Review of child maltreatment in immigrant and refugee families

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ABSTRACT

OBJECTIVES: Study results on child maltreatment based on general population samples cannot be extrapolated with confidence to vulnerable immigrant or refugee families because of the specific characteristics and needs of these families. The aims of this paper are 1) to conduct an evidence review of the prevalence, risk factors and protective factors for child maltreatment in immigrant and refugee populations, and 2) to integrate the evidence in an analytical ecosystemic framework that would guide future research.

METHODS: We used a 14-step process based on guidelines from Preferred Reporting Items for Systematic Reviews and Meta-Analyses and the Canadian Collaboration for Immigrant and Refugee Health. We searched major databases from "the oldest date available to July 2014". The eligibility criteria for paper selection included qualitative or quantitative methodologies; papers written in English or French; papers that describe, assess or review prevalence, risk and protection factors for child maltreatment; and a studied population of immigrants or refugees.

SYNTHESIS: Twenty-four articles met the criteria for eligibility. The results do not provide evidence that immigrant or refugee children are at higher risk of child maltreatment. However, recently settled immigrants and refugees experience specific risk factors related to their immigration status and to the challenges of settlement in a new country, which may result in high risk of maltreatment.

CONCLUSION: Future research must incorporate more immigrant and refugee samples as well as examine, within an ecosystemic framework, the interaction between migratory and cultural factors with regard to the prevalence, consequences and treatment of child maltreatment for the targeted groups.

KEY WORDS: Review; child maltreatment; immigrants; refugees; risk factors; ecosystemic model

La traduction du résumé se trouve à la fin de l'article.
Une traduction de l'article en entier est disponible sur le site web comme un fichier supplémentaire dans la section "OUTILS DE L'ARTICLE".

Child maltreatment is a worldwide public health concern that is associated with numerous and severe, short- and long-term health and developmental consequences for children.[1,2] It is also accompanied by important social and economic costs.[1] Child maltreatment consists of neglect and/or physical, sexual and psychological abuse, including exposure to intimate partner violence.

Over the past two decades, increased attention has been given to culture and ethnicity in the field of child maltreatment. Studies and reviews based on ethnic minority samples have certainly been crucial and are highly informative for the promotion of more culturally sensitive practices. However, generalizing their results may be not only inappropriate but also inequitable for immigrant (first and second generations) and refugee populations, as they do not take into account the specific characteristics (e.g., migratory and settlement conditions) and needs of these groups.[2,3] Although Western countries, and particularly the US and Canada, have a long history of migration and cultural diversity, social and health institutions must increasingly adapt to a shift in immigration patterns.[4] The greatest influx of immigration to Canada is no longer from Europe but, rather, increasingly from developing countries affected by war or severe political, social or economic unrest.[4] These newly arrived families may share many characteristics with longer settled members from their countries or ethnic groups of origin. However, they also face specific and unique challenges that need to be examined in relation to child maltreatment, and to access and response to care.[3] A unique systematic evidence review[2] on the prevalence, screening and treatment of child maltreatment among recently settled immigrants and refugees published in 2011 by Hassan and colleagues, in collaboration with the Canadian Collaboration for Immigrant and Refugee Health (CCIRH), recommended "against routine screening because of poor performance of screening instruments and the potential harms caused by the very high false-positive rates" (p.2). The authors also recommended a home visitation program for immigrant and refugee mothers living in high-risk conditions during the first two years of their child's life. No review has yet been conducted on the predictive risk or protective factors for child maltreatment in immigrant and refugee populations.

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The main objectives of this review are: 1) to review the state of evidence on the prevalence, risk and protective factors for child maltreatment among immigrant and refugee populations, and 2) to integrate the evidence in an ecosystemic analytical framework that would guide future research. To meet these objectives, this review is guided by three key questions: 1) Are immigrant or refugee children at higher risk of child maltreatment? 2) What are the specific risk and protective factors for child maltreatment in immigrant and refugee populations from an ecosystemic analytic framework? and 3) What are the future research recommendations?

METHODS

In order to answer each question, we followed 14 standardized steps developed by the CCIRH[5] and inspired by the Appraisal of Guidelines for Research and Evaluation (AGREE) instrument,[6] both of which we used in previously published systematic reviews.[1-3,7-9] The AGREE is recognized internationally for evidence-based guideline development.[5] The steps we used are also in line with the checklist of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses.[10]

We first identified the rationale for the review and the PICO (Population, Intervention, Comparison, Outcome)[5] questions that guide the review (see Key Questions 1 to 3 in the current article) in line with the ecological conceptual framework. In the next steps (see Table 1), we designed the search strategy and criteria used to assess the eligibility of existing reviews and papers, and identified data specific to immigrant and refugee populations. The following definitions were used to determine study eligibility based on sample immigration status: 1) an immigrant adult is a foreign-born adult who is settled in a host country; 2) an immigrant child/adolescent is either a foreign-born child who lives in the host country (first-generation immigrant) or a child born in the host country to immigrant parents (second-generation immigrant); 3) a refugee is a person

(adult or child) who is foreign born and lives in the host country under refugee claimant policy (we included under the term "refugees" those who may be asylum seekers or undocumented). Table 1 presents the results of the bibliographic searches and inclusion criteria.

Several databases (PsycINFO, MEDLINE, ERIC, Social services abstracts, Famili@) were consulted, from "the oldest date available to July 2014". The search strategy was formulated on the basis of the PsycINFO database and then adapted specifically for the structure of each database with different combinations, using the following key words (with relevant synonyms and truncations): "child maltreatment OR child abuse OR child welfare OR child neglect OR emotional abuse OR domestic violence OR physical abuse OR verbal abuse"; "prevention OR treatment OR intervention"; "immigrant OR refugee OR racial and ethnic minority OR racial and ethnic groups"; "risk factors OR protective factors". The search was completed by consulting websites as well as the reference lists of all relevant articles for eligible studies that did not come up in the search strategy. The key words "racial and ethnic minority, racial and ethnic groups" and "prevention, treatment, intervention" were included in the initial data search in order to ensure that the literature search covered a large portion of the research on the topic, but only data specific to immigrant and refugee populations were selected from these papers.

The first selection was based on titles and abstracts and was performed separately by two reviewers. A second selection process was then performed, again separately, by both reviewers after they had read the full texts. The disagreements around the inclusion and exclusion of articles were discussed between the two reviewers and resolved by consensus. Twenty-four articles met the eligibility criteria, 18 of which focused on families who received child protection services (CPS); the 6 others consisted of studies involving immigrant and refugee families not benefiting from CPS. These six studies focused on parents' perception of

Table 1. Five-step process for articles search and selection

Literature search steps		Search strategy	Number of studies from search strategy results
Identification	1) Developing the bibliographic search protocols	• Key words (with relevant synonyms and truncations) • Search databases: PsycINFO, MEDLINE, ERIC, Famili@, Social services abstracts • Search completion: websites, reference lists of all relevant articles.	# of total records found: 624
Screening	2) Searching and identifying studies that meet eligibility criteria based on the search protocols	Eligibility criteria: • Qualitative or quantitative methodologies; • Full-length articles published in a peer-reviewed journal; • Written in English or French; • Describe, assess or review the prevalence, risk and protection factors; • Immigrant or refugee populations.	# of eligible records: 495
Rating eligibility	3) Selection of relevant studies by two reviewers	The first selection was based on titles and abstracts and was performed separately by two reviewers.	# of eligible records: 495
		A second selection process was then performed after the full texts had been read, again separately by both reviewers.	# of reviewed records: 49
		The disagreements around the inclusion and exclusion of articles were discussed between the two reviewers and resolved by consensus.	
Included studies	4) Organizing the data 5) Summarizing, synthesizing and reporting the results		# of included studies: 24

physical child abuse, stressors experienced by families and self-reported current or past physically abusive child discipline practices.

We used the AGREE instrument[6] in order to rate the quality of evidence provided by the studies and to critically evaluate the rigour of the methods (e.g., sample representativeness), implementation (e.g., method coherence), reliability of the outcome measures and results.

The eligible studies were then reviewed in order to integrate the data and synthesize the evidence, as well as integrate the results into the ecosystemic framework. The 24 studies[11–34] are presented in Table 2 (sample, outcomes measured, instruments and level of strength), along with the score based on the AGREE rating. Given the significant heterogeneity of studies in terms of sample, methods and outcome measures, we decided to present the results by key question and based on the ecosystemic model. The final steps of the review presented in the discussion section consisted of identifying the main conclusions and the main gaps in the existing literature, and formulating recommendations for future research.

THE ECOSYSTEMIC ANALYTICAL FRAMEWORK

The ecosystemic theoretical analytical framework guides the presentation of results, their interpretation and recommendations. This model is based on developments from Garbarino,[35] Belsky[36] and Cicchetti (e.g., Cicchetti & Lynch),[37] who have applied Bronfenbrenner's ecological model[38,39] to child maltreatment. Variables at different levels of analysis are addressed in a balance of risk and protective factors in which, most importantly, their interactions may increase the probability of maltreatment occurring in a given immigrant family. The ecosystemic theoretical framework is applied to child maltreatment in the particular context of immigration. The following definitions for each system were used: 1) the ontosystem refers to the ontogenetic developmental aspects of the child[36,40] that can be related to the pre-migratory history (e.g., exposure to trauma, undernutrition) the child brings with him/her to the host country; 2) the microsystem refers to the environment in direct contact with the child, including parents' history/characteristics, parent-child relationship and parenting, cultural, ethnic or religious beliefs and practices of origin, daycare and school; 3) the mesosystem includes the interactions between two microsystems, the child being in direct contact with elements from the mesosystem; 4) the exosystem includes variables of the workplace, neighbourhood and communities, such as social isolation or support, unemployment or access to economic resources; 5) the macrosystem is composed of the host society's dominant cultural beliefs and practices, which may or may not contradict those of the immigrant or refugee parent practices; and 6) the chronosystem, which refers to the passage of time. Those systems are concentric, included in one another and characterized by complex and reciprocal relations at different levels. The meso, macro and chrono systems were excluded in the results of this review because none of the eligible studies included risk or protective factors from these systems.

SUMMARY OF FINDINGS

Key question 1: Are immigrant or refugee children at higher risk of child maltreatment?

Official data on rates of child maltreatment in the US and Canada do not incorporate information on immigration status and thus constitute unreliable sources of information on child maltreatment prevalence in immigrant and refugee populations. At present, the most reliable source of evidence comes from non-official data extracted from studies conducted with non-representative samples of immigrant or refugee families involved with Child Protection Services (CPS).

Studies of Immigrant Families Involved With Child Protection Services (CPS)

A total of 18 studies that focused on immigrant families involved with CPS met the eligibility criteria. Six of the 18 studies reported that children of immigrant families were disproportionately represented within the CPS. Two studies conducted in the Netherlands found that immigrant children were over-represented within CPS as compared with the general population.[11,20] On the other hand, three studies in the US, using data from the National Survey of Child and Adolescent Well-being, showed that immigrant children (all nationalities confounded[16] and Hispanic immigrant children[17,18]) were under-represented in CPS as compared with their size in the US population.[16–18] Within the large Asian group, one study conducted in Los Angeles found that Vietnamese, Cambodians, Laotians, Pacific Islanders and Samoan immigrant families were over-represented in CPS while Filipinos, Hmong and Korean were under-represented.[21]

Three California-based studies have looked into factors that may be related to reports of immigrant children made to CPS for alleged maltreatment. They showed that Hispanic children whose mother or both parents[22] were born outside the US and/or received benefits from Medi-Cal assistance (California's state health insurance program)[30] were significantly less likely to be reported to CPS for alleged maltreatment or to receive follow-up, as compared with Hispanic children whose mother was born in the US.[22,29,30]

Of the 18 studies, 11 explored associations between country of origin and type of maltreatment (see Table 3 for details of these studies' results). The results generally show that children of immigrant families are most frequently reported for physical abuse[11,15,18,20,21,26,31,32] and to a lesser extent for physical neglect,[11,14] emotional/educational neglect[11,20] and sexual abuse[16,17,26] or to experience emotional abuse.[20,26] The authors explain that the higher rates of emotional abuse may be due to different parental practices and expectations regarding child rearing[16,32] or to the occurrence of intimate partner violence as reported by studies involving families of Mexican[26] and Korean origin.[15]

Studies of Immigrant Children Not Involved With CPS

Studies conducted with immigrant families not involved with CPS generally focus on parent-to-child discipline practices, namely the use of physical punishment. Lau et al. report lower

Table 2. Summary table of studies of risk and protective factors for child maltreatment among immigrant and refugee families

Authors	Sample	Outcomes measured	Instruments	Level of strength*
Alink, Euser, van Ijzendoorn, & Bakermans-Kranenburg, 2013[11]	Data from the second Netherlands Prevalence Study of Maltreatment of Youth, 2010: - 1127 professionals - 12,127 families; cases substantiated in 2010 by Dutch CPS - 1759 high school students (Dutch: 88%; Moroccan: 4%; Turkish: 3%; Surinamese: 1%; Antillean: 1%; Other ethnicity: 3%)	- Professionals: immigrant status, family composition (number of children, single parenthood, stepfamilies), educational level (parents' highest education) - CPS cases: type of maltreatment, ethnicity, number of children, single parenthood, stepfamilies - Students' self-report: type of maltreatment, socio-demographic characteristics of themselves and their family	- Professionals: standardized registration form - Descriptive analyses of CPS cases - Students' self-report: questionnaire based on the Dating Violence Questionnaire and Parent-Child Conflict Tactics Scales	4
Altschul & Lee, 2011[12]	Participants from the Fragile Families and Child Wellbeing Study (FFCWS): 328 foreign-born and 517 US-born Hispanic mothers	- Maternal use of physical aggression - Indicators of acculturation: nativity, years of residency in the US, religious attendance, endorsement of traditional gender norms - Maternal Psychosocial Risk Factors: parenting stress, major depression, heavy alcohol use, intimate partner aggression or violence, child behaviour factors, socio-economic and demographic controls (household income, education level, relationship status, mother's age at time of child's birth, child's gender)	- Parent-Child Conflict Tactics Scale - Parenting Stress Index Short Form - DSM-III-R - Measure from the National Institute on Alcohol Abuse and Alcoholism (2005) - Scale developed by authors including items from Lloyd (1996) and the Spouse Observation Checklist and the Conflict Tactics Scale - Child Behavior Checklist 1½–5 years.	3
Bø Vatnar & Bjørkly, 2010[13]	157 interviews ran with intimate partner violence (IPV) help-seeking women recruited from family counselling, police and shelters in Norway	- IPV categories, severity, frequency, duration, regularity, and predictability - Guilt and shame - Partner's ethnicity - Children's exposure	- Structured Sociodemographic Questionnaire - Semi structured IPV Questionnaire developed by authors including items from the Conflict Tactics Scales - Immigration profile (from Statistics Norway's survey Level of Living, 1995)	3
Chang, Rhee & Megan Berthold, 2008[14]	243 Cambodian refugees' case files of child maltreatment treated by the Los Angeles County Department of Children and Family Services (LAC-DCFS)	- Victims' characteristics (gender, age, living arrangement, language preference, behaviour problems, disabilities) - Type of abuse, severity and chronicity - Perpetrators' characteristics (age, gender, marital status, relationship with the victim, education, length of residence, mental illness, substance abuse) - Referral source, emergency response status, disposition of the case, placement decision	- Data extraction form developed by the authors	3
Chang, Rhee & Weaver, 2006[15]	170 active immigrant Koreans reported for maltreatment and case files treated by the Asian Pacific Unit (APU) of the LAC-DCFS	- Same as Chang et al., 2008 in addition to circumstance of abuse (domestic violence, divorce, excessive discipline)	- Data extraction form developed by the authors	3
Dettlaff & Earner, 2012[16]	Data from the National Survey of Child and Adolescent Well-Being (NSCAW): - 3717 children (ages birth to 14) living with a biological parent: 3366 US-born parent, 351 immigrant parent	- Primary caregiver nativity - Child and caregiver socio-demographic characteristics - Family and household characteristics: household yearly income, family composition, caregiver instability, language use within the home. - Alleged and substantiated maltreatment - Parent and family risk factors: alcohol abuse, drug abuse, mental or emotional problems, physical, intellectual or cognitive impairments, poor parenting skills, domestic violence, excessive discipline, caregiver history of maltreatment, arrests, low social support, high family stress, difficulty meeting basic needs	- NSCAW interviews	3
Dettlaff, Earner & Philipps, 2009[17]	Data from the National Survey of Child and Adolescent Well-Being (1999–2000) - 636 Hispanic/Latino children (ages birth to 14) living with a biological parent: 406 US-born parent, 230 immigrant parent	Same as above (Dettlaff & Earner, 2012) in addition to: - Neighbourhood and community environment characteristics: assaults, delinquent or drug gangs, drug use or dealing, unsupervised children, safety of neighbourhood, involvement of parents, neighbourhood as a good place to live.	- NSCAW interviews	3
Dettlaff & Johnson, 2011[18]	Data from the National Survey of Child and Adolescent Well-Being (1999–2001): - 947 Hispanic/Latino children (ages birth to 14): 891 US-born children and 56 immigrant children)	Same as Dettlaff & Earner, 2012	- NSCAW first-hand reports from children, caregivers and CPS caseworkers - Interviews with primary caregivers	3

Continued

Table 2. Continued

Authors	Sample	Outcomes measured	Instruments	Level of strength*
Euser, Alink, Pannebakker, Vogels, Bakermans-Kranenburg, & Van Ijzendoorn, 2013[19]	Data from the second Netherlands Prevalence Study of Maltreatment of Youth (NPM-2010): - 1127 professionals - 22,661 substantiated cases in 2010 by Dutch Child Protective Services - 1920 high school students (Dutch: 87%; Moroccan: 4%; Turkish: 3%; Surinamese: 1%; Antillean: 1%; Other ethnicity: 3%)	- Risk factors in professional study: highest education of parents, parental unemployment, single parenthood, large family size, stepfamilies, child's age and gender - CPS cases: same risk factors, except educational background and parental unemployment - Students self-report: socio-economic status, student's education, single parenthood, family size, immigrant status, student's age and gender	- Professionals and CPS agencies: standardized registration form based on the one from NIS studies and NPM-2005 - Self-report: questionnaire with selected questions from the Dating Violence Questionnaire and the Parent-Child Conflict Tactics Scales	4
Euser, van Ijzendoorn, Prinzie, and Bakermans-Kranenburg, 2011[20]	Data from the NPM-2005 - 1121 professionals - 795 children: 546 native Dutch, 163 from traditional immigrant families, 113 from non-traditional immigrant families - Sample of the general population: 3089 families (91.6% Native Dutch, 4.6% traditional immigrant and 3.8% non-traditional immigrant)	- Immigrant status, child maltreatment risk, type of maltreatment, education level, family composition (single parenthood and family size)	- Standardized registration form developed by the authors	3
Ima & Hohm, 1991[21]	158 Asian or Pacific Islander cases of child maltreatment treated by the Union of Pan Asian Communities (UPAC) in San Diego, California	- Victims' characteristics (gender, age, ethnicity), type of maltreatment, perpetrator characteristics (not specified)	- Interviews with case workers - Case files analysis - Field observations	1
Johnson-Motoyama, Dettlaff, & Finno, 2012[22]	Data from the second National Survey of Child and Adolescent Well-Being (2008–2009) - 713 Hispanic children from US-born parents (470), mixed nativity (90), immigrant parents (153)	- Same as Dettlaff & Earner, 2012 in addition to - Case characteristics, caseworkers assessments, and caseworker characteristics	- Limited Maltreatment Classification System (Barnett et al., 1993) to assess type of maltreatment	3
Lau, Takeuchi & Alegrìa, 2006[23]	1293 interviews ran with Asian American parents for the National Latino and Asian American Study survey	- Socio-demographic and socio-economic indicators - Ethnicity and nativity - Contextual stress	- Interviews: socio-demographic variables, perceived social standing (Adler et al., 2000); language acculturation and ethnic identity (Cultural Identity Scales for Latino Adolescents, Felix-Ortiz et al., 1994); family cultural conflict (Family Cultural Stress subscale of the Hispanic Stress Inventory, Cervantes et al., 1991); family closeness (Olson et al., 1983); perceived discrimination (Detroit Area Study, Williams et al., 1997); parent-to-child aggression (National Comorbidity Survey adaptation of the Parent-Child CTS, Straus et al., 1998); social desirability (Marlow-Crowne Social Desirability Scale, Strahan & Gerbasi, 1972)	3
Lindell & Svedin, 2004[24]	113 children reported to police and CPS for physical abuse in Sweden (3 groups: all children, children of immigrant parents and children who had been injured from the abuse)	- Age - Gender - Ethnicity - Injury - All CPS interventions and contacts occurring prior to and at the time of the abuse incident - Risk factors: age, gender, ethnic background, parental substance abuse, parental mental illness, prior reports, prior social interventions and injury from the abuse	- Case files from CPS - Case files from CPS	3 3
Maiter, Stalker & Alaggia, 2009[25]	20 South-Asian immigrant parents involved with CPS and living in Canada	- Stressors in immigrant parents' life. 15 themes in interview concerning migration experience, acculturative stress, family life and CPS involvement	- Qualitative Interview guide developed by the authors	3
Osterling & Han, 2011[26]	2152 child welfare data (CWS/CMS) merged with eligibility data (CalWIN)	- Demographic characteristics - Immigrant characteristics (citizenship of parent and child) - Case characteristics (type of maltreatment, type and number of placements, previous referrals, length of time in CPS) - Reunification outcomes	- Administrative and Child welfare Database - Data collection sheet developed by authors	3

Table 2. Continued

Authors	Sample	Outcomes measured	Instruments	Level of strength*
Park, 2001[27]	144 Korean immigrant mothers	- Attitudes toward child physical abuse, conflict tactics, beliefs, and perceptions - Ecological variables at micro, meso, exo and macro levels	- Translated questionnaire developed by author with background questions, measures of acculturation conflicts, and of mothers' attitudes toward child physical abuse	3
Parrish, Young, Perham-Hester & Gessner, 2011[28]	All Alaska PRAMS respondents for birth years 1997–1999 (29,432: 3441 with CPS records through 1997–2004 and 25,991 without)	- 24 factors: 6 from birth records, 16 from PRAMS, 2 from both (demographics, maternal physical/sexual abuse, financial concerns, substance abuse, pregnancy intention, factors related to bonding or family cohesiveness)	- Data collection sheet developed by the authors	4
Putnam-Horstein, Needell, King & Johnson-Motoyama, 2013[29]	Same as Putnam-Horstein & Needell, 2011	- Child's race and ethnicity, referral for maltreatment, substantiated maltreatment, out-of-home foster care placement - Only for Latino children: maternal nativity status (US-born or foreign-born) - Covariates: gender, birth weight, prenatal care, birth abnormality, maternal age and education, paternity, birth order, health insurance	- Same as Putnam-Horstein & Needell, 2011	4
Putnam-Horstein & Needell, 2011[30]	Entire cohort of children born in California in 2002 (531,035 children) and CPS records for those children referred for maltreatment before the age of 5 years old	- Child's gender; birth weight; prenatal care; birth abnormality; maternal birth place; maternal race/ethnicity, age and education; abortion history; paternity; number of children born; birth payment method	- Data collection sheet developed by the authors	4
Rhee, Chang, Berthold & Mar, 2012[31]	124 Vietnamese refugees' case files treated by the APU of the LAC-DCFS	- Same as Chang, Rhee & Megan Berthold, 2008	- Data collection sheet developed by authors	3
Rhee, Chang, Weaver & Wong, 2008[32]	221 active Chinese case files treated by the APU of the LAC-DCFS	- Victim's characteristics: gender, age, language preference, behavioural problems - Perpetrator characteristics: age, gender, marital status, relationship to the victim, language preference, education, occupation, length of residence in the US, living arrangement - Family characteristics: special circumstances under which the abuse occurred, presence of family problems - Referral source, emergency response status, disposition of the case, placement decisions	- Data collection sheet developed by authors	3
Segal, 2000[33]	- 28 Vietnamese refugee parents who had 8- to 18-year-old children living at home - 28 of those children (1 child by interviewed parent)	- Demographic variables (age, marital status, education level, health, occupation, family income, number of children, length of residency in the US, occupation in Vietnam) - Interview with parents: subjects related to resettlement, acculturation, support systems, child rearing in the US, services utilization - Interview with children: subjects related to school, leisure-time activities, friendship with American children, relationship with siblings, perceptions of discipline used by their parents	- Demographic questionnaire - Semi-structured interview with parents - Semi-structured interview with children - Child Abuse Potential Inventory - Conflict Tactics Scale - Basic English Skills Test (BEST)	3
Tajima and Harachi, 2010[34]	- Data from the 2002 interviews in the Cross-Cultural Families project in Washington State - Vietnamese and Cambodian first-generation immigrant parents	- Demographic variables - Parenting beliefs - Physical discipline practices - Breaking the intergenerational cycle of physical discipline - Acculturation - Personal support - Neighborhood support - Depression - Child behaviour problems - Household structure - Education	- Interviews with items from Child Development Survey of the Panel Study on Income Dynamics (Hofferth et al., 1998) - Selected items from the Conflict Tactics Scale - Selected items from the 1985 National Family Violence Survey - Suinn-Lew Asian Self-Identity Acculturation Scale and a continuous acculturation scale developed by authors - Five items from the Social Support Behaviors Scale - Items created for the CCF study - 15 items from the Hopkins Symptom checklist - Scale developed by authors from scales measuring child behaviour problems	3

* 4 = No important limitations; 3 = Limitations in terms of sample representativeness; 2 = Limitations in terms of sample representativeness OR coherence of research design and objectives; 1 = Major limitations leading to inconclusive results.

Table 3. Type of maltreatment by family's ethnic origin and/or immigration status

Authors	Type of maltreatment in CPS files
Alink et al., 2013[11]	- Traditional immigrant families*: over-represented for physical and emotional/educational neglect - Non-traditional immigrant families[†]: over-represented for physical abuse
Chang et al., 2008[14]	- Cambodian children were more likely to be reported for neglect (41.2%) and less for sexual abuse (4.9%) than other Asian Pacific children.
Chang et al., 2006[15]	- Korean children were more likely to be reported for physical abuse (49.4%) and less likely to be reported for neglect (20.6%) or sexual abuse (1.8%) than other groups living in the same region.
Dettlaff & Earner, 2012[16]	- Sexual abuse (20.7%) was significantly more reported (but not substantiated) for children of immigrant parents. - Emotional abuse (reported: 19.7% and substantiated: 25.1%) was significantly more reported and substantiated for children of immigrant parents.
Dettlaff & Johnson, 2011[18]	- Physical abuse (75.7%) was significantly more substantiated for children of Latino immigrant parents.
Dettlaff et al., 2009[17]	- Sexual abuse (reported: 22.1% and substantiated: 23.7%) was significantly more reported and substantiated for children of Latino immigrant parents.
Euser et al., 2011[20]	- Traditional immigrant families*: over-represented for physical abuse and emotional/educational neglect. - Non-traditional immigrant families[†]: over-represented for physical and emotional abuse.
Ima & Hohm, 1991[21]	- Asians and Pacific Islanders were more likely to be reported for physical abuse (53%) and less likely to be reported for neglect (36.1%), sexual (4.9%) or emotional abuse (6%) as compared with the U.S population.
Osterling & Han, 2011[26]	- Children whose mothers were born in Mexico had significantly more substantiated cases of physical abuse (18.1%), sexual abuse (9.7%) and emotional abuse (8.1%) but significantly fewer cases of severe neglect (13.3%) than non-immigrant children.
Rhee et al., 2012[31]	- Vietnamese children were more likely to be reported for physical abuse (51.6%) and less so for incapacity or absence of caregiver (3.3%).
Rhee et al., 2008[32]	- Chinese children were more likely to be reported for physical abuse (35.3%) and less likely to be reported for neglect (22.3%) or sexual abuse (4.9%) as compared with other groups living in the same region.

* From countries with a long history of migration in the Netherlands: Turkish, Moroccan, Surinamese and Antillean.
[†] From other countries and often refugees: African (except Morocco), Eastern European, Central Asian, South and Central American.

rates of parent-to-child minor aggression but higher rates of parent-to-child severe aggression among foreign-born Asian mothers in comparison with US-born parents.[23] In a study conducted in Washington State, 50% of Cambodian and 56% of Vietnamese immigrant parents of the sample (57% in a study by Segal[33]) reported having used corporal punishment with their children.[34] In a fourth study, Altschul & Lee reported that foreign-born Hispanic mothers used significantly less corporal aggression toward their five-year-old children as compared with native-born mothers, after maternal psychosocial risk factors, child behaviour and socio-demographic factors had been controlled for.[12] A Texas-based study reported that Korean immigrant mothers did not favour physical abuse of children but were in favour of physical discipline.[27] Finally, a study conducted in Norway revealed that children of immigrant parents were at higher risk of witnessing domestic violence, which is considered as maltreatment (psychological or emotional abuse) in some CPS.[13]

Key question 2: What are the specific risk and protective factors for child maltreatment in immigrant and refugee populations within an ecosystemic framework?

Ontosystemic Risk Factors for Child Maltreatment

Some studies examined immigrant children's developmental or personality characteristics in relation to maltreatment, but none found behavioural problems or disabilities among the majority of maltreated children.[14,15,31,32] There were no differences in maltreatment as a function of child gender in three studies,[14,31,32] but three others reported that being a boy constituted a risk factor[18,27,34] and another three reported that more girls from immigrant families were involved with CPS.[16,21,22] Two studies reported that children born outside the US and involved with CPS were more likely to be older than those born in the US and involved with CPS.[17,26] In the Johnson-Motoyama et al. study, maltreated children who had one foreign-born and one US-born parent were significantly older than children whose parents were both US-born.[22]

Microsystemic Risk Factors for Child Maltreatment

Most studies have documented the characteristics of immigrant parents involved in CPS. While the authors did not investigate the relation between these characteristics and the likelihood for maltreatment to occur, we believe that they can be considered as potential risk factors. Some studies report that immigrant parents involved with CPS are older than those born in the US.[16,17,22,26] Most parents reported experiencing difficulties because they did not speak the local language.[25,27,32,33] In terms of family structure, the majority of immigrant children involved with CPS lived in two-parent households (mostly with both biological parents), in which the parents were either married or living with a common-law partner.[14–18,22,31,32]

Only six studies investigated the link between these characteristics and the likelihood of maltreatment occurring. These studies showed that immigrant families share several risk factors in common with non-immigrant families. High family stress is the most frequently reported risk factor for child maltreatment among immigrant and non-immigrant families alike.[16–18,22] Other microsystemic risk factors found among immigrant families involved with CPS included living in a step-parenthood family[11] or a single-parent family;[11,20] living in a family with a low to very low educational level;[11,20] belonging to large families;[20,26] and witnessing or having witnessed domestic violence against the caregiver.[16,22]

Most importantly, studies reported risk factors that are specific to immigrant parents, and these seem to stem from the challenges of resettlement in the host country. The severity of the abuse was inversely related to the length of residence in the host country: more years living in the US was associated with less severe physical abuse.[21,31,32,34] This was explained by the acculturative stress hypothesis, which stipulates that immigrant families may be at higher risk during the first years of settlement because they face increased stress for acculturation and because they are less familiar with the laws, norms and values of the host society.[31] Park found a significant association between high

family conflict due to acculturative stress and higher risk of child physical abuse.[27]

Studies have also reported the use of excessive physical discipline[18,22] and having beliefs and practices that approve of excessive physical discipline as additional risk factors.[14–16,22,27,31,32] The parents' history of maltreatment as a child was positively associated with an increased likelihood of physical punishment being used with their own children.[34] However, 38% of mothers who did not report a history of maltreatment as a child did use physical punishment with their own children.[34]

With regard to refugee parents specifically, two studies reported parents' experiences in the country of origin, namely trauma and emotional difficulties, as potential risk factors for physical abuse[20] and neglect.[21]

Exosystemic Risk Factors for Child Maltreatment

The parents' immigration status, namely refugee or undocumented status, emerges as a consistent risk factor for child maltreatment,[11,19,20] probably because of the resultant high levels of stress and the fear of being separated from the children and family.[16,22] On the other hand, Dettlaff and colleagues highlight that having an undocumented status can be a deterrent for parents and reduce the risk of abuse, given the possible consequences, including deportation and hence the separation of family members.[16,17]

Nine studies report financial hardships faced by immigrant families where child maltreatment has occurred. In three studies conducted by Dettlaff and colleagues, more than 70% of parents had a yearly family revenue lower than $20,000, which is similar to non-immigrant families involved with CPS (60%).[16–18] Significantly more immigrant families involved with CPS had no access to public assistance (63.9% vs 31.2%) or no sources of income (30% of parents in Rhee et al.[31]). The association between revenue and child maltreatment was statistically significant in only one study.[17] In an Alaska-based study, receiving public aid was significantly related to child maltreatment among non-Alaskan natives.[28]

Financial hardships can be related to unemployment:[19,25] three other studies reported very high unemployment rates among immigrant parents (reported percentage of unemployed parents varied from 48%,[31] 64%[14] and 91% for mothers and 86% for fathers[24]). Immigrant families may also experience difficulties related to work conditions, such as professional deskilling or poor work conditions.[25]

Finally, six studies reported that immigrant families involved with CPS had low to no social support,[25,31] but the link between social isolation and increased risk of maltreatment was not significant.[16–18,22]

Protective Factors Specific to Immigrant or Refugee Families

Very few studies investigated protective factors for child maltreatment among immigrant or refugee families. Two studies found that having a foreign-born mother was related to a lower likelihood of child maltreatment.[12,30] Additional protective factors found to be associated with lower risk of maltreatment were lower average alcohol consumption among foreign-born mothers,[12,24] higher level of education[31] and living in a two-

parent household.[16,22] The mechanism by which this last factor may act is through lower levels of stress and less financial hardships.[16,22] Finally, living in a neighbourhood with higher immigrant density and ethnic diversity was found to be protective against child maltreatment, which may be due to the development of social support networks.[17] This was protective for Cambodians families but not for Vietnamese families in a study conducted in Washington state.[34]

DISCUSSION

This paper reviewed and rated evidence on the prevalence and risk/protective factors for child maltreatment in immigrant and refugee families. There is low-quality evidence on the prevalence of child maltreatment in immigrant and refugee families, and results are too contradictory to be conclusive. There is thus currently no evidence that immigrant and refugee children are at higher risk of maltreatment. They do, however, seem to be over-represented for substantiated cases of physical abuse within CPS. This may indeed be related to harsher discipline practices among some immigrant or refugee families. However, it can also be explained by numerous correlated factors, such as poverty and related social risks, biases of professionals involved in decision-making and the lack of cultural competence and appropriate resources.[41]

This review shows the dearth of evidence on risk and protective factors for child maltreatment among immigrant and refugee families. The available evidence is mixed, and study designs vary considerably, which precludes any possibility for a meta-analysis. The 24 studies are very heterogeneous in terms of methods, objectives and outcomes measured. Some are conducted with samples of families involved with CPS, whereas others survey the general population. Sample sizes vary considerably, and most studies are exploratory or descriptive. Data collection methods include case file analyses, self-report questionnaires or qualitative interviews with parents, children or social workers. Several studies relied on instruments developed by the authors with little information on the sources and validation of these instruments, which makes it difficult to rate the reliability of the evidence.

The current lack of a conceptual model is a considerable barrier to an efficient integration of research findings for immigrant and refugee families. It remains unclear whether the reported differences in rates and risk of maltreatment are due to migratory factors (e.g., recent settlement, economic challenges, refugee status), social factors (e.g., state-specific laws or practices that may influence reporting and retention of cases), cultural factors (e.g., values and norms about child discipline) or to a dynamic interaction between the three. We attempt to illustrate this dynamic interaction within a conceptual ecosystemic framework. Figure 1 shows our predictive model, which incorporates evidence summarized in this review on child maltreatment in immigrant and refugee families. The model provided highlights the potential impact that various factors have on child maltreatment among immigrant and refugee families. While certain variables are specific to immigrant and refugee families, such as immigration status, pre-migration trauma and family disruptions due to acculturative stress, other
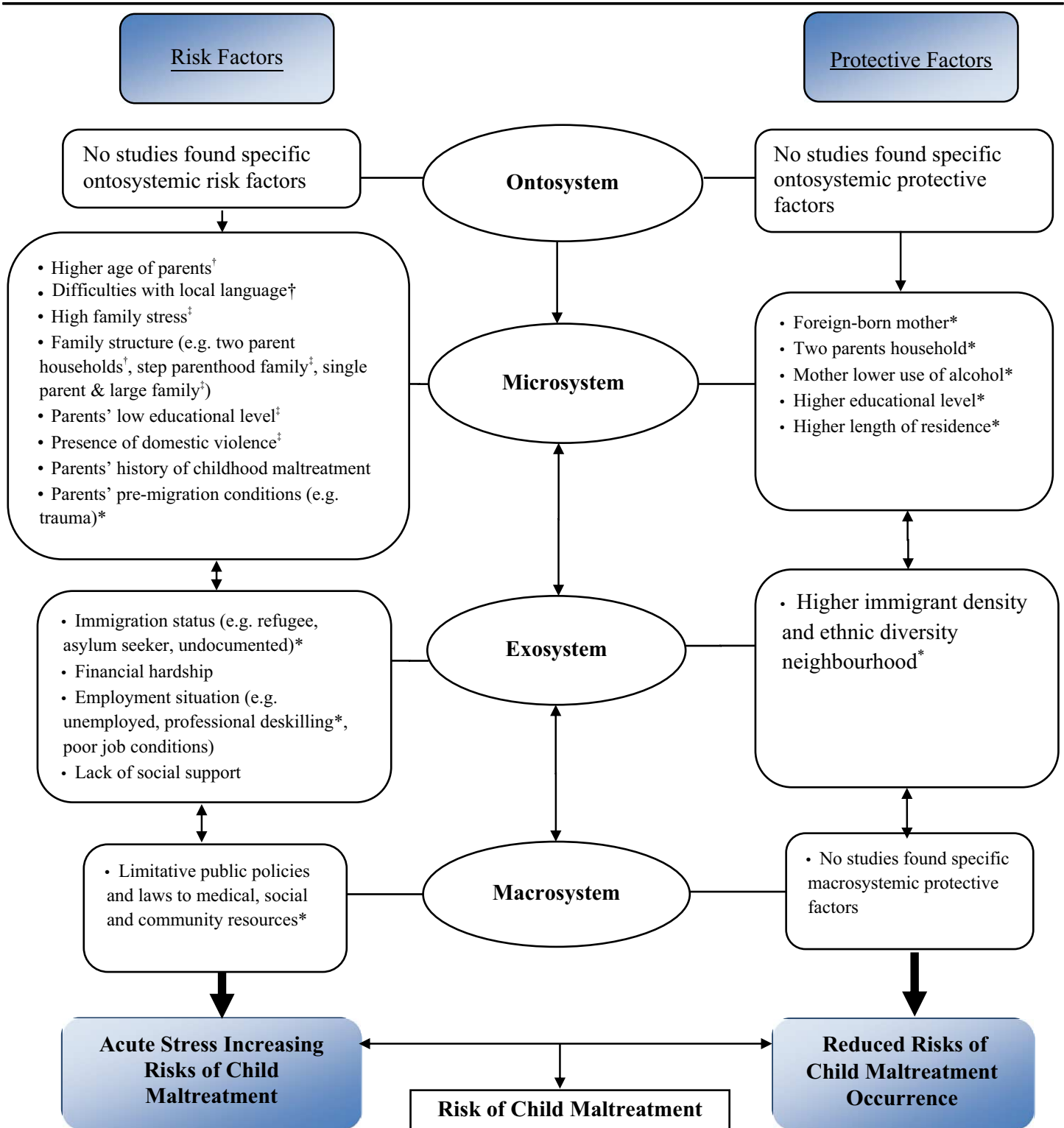
Risk Factors

Protective Factors

No studies found specific ontosystemic risk factors

Ontosystem

No studies found specific ontosystemic protective factors

- Higher age of parents[†]
- Difficulties with local language[†]
- High family stress[‡]
- Family structure (e.g. two parent households[†], step parenthood family[‡], single parent & large family[‡])
- Parents' low educational level[‡]
- Presence of domestic violence[‡]
- Parents' history of childhood maltreatment
- Parents' pre-migration conditions (e.g. trauma)[*]

Microsystem

- Foreign-born mother[*]
- Two parents household[*]
- Mother lower use of alcohol[*]
- Higher educational level[*]
- Higher length of residence[*]

- Immigration status (e.g. refugee, asylum seeker, undocumented)[*]
- Financial hardship
- Employment situation (e.g. unemployed, professional deskilling[*], poor job conditions)
- Lack of social support

Exosystem

- Higher immigrant density and ethnic diversity neighbourhood[*]

- Limitative public policies and laws to medical, social and community resources[*]

Macrosystem

- No studies found specific macrosystemic protective factors

Acute Stress Increasing Risks of Child Maltreatment

Risk of Child Maltreatment

Reduced Risks of Child Maltreatment Occurrence

Figure 1. Ecosystemic predictive model of child maltreatment in refugee and immigrant families
[*] Specific factors for immigrant and refugee families.
[†] Parents' characteristics (potential risk factors).
[‡] Risk factors in the six specific studies.

risks factors are not unique to these populations. This highlights the importance of undertaking complete and comprehensive assessments in order to grasp the specific experiences, difficulties and needs of each family.

Immigration status

The immigration status seems to be the strongest risk factor for child maltreatment among immigrant and refugee families.[19,20] Refugee children and families, refugee claimants, asylum seekers,

undocumented immigrants and unaccompanied minors may constitute a high-risk group, as they live with ongoing fear of discovery or deportation[42] but also because status may co-vary with other risk factors, such as higher likelihood of having survived trauma, higher risk of poverty, social isolation, forced unemployment, lack of information about host country laws, poor access to interpretation services, poor access to health and social services, lack of opportunities to develop trust relationships in a relatively safe environment,[42] as well as poor mental health consequences.[43]

Several studies and reports confirm that asylum and refugee status strongly determine income, employment opportunities and access to support services.[44] In immigrant and refugee families, financial hardship and social isolation are often the most important challenges during the first years of settlement. To support the family, mothers may have to enter the workforce, in low-wage jobs, increasing the pressure of multiple responsibilities for them and requiring the fathers to accept additional responsibilities for child care and housework, which they may be less familiar with.[45] This may increase family stress, particularly when parents have to struggle with unemployment or employment that does not correspond to their educational levels or diplomas. Studies conducted among ethnic minority families indicate that employment of wives and unemployment of husbands is significantly associated with an increase in family conflict and intimate partner violence.[46]

The impact of uncertain immigration status and/or financial hardship and social isolation on the mental health of parents tends to be compounded with settlement stressors and discrimination. These factors may all contribute to the emergence of abusive parental behaviours by increasing the level of family and parental stress.[21,23,47] Recently settled immigrant or refugee parents may lack the resources to help their children negotiate safely through educational systems, street crime, racism and intolerance.[33,48] Okamura et al. argue that the anger and powerlessness caused by these experiences can be expressed within the family in the form of harsher or more violent disciplinary practices with children.[49] This is often done with the aim of protecting children from the perceived dangers of the host society. Perceived dangers may include, but are not limited to, discrimination, structural violence, and the influence of gangs and drug use.[33,50]

Stress and trauma

The challenges that accompany migration and resettlement, including acculturation and adaptation, create their share of specific family-level vulnerability factors.[17] Fear of the unknown, stress, loss of previously established support systems,[25,51] social isolation,[21,25] decrease in socio-economic status[52] and uncertainty about the future are often experienced by immigrant families and may put high pressure on the parents. Recently settled immigrants and refugees experience substantially more stressful life events and trauma than native families and longer settled immigrant families.[20,48] This may explain why high family stress has been found to be a prevalent risk factor among immigrant families.[17]

The risk of child maltreatment among refugees may also be related to parental re-traumatization during the migration journey and during resettlement in the host country.[20,53] Research suggests that peri- and post-migratory experiences can have a greater impact on immigrant well-being than pre-migratory stressors.[54] These re-traumatizing stressors include the prolonged status claim procedures, the uncertainty about the refugee status,[55] inconvenient housing, discrimination and unemployment during the waiting time for status-related court decisions.[56]

Acculturation-related family disruptions

Immigrant and refugee families experience major disruptions in family life during their first months or years of settlement. Such disruptions may create pressures that destabilize established nuclear and extended family relationships and hierarchies. This can influence long-established gender and parent-child roles.[33] Children learn the host country language and acculturate at a faster speed than their parents. For this reason, they are often given the role of interpreting for family members and negotiating with social structures, thus undermining the natural family hierarchy and roles of parents.[57] This new role not only threatens the parents' position as the "knowledgeable elder"[33] but also creates situations in which children are made aware of information and issues that, because of their sensitive nature, are meant to remain within the realm of the adults. Furthermore, the acculturation gap between children and their parents may lead to parents losing control over their children, which may put some parents at increased risk of using more rigid discipline strategies.[17]

CONCLUSION

Key question 3: What are the future research recommendations?

We recommend that future research incorporate elements from our proposed model, examine the model's applicability, improve it, as well as provide a basis for risk assessment and intervention planning. One way to improve the model is by incorporating variables from the exosystem and macrosystem levels, which were excluded in the reviewed studies. For instance, several factors that put immigrant and refugee families at higher risk of child maltreatment are located in the larger legislative, social and economic dynamics of phenomena such as globalization and migration.[17] Public policies and laws can limit parents' access to economic and social benefits.[25] Public policies directly affect immigrant families' abilities to function.[16,17] Many Western societies, such as Canada and the US, have developed policies that resulted in reduced funding of medical, social and community services available to vulnerable immigrant families.[17] We found no studies that assessed the impact of such factors on risk of maltreatment among immigrant or refugee families, although some authors make assumptions about the impact of the parents' living conditions (difficulties in finding a job and other factors listed above) on the risk of child maltreatment.

To be able to apply the proposed model, researchers must assess parents' immigration status and birth place,[22] and include information about pre-migration conditions, the immigration journey's history and the challenges of settlement in a new country, as well as assess possible re-traumatization.[20] Length of stay in the host country should not be used as a proxy for acculturation. In addition, studies on risk factors would benefit from controlling for the possible impact of co-variables with immigration or refugee conditions, such as deskilling, low socio-economic status and social isolation. Our model also incorporates "cultural" variables. This is particularly relevant in immigrant and refugee families because they may be less acculturated than longer settled ethnic minority groups. Including cultural variables also allows us to examine how heritage cultural practices and modes of coping may constitute significant protective factors and sources of empowerment, or conversely may put children at further risk of abuse.

Child maltreatment is a result of a dynamic interaction between risk and protective factors. Studies have generally examined risk factors with little attention to protective factors and the interaction between the two. Dettlaff and colleagues remind us that the strengths and protective factors of immigrant families are too often overlooked, which may bias study results.[16–18] Immigrant families strive for a better life and better conditions for their children. The motivation and hope they carry can constitute sources of resilience for the difficulties they may face during the migration and acculturation processes.[16–18,22,25] Researchers may want to combine quantitative data collection with qualitative methods that give voice to the usually unheard populations, as well as provide better information on the complexity of the power relationships between immigrant families and the diverse institutions involved in child maltreatment interventions.

Finally, the ecosystemic model can be used to guide the adaptation of intervention programs to the specific needs and characteristics of vulnerable immigrant and refugee populations at risk of child maltreatment. We had initially included in our review search terms on intervention programs, with only two resulting studies. More evaluative studies are needed on the efficiency of intervention programs for immigrant and refugee families at risk or where child maltreatment has occurred.

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RÉSUMÉ

OBJECTIFS : Les résultats des études portant sur la maltraitance des enfants issus du groupe majoritaire ne peuvent être extrapolés systématiquement aux familles immigrantes et réfugiées, étant donné les caractéristiques et besoins spécifiques de ces populations. Les buts de cet article sont: 1) de réaliser une recension systématique des écrits sur la prévalence et les facteurs de risque et de protection en ce qui a trait à la maltraitance des enfants issus de familles immigrantes et réfugiées, et 2) d'intégrer les résultats dans un modèle écosystémique qui pourra guider les recherches futures.

MÉTHODE : Un processus en quatorze étapes, inspiré des principes *Preferred Reporting Items for Systematic Reviews and Meta-Analyses* (PRISMA) ainsi que de la Collaboration canadienne pour la santé des immigrants et des réfugiés (CCIHR), a guidé le processus de revue de littérature. Les principales bases de données ont été consultées « de la date la plus ancienne jusqu'en juillet 2014 ». Les critères de sélection des articles incluaient : avoir une méthodologie qualitative ou quantitative, être écrit en français ou anglais ainsi que décrire, évaluer ou réviser la prévalence et les facteurs de risque et de protection pour les mauvais traitements chez les familles immigrantes et/ou réfugiées.

SYNTHÈSE : Les résultats des 24 articles rencontrant les critères d'éligibilité suggèrent que les enfants immigrants ou réfugiés ne sont pas plus à risque de maltraitance. Toutefois, les immigrants récents et les réfugiés font face à des facteurs de risque spécifiques étant donné leur statut au pays d'accueil et les défis propres à l'intégration dans un nouveau pays.

CONCLUSION : Les recherches futures doivent inclure davantage de participants immigrants et réfugiés dans leurs échantillons, ainsi que doivent examiner les interactions entre les facteurs liés à la migration et à la culture en ce qui concerne la prévalence et les conséquences de la maltraitance chez les enfants ainsi que le traitement pour ces populations.

MOTS CLÉS : recension; maltraitance; immigrants; réfugiés; facteurs de risque; modèle écosystémique