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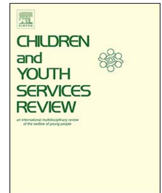
Children and Youth Services Review 79 (2017) 10–19

Contents lists available at ScienceDirect

Children and Youth Services Review

journal homepage: www.elsevier.com/locate/childyouth



Experiences of Somali and Oromo youth in the child protection system

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A R T I C L E I N F O

Keywords:
Somali
Oromo
Refugee
Child protection
Out-of-home placement (OHP)
Child maltreatment

A B S T R A C T

Background: Little is known about the experiences or proportion of refugees involved with child protective services (CPS) in the United States, because they are not an identifiable group in CPS data systems. This study utilized an innovative data matching project to identify refugees in CPS data systems and explored the experiences of Somali and Oromo youth in Minnesota's child protection system.
Methods: A sample of 629 Somali and 62 Oromo youth who were involved with CPS between 2000 and 2013 were identified by linking datasets from the Minnesota Departments of Education and Human Services. Descriptive statistics, chi-square analysis, and *t*-tests were used to explore the proportion and characteristics of children involved with CPS, placement experiences, and child protection professionals' documentation of families' strengths and needs.
Results: Somali and Oromo youth were involved with CPS at low rates (3.7%). Residential treatment facilities were the most common out-of-home (OHP) placement settings for Somali youth (41%), and almost a third of placements for Oromo youth were in a correctional facility (31.6%). Strengths identified for both groups included low alcohol and other drug use and few health issues. Needs included social support, mental health/ coping support, and parenting skills.
Conclusions: OHP settings for Somali and Oromo youth were highly restrictive. More research is needed to determine what is driving the high utilization of restrictive placements for Somali and Oromo youth, how accurately the Structured Decision Making tool assesses strengths and needs for families with refugee backgrounds, and how CPS professionals' assessments of strengths and needs compare to the refugee families' perceptions of their own strengths and needs.

1. Introduction

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

Families with refugee backgrounds face a complexity of resettlement and acculturation stressors that impact family functioning and are believed to place them at risk for involvement with child protective services (CPS) (BRYCS, 2003). However, little is known about the experiences of families with refugee backgrounds in CPS in the United States, the risk and protective factors that led to their involvement, the extent to which CPS services were responsive to their cultural and practical needs, or the outcomes of existing service interventions for these populations (Chang, Rhee, & Berthold, 2008; Earner, 2007; Fong, 2007). A major barrier to understanding the experiences of refugee families involved with CPS is that data to identify these families are largely unavailable in CPS data systems (Dettlaff & Earner, 2007; Lincroft & Resner, 2006). In general, data fields that identify nativity or immigration status of parents or children are often optional and rarely completed (Lincroft & Resner, 2006). Minnesota's child protection data utilizes broad racial/ethnic data categories that do not permit identification of immigrants or refugees (Minnesota Department of Human Services, 2010).

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

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http://dx.doi.org/10.1016/j.childyouth.2017.05.022
Received 28 December 2016; Received in revised form 23 May 2017; Accepted 25 May 2017
Available online 27 May 2017
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2015). Most recent census data estimated that 35,872 Somalis and 15,902 Oromos live in Minnesota, but are likely underestimates due to language and trust issues that affect Census participation (U.S. Census Bureau, 2013). In current CPS data systems, Somali and Oromo families are grouped into the broader category of *African American*; thus data on the proportion or experiences of Somali and Oromo families involved with CPS in the U.S. are not available. Further, while Somali and Oromo groups are both from East Africa, they have distinct cultural, political, and migration histories, and it should not be assumed that their experiences with CPS would be the same.

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

2. Background

2.1. Background on Somali and Oromo refugees

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

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

2.2. Resettlement and acculturation stressors

Research conducted in the U.S. and other resettlement countries has documented the impacts of resettlement and acculturation stressors on family functioning and parenting practices. Resettlement-related stressors include: language barriers, loss of occupational credentials, social isolation and loss of child monitoring networks, housing problems, discrimination, and unequal access to health and social services (Dettlaff, 2012; Johnson, Clark, Donald, Pedersen, & Pichotta, 2007; Rasmussen, Akinsulure-Smith, Chu, & Keatley, 2012; Shannon et al., 2016). Many of these are identified as risk factors for CPS involvement in the general population (Cadzow, Armstrong, & Fraser, 1999; Chang et al., 2008; Critelli, 2015; Lincroft & Resner, 2006), and are compounded for immigrants by language barriers and unfamiliarity with U.S. systems (Earner, 2007). Young children in immigrant families also experience higher rates of poverty than their native born counterparts (Capps, Fix, Ost, Reardon-Anderson, & Passel, 2004). Perceived discrimination has also been shown to negatively impact mental health and resettlement, with one study finding that East African refugees experienced greater discrimination than Eastern European refugees (Ellis, MacDonald, Lincoln, & Cabral, 2008; Hadley & Patil, 2009).

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

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

2.3. Refugee family strengths

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

2.4. Refugee involvement with CPS

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

refugees being underserved by CPS (see also Lincroft & Resner, 2006).

Generational patterns in immigrant children's involvement with CPS have also been identified. A study that matched child protection records with birth records in Texas to identify Hispanic children who were removed from their homes by CPS found that first and second generation Hispanic families were underrepresented in child protection caseloads, while third or higher generation Hispanic families were overrepresented (Vericker, Kuehn, & Capps, 2007). They also found that first and second generation Hispanic immigrants were more likely to be placed in group homes or institutions and to have long-term goals of foster care or independent living and were less likely to be placed with relatives or have goals of family reunification (Vericker et al., 2007). Lastly, one study referenced by Lewig et al. (2010) examined the involvement of African and Middle Eastern refugees involved with CPS in Australia and found the most common types of child maltreatment incidents were physical abuse related to use of physical discipline; neglect, primarily in large households headed by single mothers; and being exposed to domestic violence. They also reported that families who had substantiated allegations were experiencing multiple stressors.

Though scant research exists on the proportion of refugee families in CPS, when involved, refugees described several challenges to interacting with CPS. Refugees in the U.S. and Canada have described a general lack of cultural competence among CPS workers, including a lack of knowledge about their immigration status and resettlement challenges, and a lack of language supports, including the use of children to interpret for CPS meetings and placing children in out-of-home settings that did not have language support (Dumbrill, 2008; Earner, 2007). Parents also described a lack of understanding about their rights. They described their feelings about interacting with CPS as fear, powerlessness, vulnerability, feeling silenced, and loss (of their children, family, support, culture, and hope) (Earner, 2007). Somali parents in Australia described feeling disempowered by government systems they perceived encouraged children to be independent and challenge the authority of their parents (Lewig et al., 2010).

2.5. Current study

While families with refugee backgrounds are commonly believed to be at risk for involvement with CPS (BRYCS, 2003), very little research has been conducted to understand the rates of CPS involvement or the factors that impact their involvement (Dettlaff, 2012). This exploratory study responds to vast information gaps by examining the nature of Somali and Oromo youth involvement with Minnesota's child protection system, two refugee groups that continue to be accepted for third country resettlement in resettlement countries worldwide. The research questions guiding this study were:

1. What proportion of Somali and Oromo children has a history of involvement with CPS?
2. What are the experiences of Somali and Oromo children and families involved with CPS?
3. What strengths and needs of Somali and Oromo families that were identified by workers using the Structured Decision Making (SDM) assessment?

3. Methods

3.1. Participants

This study relied on secondary data from the Minn-LInK project at the University of Minnesota. The Minn-LInK project uses statewide administrative data from multiple State agencies to answer questions about the effects of policies, programs, and practice on the well-being of youth in Minnesota. For this study, the authors used data from Minnesota Departments of Human Services (MN DHS) and Education (MDE) in accordance with data sharing agreements between Minn-LInK and these State agencies. The University of Minnesota's Institutional Review Board approved the use of this secondary data for these purposes, and researchers removed all identifiers from the data file once cross-system matching was achieved.

Data from the MDE Minnesota Automated Reporting Student System was used to identify two groups of youth from refugee communities with newer arrivals – Somali and Oromo (from Ethiopia) youth – who attended public school during the 2008–2009, 2009–2010, and 2010–2011 academic years (AY). The MDE home primary language code was used to identify the two groups. This code is used in federal and state reporting and refers to the language first spoken by a child when they began speaking. While Somali and Oromo youth and their families were the focus of this study, several other new refugee groups arrived to Minnesota during the study period, including refugees from Burma, Bhutan, and Iraq. However, these groups could not be included in this study. Home primary language categories in MDE data were not updated to reflect the primary languages of refugees from Burma during the study period, and other groups could not be identified by their primary home language because the language is shared across geographic regions with several non-refugee immigrant groups.

A total of 19,968 youth from the Somali and Oromo refugee communities were identified in MDE records. Youth whose home primary language was Somali or Bantu were included in the Somali group (n = 18,367), and speakers of Afan Oromo were included in the Oromo group (n = 1601). Youth's records were then matched with their corresponding MN DHS Social Service Information System records to identify youth who had child protection system (CPS) involvement in Minnesota between 2000 and 2013. Link Plus, a probabilistic record matching software, was used to match youth's education and child protection records (Registry Plus, 2010). After probabilistic and hand matching, 629 Somali and 62 Oromo youth were identified as CPS-involved (i.e., alleged victims of child maltreatment in at least one accepted case), resulting in a final CPS-involved sample of 691 youth.

3.2. Measures

Demographic information about youth included in this study was drawn from MDE data and included indicators of socioeconomic status (eligibility for free or reduced price lunch and homelessness), limited English proficiency, receipt of special education services, grade in AY 2010–2011, and gender (male or female).

3.2.1. Eligibility for free or reduced price lunch (FRL)

This variable had three status categories including youth who were: a) ineligible for free or reduced price lunch, b) eligible for reduced price lunch, and c) eligible for free lunch. Youth were eligible for free lunch if the family income was at or below 130% of Federal poverty guidelines, and for reduced price lunch if the family income was between 130% and 185% of the guidelines (U.S. Department of Agriculture, 2008). In this study, the authors reduced the categories to two groups. The "Ineligible" category included youth that did not qualify for either a free or reduced price meal at any point during the study period. The "Eligible" category included youth that were eligible for either free or reduced priced meals at least once during the study period.

3.2.2. Homelessness

The federal McKinney Vento Act (U.S. Department of Education, 2004) requires school districts to identify and meet the needs of children and youth who are homeless. The Act defines a homeless student as a student who lacks a fixed, regular, and adequate nighttime residence or shares the housing of other persons due to loss of housing, economic hardship, or a similar reason. Youth were coded as homeless if they met this definition at any time during the study period.

3.2.3. Limited English proficiency (LEP)

Youth were noted as having limited English proficiency if: (1) the youth, as declared by a parent or guardian, first learned a language other than English, comes from a home where the language usually spoken is other than English, or usually speaks a language other than English, and (2) the youth is determined by developmentally appropriate measures, which might include observations, teacher judgment, parent recommendations, or developmentally appropriate assessment instruments, to lack the necessary English skills to participate fully in classes taught in English. Youth were coded as having limited English proficiency if they met this definition at any time during the study period.

3.2.4. Receipt of special education services

Youth with disabilities were identified via an Individualized Education Plan (IEP), a written commitment of resources and a management tool that enables students with disabilities to receive needed special education and related services in a way that is appropriate to their unique learning needs (IDEA, 2004). For this study, the Special Education Evaluation Status code was used to identify students receiving special education services via an IEP at any time during the study period.

3.2.5. Grade

Youth's most recent grade level (AY 2010–2011) was used to describe the sample included in this study. Grade levels included Early Childhood (EC), Preschool (PS), Kindergarten (K), and Grades 1–12. EC youth included those receiving early intervention services through the public education system. PS youth included those attending preschool in the public education system. It is important to note that the public education system included neighborhood schools as well as charter and magnet schools receiving public funding. For this study, grade was collapsed into five categories: EC and PS, K-2, 3–5, 6–8, and 9–12.

3.2.6. Child protection system (CPS) indicators

Child protection involvement and experiences for Somali and Oromo youth were measured using: 1) involvement in an accepted case of child maltreatment, 2) CPS response, 3) maltreatment substantiation, 4) allegation type, 5) out-of-home placement, 6) out-of-home placement length, 7) out-of-home placement setting, and 8) caregiver strengths and needs.

3.2.6.1. CPS involvement. Youth were coded as having CPS involvement if they were identified as the alleged victim in at least one accepted child maltreatment case during the study timeframe. Youth who were not reported to CPS and youth whose CPS reports were not accepted for a child protection response were coded as not having CPS involvement. In addition, for each youth, a total number of accepted reports was calculated.

3.2.6.2. CPS response. Accepted child maltreatment reports were assigned to one of two response types — Family Investigation (FI) or Family Assessment (FA; also known as Differential Response). Reports that alleged substantial child endangerment received an investigation. Depending on the circumstances, a local child protection agency could have also assigned a report *not* involving substantial child endangerment for an investigation. Family Assessment was the preferred response to reports not alleging substantial child endangerment during the study period (State legislation). Each report was coded by response (FA or FI).

3.2.6.3. Maltreatment substantiation. FI responses required investigation of the allegation of maltreatment to determine whether the maltreatment occurred. Each report was coded according to whether or not an allegation of maltreatment in that investigation was substantiated.

3.2.6.4. Allegation type. Five types of allegations existed within the Minnesota child protection system during the study timeframe: neglect, physical abuse, sexual abuse, mental injury and emotional harm, and medical neglect. The type was noted for each allegation of maltreatment.

3.2.6.5. Out-of-home placement (OHP). Youth were coded as experiencing out-of-home placement if they were court-ordered into a placement setting (paid for by the county) outside of their homes as a result of a child protection case. Children were placed out-of-home for a variety of reasons, including parent-related reasons (e.g., child neglect/abuse, child abandonment, parental substance abuse, incarceration, and disability) and child-related reasons (e.g., delinquency, status offenses, substance abuse, behavior problems, and child disability). The total number of days spent in OHP was also calculated for each youth.

3.2.6.6. Out-of-home placement setting. The following placement setting codes were used for this study: pre-adoptive home – relative (relative's home in which the family has been approved to adopt the child), pre-adoptive home - non-relative (non-relative's home in which the family has been approved to adopt the child), foster family home – relative (licensed or approved foster family home regarded by the State as a foster care living arrangement with a relative), foster family home - non-relative (licensed or approved foster family home regarded by the State as a foster care living arrangement with a non-relative), group home (substitute care settings that house 12 or fewer children), residential treatment center (institutional facility operated by a public or private agency providing 24-hour care and/or treatment for children with mental health diagnoses), supervised independent living (a type of voluntary extended foster care placement where young adults can live on their own while getting casework and support services), or juvenile correctional facility. Youth's placement settings could change over time as needed to address presenting issues.

3.2.6.7. Caregiver strengths and needs. CPS caseworkers utilized the *Structured Decision Making (SDM) Family Strengths and Needs Assessment*, developed by the Children's Research Center at the National Council on Crime and Delinquency, to identify the priority needs of families and inform the development of a service plan (MN DHS, 2012). Assessments used in the current study were completed within the state-required 45-day assessment/investigation period, prior to the development of the initial service plan. Caseworkers identified caregiver strengths and needs in seven areas: household relationships, resource management and basic needs, alcohol and other drug use, mental health and coping skills, social support, physical health, and parenting skills. Caseworkers assigned one of four possible responses to each area: (a) a strength response; caregiver has exceptional skills or resources in this area, (b) an average or adequate functioning response; caregiver has not achieved the exceptional skills or resources reflected by a response of “(a)” and may experience a degree of stress or struggle common to daily functioning, but is generally functioning well in the area, (c) a need response; caregiver is experiencing increased need in this area, and (d) a need response; caregiver is experiencing extraordinary need in this area. Responses are further defined in the results section below.

3.3. Analysis

Analysis was conducted using IBM SPSS Statistics, Version 22. Descriptive statistics were used to describe the characteristics of Somali and Oromo youth involved in Minnesota's child protection system. Chi-square analyses were used to determine whether there were significant differences in the characteristics and experiences of Somali youth compared to Oromo youth; *t*-tests were used to compare the length of out-of-home placement for Somali and Oromo youth.

Table 1
Characteristics of CPS-involved Somali and Oromo youth.

	Full sample (n = 691)		Somali (n = 629)		Oromo (n = 62)	
	N	%	*N*	%	*N*	%
Gender						
Female	322	46.6%	290	46.1%	32	51.6%
Male	369	53.4%	339	53.9%	30	48.4%
FRL	594	86.0%	544	86.5%	50	80.6%
LEP	400	57.9%	374	59.5%	26	41.9%
SPED	144	20.8%	128	20.3%	16	25.8%
Homeless	28	4.1%	28	4.5%	0	0.0%
Grade						
EC & PS	97	14.0%	87	13.8%	10	16.1%
K-2	203	29.4%	191	30.4%	12	19.4%
3–5	172	24.9%	155	24.6%	17	27.4%
6–8	109	15.8%	101	16.1%	8	12.9%
9–12	110	15.9%	95	15.1%	15	24.2%

Note. FRL = eligible for free or reduced price lunch; LEP = limited English proficiency; SPED = receiving special education services through an Individualized Education Plan; EC = early childhood; PS = preschool; K = kindergarten.

4. Results

4.1. Characteristics of CPS-involved Somali and Oromo youth

The majority of Somali and Oromo youth in the sample were not involved in the child protection system. Between 2000 and 2013, 691 (3.7%) Somali and Oromo youth experienced CPS involvement, including 3.9% of Oromo youth and 3.4% of Somali youth. Patterns of involvement did not significantly differ between groups (χ^2 (1, N = 19,968) = 0.89, p = 0.35). Somali and Oromo youth in CPS had high rates of free or reduced price lunch eligibility (i.e., were experiencing poverty), moderate LEP and special education service receipt, and low rates of homelessness (see Table 1).

4.2. Experiences of Somali and Oromo youth in child protection

The 691 CPS-involved Somali and Oromo youth were involved in a total of 634 accepted cases of alleged maltreatment between 2000 and 2013 (M = 1.50, SD = 1.08). Alleged recurrence of maltreatment (i.e., youth involvement in multiple accepted cases of alleged maltreatment) did not significantly differ among groups (Somali mean = 1.22, Oromo mean = 1.10; χ^2 (1, N = 634) = 2.61, p = 0.11). The majority of all accepted child maltreatment cases (57.4%) received a Family Assessment (FA) response. Although a larger proportion of Oromo cases received an FA response (66.7%) than Somali cases (56.6%), the response of Minnesota's child protection system did not significantly differ between groups (χ^2 (1, N = 634) = 2.07, p = 0.15). Of the 270 cases receiving a Family Investigation response, 64.8% (n = 175) resulted in substantiation of at least one maltreatment allegation; rates of substantiation did not significantly differ between groups (Somali = 63.9%, Oromo = 77.8%; (χ^2 (2, N = 270) = 1.60, p = 0.45)).

Somali and Oromo youth were involved in a total of 1187 unique allegations of child maltreatment. The most common allegation was neglect, followed by physical abuse, sexual abuse, medical neglect, and mental injury/emotional harm (see Table 2). Allegation type did not significantly differ between groups (χ^2 (4, N = 1187) = 8.04, p = 0.09).

Approximately 17% (n = 117) of CPS-involved youth experienced at least one episode of out-of-home placement. Rates of OHP were higher for Somali youth (17.3%) than Oromo youth (12.9%), though not significantly different (χ^2 (1, N = 691) = 0.79, p = 0.38). Table 3 presents information about the number of OHP episodes, the number of days in OHP, and the number of placement settings experienced by Somali and Oromo youth. Due to the small number of Oromo youth who were placed out of home (n = 8), statistical comparisons could not be made. On average, Somali and Oromo youth each experienced approximately two separate placement episodes. Somali and Oromo youth spent 217.7 days, or approximately seven months (SD = 404.5 days), in OHP. It should be noted that two individuals experienced long placements (2466 and 1853 days, respectively); if removed from analysis, the average length of placement was 184.6 days, or approximately five months (SD = 303.1). Oromo youth spent approximately four months in placement, whereas Somali youth spent slightly more than six months in placement. While in placement, Somali youth experienced 5 different placement settings, and Oromo youth experienced 6 different placement settings.

Youth who experienced out-of-home placement were placed in a variety of different settings (including pre-adoptive homes, foster family homes, group homes, residential treatment centers, supervised independent living, and juvenile correctional facilities). However, use of restrictive settings (including group homes, residential treatment centers, and juvenile correctional facilities) was high among Somali and Oromo youth, with 45% of Somali youth and 62% of Oromo youth experiencing one or more placements in a restrictive setting. Additionally, over half of the settings experienced by Somali and Oromo youth were restrictive in nature (see Table 4). Residential treatment facilities were the most common placement settings for Somali youth, with 30% of Somali youth experiencing one or more placements in a residential treatment facility. These placement settings made up 41% of all placement settings for Somali youth. Non-relative foster family homes were the most common placement settings for Oromo youth followed by juvenile correctional facilities.

4.3. Caregiver strengths and needs

The strengths and needs of Somali and Oromo caregivers, as identified by CPS workers, are described in Table 5. Somali and Oromo families were identified by CPS workers as having strengths in the areas of alcohol and other drug use and physical health. Eighty-nine percent of Somali families and 100% of Oromo families were identified as having caregivers who demonstrated a healthy understanding and/or did not abuse alcohol or drugs. While chi square analysis revealed slight differences in the pattern of CPS workers' responses with respect to alcohol and drug use (χ^2 (3, N = 299) = 29.24, p < 0.001), this remains an area of strength for both groups. In addition, 96% of Somali caregivers and 100% of Oromo caregivers were noted as *not* having health issues, or having physical health issues which did *not* affect family functioning (χ^2 (3, N = 299) = 3.42, p = 0.33).

Somali and Oromo caregivers were also identified by CPS workers as experiencing several shared areas of need, including needs in the areas of social support, mental health and coping skills, and parenting skills (see Table 5). While the majority of Somali and Oromo caregivers were identified as having a strong or adequate social support system, 1 out of 4 Somali and 1 out of 5 Oromo caregivers were documented as having limited social support systems (χ^2 (3, N = 299) = 1.45, p = 0.48). In addition, while the majority of parents were noted as having adequate or strong coping skills, approximately one-third of Somali and Oromo caregivers were noted as experiencing mental health symptoms, although the patterns of mental health and coping skills differed slightly between groups (χ^2 (3, N = 299) = 9.57, p < 0.05). Approximately one third of Somali and Oromo caregivers were also noted as having some difficulty parenting or protecting their children (χ^2 (3, N = 299) = 3.66, p = 0.16).

CPS workers noted differences between Somali and Oromo caregivers with respect to resource management (χ^2 (3, N = 299) = 33.71, p < 0.01) and basic needs and household relationships ((χ^2 (3, N = 299) = 19.06, p < 0.01); see Table 5). With regard to resource management and basic needs, the majority of Somali caregivers were noted as having limited resources but adequate management of those

Table 2
Allegations of child maltreatment among Somali and Oromo youth.

	Neglect (n = 724)		Physical abuse (n = 389)		Sexual abuse (n = 44)		Mental injury and emotional harm (n = 1)		Medical neglect (n = 29)		Total (n = 1187)	
	N	%	*N*	%	*N*	%	*N*	%	*N*	%	*N*	%
Somali	684	62.1	350	31.8	40	3.6	1	0.1	27	2.5	1102	100.0
Oromo	40	47.1	39	45.9	4	4.7	0	0.0	2	2.4	85	100.0
Total	724	61.0	389	32.8	44	3.7	1	0.1	29	2.4	1187	100.0

resources. Only 9% of Somali caregivers were identified by CPS workers as having insufficient or not well-managed resources. Over half of Oromo caregivers were identified by CPS workers as having sufficient resources and management of those resources, but 1 out of 4 were identified as having insufficient or not well-managed resources. Similarly, CPS workers documented more strengths for Somali caregivers than Oromo caregivers with respect to household relationships. Among Somali caregivers, 83% were identified as having supportive household relationships or experiencing only minor discord, whereas 76% of Oromo caregivers were identified as such, with 25% of Oromo caregivers documented as experiencing frequent discord or some domestic violence within their household.

5. Discussion

5.1. CPS involvement

The focus of this study was to better understand the experiences of Somali and Oromo youth and their families in CPS, groups that are commonly believed to be at high risk for involvement. Existing research on the experiences of refugee families in CPS is scarce and is often extrapolated from studies of immigrant families, families headed by a foreign-born parent, or families identified by broad racial or ethnic categories. The result of this extrapolation is mixed evidence about the involvement and experience of refugee families with the child protection system (Dettlaff & Earner, 2012; Pelczarski & Kemp, 2006; Segal, 2000). This is the first study to our knowledge to assess rates of Somali and Oromo youth involvement in CPS.

Compared to annual (i.e., one-year, point-in-time) CPS involvement rates for other racial and ethnic minority groups, longitudinal rates of CPS involvement of Somali (3.9%) and Oromo (3.4%) youth found in this study were low. For example, the annual rates of CPS involvement for children in racial and ethnic minority groups in Minnesota during the study time frame ranged from 5% (African American and children of two or more races) to 8% (American Indian or Alaska Native) (MN DHS, 2013). Only one racial group experienced a lower CPS involvement rate (Asian/Pacific Islander, 1%) than that experienced by youth in this study.

The low rate of CPS involvement for these groups is interesting given that African Americans, the group Somalis and Oromo are grouped into within the broader CPS data system, have been identified as disproportionately over-represented in Minnesota's child protection system, compared to the general population (MN DHS, 2010). Additionally, one would expect higher rates of child protection allegations for refugee groups given their involvement with numerous health, social, and resettlement services and resulting contact with mandated reporters. Caseworker assessments of family strengths and needs offer some insight into possible reasons for low levels of CPS involvement. The majority of Somali and Oromo caregivers in this study were identified as having adequate or strong social support systems, indicating that these communities have been able to rebuild their social networks and support systems over time in the context of resettlement in Minnesota. Low rates of homelessness for youth in this study may also indicate strong social support networks. Minnesota is home to the largest Somali community outside of Africa (Kroll, Yusuf, & Fujiwara, 2011), has a large Oromo community, and has a robust network of ethnic community-based organizations. Many Somalis move to Minnesota to receive more social support from their community (Heger Boyle & Ali, 2010).

Existing research also suggests other reasons for these low rates of CPS involvement. Underreporting of child abuse and neglect by communities due to distrust of government agencies has been identified as a concern in refugee and immigrant communities (Lincroft & Resner, 2006). Somali and Oromo refugees have well-founded fears of government agencies given their histories of persecution. In Minnesota, mistrust and suspicion of government agencies in the Somali community has heightened due to intense scrutiny and surveillance by the FBI following the involvement of several young Somalis in aiding a terrorist organization in Somalia (Bernard, 2006; Yusuf, 2012). Social workers may also fear reporting immigrant families to CPS for fear that legal

Table 3
Out-of-home placement experiences of Somali and Oromo youth.

	N	Mean	Std. deviation	Std. error	95% confidence interval for mean		Minimum	Maximum
					Lower bound	Upper bound		
Number of out-of-home placement episodes								
Somali	182	1.67	1.37	0.13	− 1.72	0.31	1.00	7.00
Oromo	19	2.37	1.77	0.62	− 2.19	0.78	1.00	6.00
Total	201	1.72	1.41	0.56	− 1.95	0.54	1.00	7.00
Number of days in out-of-home placement								
Somali	20,351	190.2	310.9	30.1	144.9	302.6	1.0	1683.0
Oromo	877	109.6	159.2	56.3	− 23.5	242.7	3.0	419.0
Total[a]	21,228	184.6	303.1	38.2	141.9	272.6	1.0	1683.0
Number of placement settings								
Somali	314	4.95	1.74	0.98	4.76	5.15	1.0	12.0
Oromo	19	6.42	3.39	0.77	4.78	8.05	3.0	12.0
Total	333	5.03	1.89	0.10	4.83	5.24	1.0	12.0

[a] *Note*: two individuals were removed from analysis of length of out-of-home placement because they represented significant outliers (lengths of 2466 and 1853 days).

Table 4
Out-of-home placement settings experienced by Somali and Oromo youth.

	Pre-adoptive home (relative)		Pre-adoptive home (non-relative)		Foster family home (relative)		Foster family home (non-relative)		Group home		Residential treatment center		Supervised independent living		Juvenile correctional facility		Total	
	N	%	*N*	%	*N*	%	*N*	%	*N*	%	*N*	%	*N*	%	*N*	%	*N*	%
Somali	13	4.1	6	1.9	16	5.1	104	33.1	33	10.5	130	41.4	4	1.3	8	2.5	314	100.0
Oromo	0	0.0	0	0.0	2	10.5	7	36.8	3	15.8	1	5.3	0	0.0	6	31.6	19	100.0

charges could threaten a family's immigration status, ability to obtain citizenship, or could lead to deportation (Lincroft & Resner, 2006). To the extent that underreporting is a concern for the communities in this study, underserving of these communities also becomes a concern.

While the types of child maltreatment allegations were similar for Somali and Oromo youth, they were slightly different than those found in the general population. Higher rates of physical abuse allegations were evident for Oromo youth (45.9%) than the general population (27.4%) (MN DHS, 2013). Youth in this study also had lower rates of sexual abuse allegations (3.6% for Somali youth and 4.7% for Oromo youth) than that of the general population (9.0%) (MN DHS, 2013). This finding is similar to a study referenced by Lewig et al. (2010) conducted in Australia that found the most common types of child maltreatment incidents for African and Middle Eastern refugees were physical abuse, which they determined were related to use of physical discipline by parents.

The response of CPS (via FA or FI) was similar across groups (42.6% receiving FI), but family investigations were more frequent than in the general population (27.6% receiving FI) (MN DHS, 2013). At the same time, the response of CPS with regard to OHP was similar across groups (0.6% of all Somali and Oromo youth) and compared to the general population (0.9% of all youth) (MN DHS, 2013). What caused the more intense, FI response for Somali and Oromo youth is unknown. The allegation itself can be directly related to the CPS response. For example, sexual abuse warrants an automatic FI response. However, the proportion of sexual abuse was lower in the study groups than the general population. On the other hand, physical abuse, if egregious, also triggers an automatic FI and could provide one explanation. The level of risk presented during reporting in these cases could also have contributed to the high rates of FI response found in this study, as high risk cases are often served through FI. Lastly, racial disparities have been documented at multiple decision points in Minnesota's child protection system and could provide another explanation (Johnson et al., 2007).

Perhaps the most concerning characteristic of the CPS involvement of Somali and Oromo youth was the use of restrictive out-of-home placements. More than half of all placements for Somali and Oromo youth as a group were in restrictive placement settings (inclusive of group homes, residential treatment centers, and correctional facilities). Research and federal legislation (42 U.S.C. § 675(5)) supports the notion that a child should be placed in the least restrictive, most family-like environment available. While this study did not explore the reasons underlying the use of restrictive placements, some insights can be gleaned from study findings, as well as existing literature.

CPS workers identified significant mental health needs among Somali and Oromo youth and their caregivers, particularly for

Table 5
Strengths and needs of caregivers as identified by CPS workers.

Item	Response	Somali *N* = 244		Oromo *N* = 55	
		N	%	*N*	%
Household relationships	(A) Supportive	86	35%	33	60%
	(B) Minor or occasional discord	118	48%	9	16%
	(C) Frequent discord or some domestic violence	40	16%	13	24%
	(D) Chronic discord or severe domestic violence	0	0%	0	0%
Resource management and basic needs	(A) Resources are sufficient to meet basic needs and are adequately managed	60	25%	28	51%
	(B) Resources may be limited but are adequately managed	161	66%	13	24%
	(C) Resources are insufficient or not well managed	23	9%	14	26%
	(D) No resources, or resources are severely limited and/or mismanaged	0	0%	0	0%
Alcohol and other drug use	(A) Promotes and demonstrates healthy understanding of alcohol and drugs	116	48%	48	87%
	(B) Alcohol or prescribed medication use/no use	100	41%	7	13%
	(C) Alcohol or drug abuse	17	7%	0	0%
	(D) Chronic alcohol or drug abuse	11	5%	0	0%
Mental health and coping skills	(A) Strong coping skills	28	12%	10	18%
	(B) Adequate coping skills	147	60%	26	47%
	(C) Mild to moderate symptoms	53	22%	19	35%
	(D) Chronic/severe symptoms	16	7%	0	0%
Social support system	(A) Strong support system	58	24%	14	26%
	(B) Adequate support system	118	48%	30	55%
	(C) Limited support system	68	28%	11	20%
	(D) No support system	0	0%	0	0%
Physical health	(A) No physical health issues and preventative health care is practiced	137	56%	28	51%
	(B) Health issues do not affect family functioning	97	40%	27	49%
	(C) Health concerns/disabilities affect family functioning	9	4%	0	0%
	(D) Serious health concerns/disabilities result in inability to care for the child	1	0.4%	0	0%
Parenting skills	(A) Strong skills	28	12%	10	18%
	(B) Adequately parents and protects child	148	61%	26	47%
	(C) Some difficulty parenting and protecting the child	68	28%	19	35%
	(D) Significant difficulty parenting and protecting the child	0	0%	0	0%

Somalis. Residential treatment facilities accounted for 41% of the settings utilized for Somali youth, the most common out-of-home placement setting for this group. In addition, 30% of all Somali youth experienced at least one placement in a residential treatment facility associated with a CPS case. In comparison, in 2012, only 20% of youth in the general population were placed in a residential treatment facility (MN DHS, 2013). However, data from the general population included placements associated with CPS as well as placements for other reasons (e.g. children's mental health cases), so the placements associated with CPS, specifically, in the general population are likely even lower. Placements in residential treatment facilities require a mental health diagnosis, which suggests that there may be significant mental health needs in the Somali community that either cannot or are not being met in an outpatient setting. In the current study, mental health symptoms and lack of coping skills for both Somali and Oromo caregivers also emerged as areas of need identified by CPS workers.

A final notable finding related to out-of-home placements for Somali and Oromo youth is the infrequent use of relative foster care. Only a small proportion of placements in this study was with relatives, consistent with previous research that found immigrant youth less likely to be placed with relatives or have goals of family reunification (Vericker et al., 2007). This finding is concerning because relative or kinship placements have consistently been shown to lead to favorable outcomes with respect to behavioral and educational outcomes (Rosenthal & Hegar, 2016), and federal legislation requires states to diligently recruit foster and adoptive that represent the racial and ethnic characteristics of children in out-of-home care (Multiethnic Placement Act, 1994, Pub. L. 103–82).

Factors that have been identified as contributing to a lack of licensed foster care providers in immigrant communities include: family separation (a lack of family members in the U.S. to provide care), unfamiliarity with licensing requirements or procedures, or families living in multi-generational housing structures that do not meet licensing standards (Vericker et al., 2007). Non-relative placements for refugee groups are especially concerning when temporary caregivers do not share a common language with the youth or are unfamiliar with and unprepared to provide for their cultural needs. Over half (57.9%) of the children in this study had limited English proficiency. Cultural and religious needs that may be unknown to non-Somali or non-Oromo foster care placements include: the religious obligation to pray five times per day and attend mosque and dietary restrictions related to religious beliefs. A lack of cultural preparation of foster care families may perpetuate community fears that foster care providers attempt to change the cultural and religious beliefs of refugee children.

5.2. Strengths and needs of Somali and Oromo families

As previously described, a number of personal and social factors modulate the risk for maladjustment and mental health symptoms for refugees and may have impacted both CPS involvement rates and use of restrictive OHP for groups in this study. CPS workers assessed several of these areas and identified strengths as well as needs. Workers' assessments of the social support systems for families were most commonly identified as adequate or strong. CPS workers also assessed economic resources and identified most of the caregivers' resources as adequate *or* caregivers were skilled at managing their resources, though limited in nature. As a state, Minnesota provides a relatively robust social welfare system. However, a high proportion of youth in this study received free or reduced price lunch, and 1 in 4 Oromo caregivers were described as having insufficient or not well managed resources. Overall, these findings suggest that although refugees are initially provided few economic supports upon resettling, over time, many families are able to obtain adequate economic resources, as well as social supports. However, some families continue to struggle long after resettlement. It is the experiences of these vulnerable families that we need to better understand.

5.3. Limitations

This study had several limitations that should be considered in light of the findings. It cannot be assumed that the findings from this study are applicable to other groups or state settings. Second, we approximated the sample of refugees using the home primary language code in education data. Third, the sample size for Oromo youth was small. While the data showed high use of correctional facilities for Oromo youth, there were only eight youth who were placed out-of-home, so comparisons between study findings and state reports were not possible. Fourth, our data did not include a comparison group of non-CPS involved Somali or Oromo youth, other refugee youth, or youth with non-refugee status. The home primary language codes available did not allow us to identify other recent refugee groups that began arriving to Minnesota during the time frame of this study, as discussed above.

Additionally, the data utilized for this study were collected for administrative and decision-making purposes, not for research purposes. While this difference does not invalidate the information gleaned from the analysis, it does present challenges for the interpretation of findings. For example, caregiver strengths and needs are identified by CPS workers as a means of informing the family's service plan. Also, the identification of caregiver strengths and needs is heavily guided by CPS workers' training, knowledge, and assessment skills.

The strengths and needs assessment utilized in this study relied on information that was collected during a worker's initial visit(s) with the family, when rapport was in its early stages of development. We selected the initial strengths and needs assessment for this study because we wanted to understand the strengths and needs of caregivers when they entered CPS. One of the resulting limitations, however, is that CPS worker assessments of caregivers' strengths and needs are based on information that a family initially chooses to share or that could be gleaned from other sources. Refugee families have well-founded reasons to fear government representatives in their countries of origin, and may not be familiar with the U.S. government's role in intervening in family concerns, which could influence what information they share with CPS workers (Critelli, 2015; Earner, 2007). For example, they may not report the challenges they are facing because they lack knowledge about how CPS workers could help them. These assessments are also impacted by CPS workers' training for working with these cultural groups and cultural competency skills, in general, such as working with interpreters. Lastly, the availability of professional interpreters and the degree to which the assessment forms and processes apply Western views and parenting norms may also impact the accuracy of the assessments.

5.4. Implications

More research is needed to understand how mental health needs are being identified in CPS, how accurately the Structured Decision Making measure assesses the strengths and needs of families with refugee backgrounds, and how CPS professionals' assessments of strengths and needs compare to the refugee families' perceptions of their own strengths and needs. Qualitative studies are needed to understand the experiences of families with refugee backgrounds who are involved with CPS (Dettlaff et al., 2009). Improvements in tracking and documentation across systems are also needed to advance research in this area. Having this information will support a more effective and robust delivery of child protective services to families in need.

The high use of placements in restrictive settings for Somali and Oromo families involved in CPS is alarming. This finding may be an indication of the inadequacy of the CPS system to respond to Somali and Oromo families in ways that are comparable to non-refugee children that enter the system for the very same reasons. More research

is needed to determine why the utilization of restrictive placements for Somali and Oromo youth was the only avenue for addressing the needs of these families in the CPS system. If CPS systems were unprepared to provide OHPs that meet the mental health and cultural needs of these families, this would indicate a clear need for CPS systems to be more proactive in preparing placements that meet the needs of new refugee communities. More research is also needed to understand why CPS responded with higher rates of investigations for Somali and Oromo families compared to the general population.

Officially, the Immigrant and Nationality Act recognizes the need to prepare local systems for serving new refugee populations before their arrival and charges refugee resettlement agencies to work closely with local stakeholders toward this goal. Cross-system collaborative models between refugee resettlement and community-based organizations and CPS in the U.S. and Canada have shown some promise for effectively serving the needs of families with refugee backgrounds (Critelli, 2015; Lincroft & Resner, 2006; Williams, Bradshaw, Fournier, & Tachble, 2005). However, a lack of official guidance and inadequate funding inhibit resettlement agencies from broad consultation with local systems (U.S. Government Accountability Office, 2012), and significant training needs remain related to CPS workers' knowledge about refugees' migration experiences and cultural backgrounds (Fong, McRoy, & Hendricks, 2006; Lincroft & Resner, 2006).

Evidence suggests that some refugee families may be referred to CPS for problems related to low incomes, inability to access social service systems, and acculturative stress, rather than abuse (Critelli, 2015). For CPS workers to adequately identify and respond to these needs, they must assess families' economic and social resources, levels of acculturation, migration histories, and strengths, in addition to assessing child maltreatment (Segal & Mayadas, 2005; Pine & Drachman, 2005). Assessments should also be trauma-informed and considered in cultural context (Segal & Mayadas, 2005). Lastly, CPS workers should provide concrete assistance, cultural orientation, and incorporate goals related to acculturation as part of their child protection service provision (Critelli, 2015). Other training relevant to working with families with refugee backgrounds includes: understanding cultural backgrounds and parenting practices of diverse populations, services and supports for refugees, effects of migration and acculturation on family systems, mental health and trauma needs, making successful mental health referrals, working with interpreters, and understanding the discrimination experiences of refugees (Dettlaff & Earner, 2007; Fong, 2007; Pine & Drachman, 2005; Shannon et al., 2016; Williams et al., 2005). This training may be more important now than ever, as political debates about refugee resettlement policies are becoming increasingly contentious, debated, and polarized in the media.

Federal resettlement policies have reduced refugees' eligibility for financial support from three years to eight months post-arrival since the establishment of the U.S. refugee resettlement program in 1980 (Potocky-Tripodi, 2002). To the extent that limited economic resources are placing families at risk for child maltreatment or compounding the challenges experienced by families in CPS, this policy change should be examined (Coulton, Korbin, Su, & Chow, 1995; Paxson & Waldfogel, 1999). This recommendation is relevant on a national level, especially for states with more limited social welfare systems than Minnesota, where families have even more limited supports to meet their basic needs.

Author declaration

We wish to confirm that there are no known conflicts of interest associated with this publication and there has been no significant financial support for this work that could have influenced its outcome.

We confirm that the manuscript has been read and approved by all named authors and that there are no other persons who satisfied the criteria for authorship but are not listed. We further confirm that the order of authors listed in the manuscript has been approved by all of us.

We confirm that we have given due consideration to the protection of intellectual property associated with this work and that there are no impediments to publication, including the timing of publication, with respect to intellectual property. In so doing we confirm that we have followed the regulations of our institutions concerning intellectual property.

Funding source declaration

The University of Minnesota School of Social Work provided financial support for the conduct of this research. Other than the involvement of the authors listed on this manuscript, the University of Minnesota School of Social Work had no other involvement in study design; data collection, analysis and interpretation of data; the writing of the report; or the decision to submit the article for publication.

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