from parents in cases where children remain in-home is also gathered from parents whose children are removed from their care. If we, as social work researchers and practitioners, are committed to keeping children with their parents whenever it is safe to do so, we have to understand what is causing breakdowns in positive parenting in addition to safety.

Teaching and Practice Implications

This research highlights how Latina mothers vulnerable to the child welfare system have both areas of similarity and significant difference among themselves. There are nuances that you would not expect all students to understand intuitively. Therefore, social work educators must grapple with how to engage students regarding cultural and contextual complexities that move beyond traditional cultural competency perspectives and into client engagement more centered on a model that maintains flexibility, openness, and deep respect. Social work has often been at

the forefront of addressing disparities and accounting for culture; however, artifacts from the age of cultural competency and the cookbook format to learning practice with diverse communities continue to be reflected in the classroom, textbooks, and literature drawn on by instructors. Seeking culturally competent practice was a significant step in the field, and the model introduced a way to start thinking about and organizing how social workers should approach “difference.” However, a primary issue with a competence model is that it assumes that one can master a lived experience and that a system identified group’s experience is homogeneous. Culture is not static nor uniform, but intersectional and constantly evolving and renegotiated based on environmental circumstances. It is crucial that social work education shifts the way that social workers are trained to interact with difference.

Cultural factors are significantly more complex than the categories of race and ethnicity – which are entirely social constructions. These categories instead provide information about how individuals might experience the world they live in – the environmental contexts that they experience in their daily lives or for immigrants, that they encounter when they arrive in the United States. This can begin with a discussion of the history of cultural competence in the helping professions. However, beyond learning about broad characteristics for a given group (such as always talking to a Latino family’s father first), instructors should emphasize strong foundational practice skills: attending, listening, empathy, and humility. This should be accompanied by a framework for understanding others that views individual, i.e., micro, circumstances as stemming from mezzo-level resources and supports, which are often a result of macro-level structural and institutional inequalities.

Students should also be trained and provided extensive practice in asking difficult and uncomfortable questions. This includes asking about relevant but unfamiliar cultural beliefs or

practices, IPV, discipline, and mental health issues. It is also important for social workers to have a working understanding of the rules for federal relief programs as well as what families should expect to experience when they seek out services. One possible strategy that could be employed by child welfare workers and health professionals is the training and use of peer navigators. This solution was proposed to address the barriers identified by Latinos with serious mental illness (Corrigan, Torres, Lara, Sheehan, & Larson, 2017). Peer navigators could be drawn from “veteran parents” – other parents who had been investigated by the child welfare system – who could help support mothers as they work to navigate the child welfare system and access needed services.

In addition to teaching students who are in schools of social work, social work programs need to engage in trainings for practitioners. Most states have continuing education unit (CEU) requirements for bachelor- and master-level social work licenses, which would allow for programs to infuse new knowledge concerning these cultural issues to practitioners through CEU opportunities. Finding a way to provide these services free of charge, with in-person and online options, would help with dissemination of both research and practice knowledge to the widest net possible.

Policy Implications

From state to state, child welfare systems are often siloed and are characterized by a lack of uniformity in how they collect and record data on the families they work with. Researchers have called for uniform data collection techniques nationally, so that better estimates can be made about the well-being of the children and families within the system. The child welfare system is constantly in flux; therefore, access to reliable and consistent information is imperative for protecting children, reunifying families, and achieving justice. A key strategy for achieving this is partnering with legislators, child welfare agencies, researchers, and community members

to improve the way scholars collect data and participate in conversations about congressionally mandated national datasets.

Concluding Remarks

The child welfare system was developed to protect children from child abuse and neglect through investigation, assessment, and intervention in the form of in-home or out-of-home services. However, despite this earnest goal, a history exists of inequitable experiences and disproportionate representation of families of color within the system. Findings from this dissertation add further evidence of significant areas of within-group difference exist and that social workers must be trained to engage and assess these families in a way that accounts for these differences. It is crucial that the different histories, different pathways to the United States, and different levels of acculturation be honored because these factors have different consequences for the environmental experiences that impact family well-being.

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CURRICULUM VITAE

Jessica A. N. Rodriguez-JenKins, LICSW

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EDUCATION

PhD	University of Washington Dissertation Title: <i>Supporting Latino Families Vulnerable to Child Welfare Involvement</i>	Aug 2017
MSW	University of Washington Clinical and Contextual Practice	Jun 2006
BASW	University of Washington Generalist Practice	Jun 2005

AWARDS, HONORS, & FELLOWSHIPS

CSWE Minority Fellowship Program Fellow	09/2013-08/2016
Graduate Opportunity Program Award Fellow	09/2009-06/2010

GRANTS

NIMH Prevention Research Trainee NIMH Prevention Training Grant (T32MH20013)	09/2012-09/2013
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RESEARCH INTERESTS & EXPERIENCE

Interests

Disproportionalities and disparities in the child welfare system, parenting interventions in the child welfare system, child and family well-being, culturally relevant models of parenting, early childhood mental health and well-being, parenting stress among families with young children

Experience

- Doctoral Mentoring Study, Co-Investigator** 10/2013-present
Identifies how faculty conceptualize mentoring relationships with social work PhD students and institutional supports for positive mentoring. Assisted with study design, human subject approval, qualitative data collection, analysis, and dissemination.
- Examining Within-Group Differences of Predictors of Parenting Stress among Latina Mothers with Infants, Co-Investigator** 07/2014-present
Uses the *Fragile Families and Child Well-Being Study* to examine possible predictors of parenting stress among Latina mothers and test for intra-ethnic differences by mothers' country of origin
- Latino Children in Early Childhood: Context for Parenting, Principle Investigator** 09/2013-present
Uses the *National Survey of Child and Adolescent Well-Being* to examine environmental and psychosocial characteristics of Latino/a families with children vulnerable to child welfare involvement
- Partners for Our Children, Research Assistant**
- Solution Based Casework Evaluation** 09/2010-06/2012
Used multivariate statistical methods to investigate predictors of parenting stress in a statewide sample of parents involved in Washington State's child welfare system.
- PAVE: Parenting and Visitation Enhancement** 09/2011-06/2012
Adapted an evidence-based parenting program for use in parent-child visitation for child welfare involved families.
- Social Development Research Group, Research Practicum** 07/2010-03/2011
Constructed a quantitative measure for parent-child attachment using existing data from the Intergeneration Project.
- Idaho Partnership on Hispanic Mental Health** 09/2010-03/2011
Used qualitative methods to thematically code interview data on beliefs about mental health and access to care among Latino groups in Idaho.

PUBLICATIONS & PRESENTATIONS

Peer-Reviewed Publications

- Rodriguez-JenKins, J.** (2014). Complex inequality: A contextual parenting framework for Latino infants. *Children and Youth Services Review*, 44, 317-327. doi: 10.1016/j.chilyouth.2014.06.026
- Rodriguez-JenKins, J., & Marcenko, M. O.** (2014). Parenting stress among child welfare involved families: Differences by child placement. *Children and Youth Services Review*, 46, 19-27. doi: 10.1016/j.chilyouth.2014.07.024

Manuscripts Under Review

Rodriguez-JenKins, J., Storer, H., Borja, S., Teyra, C., Fernandez, A., & Willey Sthapit, C. Meeting halfway: Making mentoring successful in social work doctoral programs. *Journal of Social Work Education*.

Manuscripts In Preparation

Rodriguez-JenKins, J., & Valdovinos, M. The critical theorization of the social conceptualization of marianismo and machismo. Target journal: *Affilia*.

Rodriguez-JenKins, J. & Borja, S. Predictors of parenting stress in early childhood: A test of heterogeneity among Latina mothers. Target journal: *Social Work*.

Marcenko, M. O., **Rodriguez-JenKins, J.**, Saldana, L., Chaimberlain, P. Integrating an evidence-based parenting intervention into child welfare visitation: Parent and professional input. Target journal *Child Welfare*.

Marcenko, M. O., Kemp, S. P., & **Rodriguez-JenKins, J.** Grasping another's reality: Culturally informed understandings of caregiver-child relationships in child welfare. Target journal *Social Work*.

Reports

Marcenko, M. O., **Rodriguez-JenKins, J.**, Saldana, L., Chaimberlain, P. (2012). *Integrating an evidence-based parenting intervention into child welfare visitation: Parent and professional input*. Final report to Casey Family Programs. Seattle, WA.

Idaho Partnership for Hispanic Health. (2011). *Idaho Hispanic Mental Health Disparities: Ada & Canyon Counties*. Final project report.

Presentations

Sousa, C., Akesson, B., Marcenko, M., & **Rodriguez-JenKins, J.** (2017, January) *Parenting Under Adversity: A Critical Analysis and a Future Agenda for Social Work Research and Practice Spanning Domestic and Global Contexts*. Roundtable presentation at the Society for Social Work and Research (SSWR) Annual Meeting, New Orleans, LA.

Rodriguez-JenKins, J. & Valdovinos, M. (2015, October). *A critical examination of machismo and marianismo as a unique cultural phenomenon*. Paper presentation at the Council of Social Work Education Annual Program Meeting (APM), Denver, CO.

Borja, S. & **Rodriguez-JenKins, J.** (2015, October). *Decoding the "Rules of the Game": Strategies to Maximize Mentoring Relationships*. Paper presentation at the Council of Social Work Education Annual Program Meeting (APM), Denver, CO.

Rodriguez-JenKins, J. & Borja, S. (2015, January) *Predictors of parenting stress in early childhood: A test of heterogeneity among Latina mothers*. Paper presentation at the Society for Social Work and Research (SSWR) Annual Meeting, New Orleans, LA.

Rodriguez-JenKins, J., Storer, H., Teyra, C., & Borja, S. (2015, January). *Meeting halfway: Making mentoring successful in social work doctoral programs*. Poster presentation at the Society for Social Work and Research (SSWR) Annual Conference, New Orleans, LA.

Rodriguez-JenKins, J. (2014, October). *Complex inequality: A contextual parenting framework for Latino infants*. Poster presentation at the Council of Social Work Education Annual Program Meeting (APM), Tampa, FL.

Rodriguez-JenKins, J., & Marcenko, M. O. (2014, January). *Parenting stress among child welfare involved families: Differences by child placement*. Paper presented at the Society for Social Work and Research (SSWR) Annual Conference, San Antonio, TX.

TEACHING INTERESTS & EXPERIENCE

Interests

Direct social work practice: generalist, clinical, child welfare, medical settings; human behavior in the social environment; child and adolescent mental health; multicultural mental health; early childhood mental health; social work practice with Latino families

Experience

Social Welfare Practice III (*Sole Instructor*) Spring 2017

Required BASW course that focuses on generalist practice with communities and organizations.

Poverty and Inequality (*Sole Instructor*) Winter 2016

Required MSW foundation course that focused on examining poverty and inequality in the United States.

Social Welfare Practice I: Introduction to Social Work Practice (*Sole Instructor*) Fall 2016

Required MSW practice course that focuses on assessment, treatment planning, and intervention selection for individuals.

Social Welfare Practice II: Intermediate Direct Service Practice (*Sole Instructor*) Summer 2016

Required MSW practice course that focuses on assessment, treatment planning, and intervention selection for families and groups.

Social Welfare Research and Evaluation Sequence (*Tutor*) Spring 2016

Tutor for the required MSW research sequence. Worked closely with students to develop and implement research proposals for quantitative, qualitative, and mixed methods projects.

Winter 2016

Spring 2015

Winter 2015

Advanced Practice with Diverse Children and Families: Child and Adolescent Mental Health *Winter 2012
†Winter 2011

(*Sole Instructor** and *Co-Instructor†*)

Focus on specialized skills and knowledge for clinical practice with children with mental health concerns and their families.

Social Welfare Practice III (*Teaching Assistant*) Winter 2011

Required BASW course that focuses on generalist practice with communities and organizations.

Invited Lectures

Autism spectrum disorders	02/2015
MSW advanced mental health course	06/2014
	02/2014
Social work practice in community mental health and medical settings	05/2013
BASW introduction to social work course	

PRACTICE EXPERIENCE

Integrative Mental Health Services, Private Practitioner	04/2016-Present
Outpatient therapist for children, families, and adults.	
University of Washington Medical Center, Perinatal Social Worker	09/2008-08/2015
Medical social worker for perinatal units - labor and delivery, antepartum, postpartum, neonatal intensive care, and outpatient maternal health and pediatric clinics.	
Juneau Youth Services, Mental Health Clinician	07/2006-09/2008
Therapist for diverse children, ages 3-20, and their families in clinic, home, school, and residential settings. Duties included comprehensive assessment, diagnostics, treatment planning, and implementation of evidence based interventions.	
Children's Hospital Regional Medical Center, Social Work Intern	09/2005-06/2006
Medical social worker for craniofacial clinic patients and families suspected of child abuse and neglect.	
Harborview Medical Center, Social Work Intern	09/2004-06/2005
Provided assessment, support, and referral for families and visitors of patients admitted to the intensive care units, post anesthesia care unit, and emergency department.	
Consultation	
Juneau Youth Services, Early Childhood Mental Health Consultant	07/2006-09/2008
Provided staff trainings, classroom evaluations, and in-class support for the Central Council of the Tlingit and Haida Indian Tribes of Alaska Head Start programs.	
Certifications and Professional Licenses	
Washington State Approved Supervisor	Active
Qualified to provide independent supervision for those seeking licensure to practice as a Licensed Independent Clinical Social Worker, Licensed Mental Health Councilor, and Licensed Marriage and Family Therapist	

Social Worker Independent Clinical License (LICSW)

Active

State of Washington

Credential #LW60337741

ACADEMIC SERVICE & PROFESSIONAL AFFILIATIONS

Academic Service University of Washington**Mentoring Committee, Member**

05/2011-06/2017

Participated in building a multi-pronged quality mentorship system for doctoral students within School of Social Work.

Awards Committee, Member

06/2013-06/2015

Involved recommendations of competitive awards to PhD students.

PhD Steering Committee, Admissions Reviewer

01/2014-04/2014

Participated in the admission application reviewing process for the Social doctoral program in social welfare

VIVA! Advancing the Excellence of Latina/o SSW Students

09/2013-06/2014

Participated in a multi-faceted initiative to enhance the influence and skills of Latino/a social work students and, in partnership with community agencies, respond to the diverse strengths and needs of Latino/a communities in WA State.

Health Sciences Library Graduate & Professional Student Library

09/2012-06/2014

Advisory Committee, School of Social Work Representative

Assisted with integrating health science graduate students' input into the enhancement of learning spaces and library services.

Professional Affiliations

Society for Research in Child Development

National Association of Social Workers – WA Chapter

Society for Social Work and Research

Council of Social Work Education

Sisters of the Academy

PROFFESIONAL DEVELOPMENT

PRBA Summer Graduate Student Mentoring Workshop

06/2016

Sisters of the Academy Research Boot Camp

08/2015