

RESEARCH BRIEF

Involvement of Somali and Oromo Youth in Minnesota's Child Protection System

PURPOSE OF THE STUDY

This study examined the proportion of Somali and Oromo youth involved and their experiences in Minnesota's Child Protection System (CPS).

Because this is not an identifiable group in CPS data systems, an innovative data matching project was used to explore and reveal unique knowledge about this rarely studied population's experiences with CPS.

BACKGROUND & PURPOSE

For over 30 years the United States, and Minnesota in particular, has accepted Somali and Oromo refugees from Ethiopia for resettlement. Somali and Oromo families now make up a sizable proportion of many communities (Office of Refugee Resettlement, 2015). Although families with refugee backgrounds possess strengths and protective factors (e.g., religious affiliation, cultural values, and sense of cultural identity; Plummer & Njuguna, 2009), they also face a complexity of risk factors that are believed to elevate their risk for Child Protective Services (CPS) involvement. Somali and Oromo families face unique socioeconomic and psychosocial challenges related to their experiences of pre-migration trauma, post-migration resettlement, and acculturation stress, challenges which have been shown to impact family functioning, stability, and parenting practices (e.g., Dettlaff, 2012; Johnson et al., 2007). Available research on refugees' CPS involvement in the U.S. yields mixed findings, with some research pointing to overrepresentation and other research suggesting underrepresentation of refugee families within CPS (Pelczarski & Kemp, 2006; Segal, 2000; Zhai & Gao, 2009). Thus, important questions about the rates of refugees' CPS involvement or the factors that impact their involvement remain.

This exploratory study aimed to narrow the existing information gaps by examining the nature of Somali and Oromo youth involvement with CPS in Minnesota — two refugee groups that continue to be accepted for third country resettlement in resettlement countries worldwide. The research questions were:

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



SOMALI AND OROMO FAMILIES FACE UNIQUE SOCIOECONOMIC AND PSYCHOSOCIAL CHALLENGES RELATED TO THEIR EXPERIENCES OF PRE-MIGRATION TRAUMA, POST-MIGRATION RESETTLEMENT, AND ACCULTURATION STRESS, CHALLENGES WHICH HAVE BEEN SHOWN TO IMPACT FAMILY FUNCTIONING, STABILITY, AND PARENTING PRACTICES.

METHODS

The education records of 19,968 Somali and Oromo youth from academic year 2010-2011 were matched with their corresponding CPS records from 2000-2013 (n = 691). Descriptive statistics and chi-square analysis were used to assess the proportion and characteristics of youth involved with CPS, their experiences within CPS, and child protection professionals' documentation of families' strengths and needs.

FINDINGS

Somali and Oromo youth had low rates of CPS involvement (3.7%). Residential treatment facilities were the most commonly used placement setting for Somali youth (41%) due to mental health needs. Almost a third of placements for Oromo youth were in correctional facilities (31.6%). Family strengths noted by CPS workers included low levels of substance use and few physical health issues; areas of need included social support, mental health/coping support, and parenting skills.

Through Minn-LInK, Minnesota Department of Education records for a group of 19,968 youth from the Somali and Oromo refugee communities (identified via Home Primary Language) were matched with corresponding records from the Minnesota Department of Human Services for history of CPS involvement between 2000 and 2013. A total 629 Somali and 62 Oromo youth (n = 691) were identified as having CPS involvement. Demographics used in the analysis included two indicators of socioeconomic status (eligibility for free or reduced price lunch and homelessness), English proficiency, receipt of special education services, grade in the 2010-2011 academic year, and gender (male or female). Descriptive statistics were used to summarize the characteristics of Somali and Oromo youth involved in Minnesota's child protection system (Table 1). Chi-square analyses were used to determine significant differences in the characteristics and experiences of Somali youth compared to Oromo youth as well as the strengths and needs of Somali and Oromo families as identified by CPS workers.

CPS Involvement. This study found low longitudinal rates of CPS involvement for Somali (3.9%) and Oromo (3.4%) youth as compared to the annual rates for other racial and ethnic minority groups in Minnesota. For example, annual rates ranged from 5% (African American children 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 the Somali and Oromo youth in this study. Possible explanations for the low rates of CPS involvement for this population include low rates of homelessness, protective factors related to the strong social support systems built into the large Somali and Oromo communities in Minnesota, underreporting of child abuse and neglect due to communities' distrust of government agencies, and underreporting due to social workers' fears that legal charges could threaten families' immigration status (Lincroft & Resner, 2006).

Allegation Type. 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), which may be related to the use of physical discipline by caregivers (Lewig et al., 2010). Youth in this study also had lower rates of sexual abuse allegations (Somali = 3.6% and Oromo = 4.7%) than that of the general population (9.0%; MN DHS, 2013).

Response of CPS. The response of CPS via Family Assessment (FA) or Family Investigation (FI) was similar for Somali and Oromo youth (42.6% receiving FI), but higher than that in the general population (27.6% receiving FI; MN DHS, 2013). The response of CPS with regard to out-of-home placement was similar across groups (0.6% of all Somali and Oromo youth) and comparable to the general population (0.9% of all youth; MN DHS, 2013). Plausible explanations for high rates of FI include the possible presence of high-risk physical abuse allegations (which trigger an automatic FI) or documented racial disparities at multiple decision points in CPS (Johnson et al., 2007).

Out-of-Home Placement. As depicted in Figure 1, more than half of all placements for Somali and Oromo youth were in restrictive placement settings (inclusive of group homes, residential treatment centers, and correctional facilities). This high utilization of restrictive placement settings is most concerning because research and federal legislation (42 U.S.C. § 675(5)) support the notion that a child should be placed in the least restrictive, most family-like environment available. Although this study did

Table 1
Characteristics of CPS-involved refugee 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. Free/reduced price lunch (FRL), Limited English Proficiency (LEP), Special Education (SPED), Early Childhood & Preschool (EC & PS).

not directly explore the reasons for restrictive placements, present findings and existing literature provide some insights. For instance, CPS workers identified significant mental health needs among refugee youth and their caregivers, particularly for 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 on the use of residential treatment facilities in the general population included placements

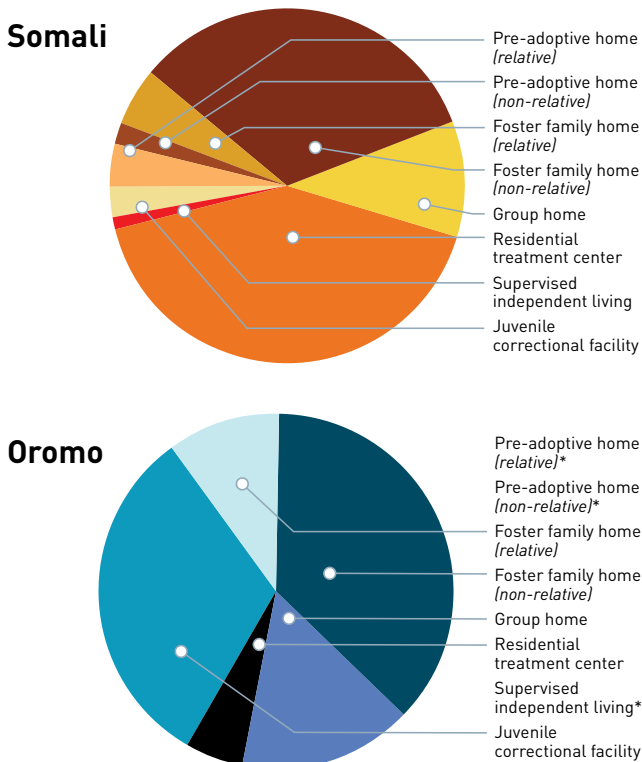
A NOTABLE FINDING RELATED TO OUT-OF-HOME PLACEMENTS FOR SOMALI AND OROMO YOUTH IS THE INFREQUENT USE OF RELATIVE FOSTER CARE.

associated with CPS as well as placement for other reasons (e.g. children’s mental health cases), so the placements associated with CPS in the general population are likely even lower. Placements in residential treatment facilities require a mental health diagnosis, which indicates that there may be significant mental health needs in the Somali community that either cannot or are not being met in an outpatient setting.

Another notable finding related to out-of-home placements for Somali and Oromo youth is the infrequent use of relative foster

Figure 1

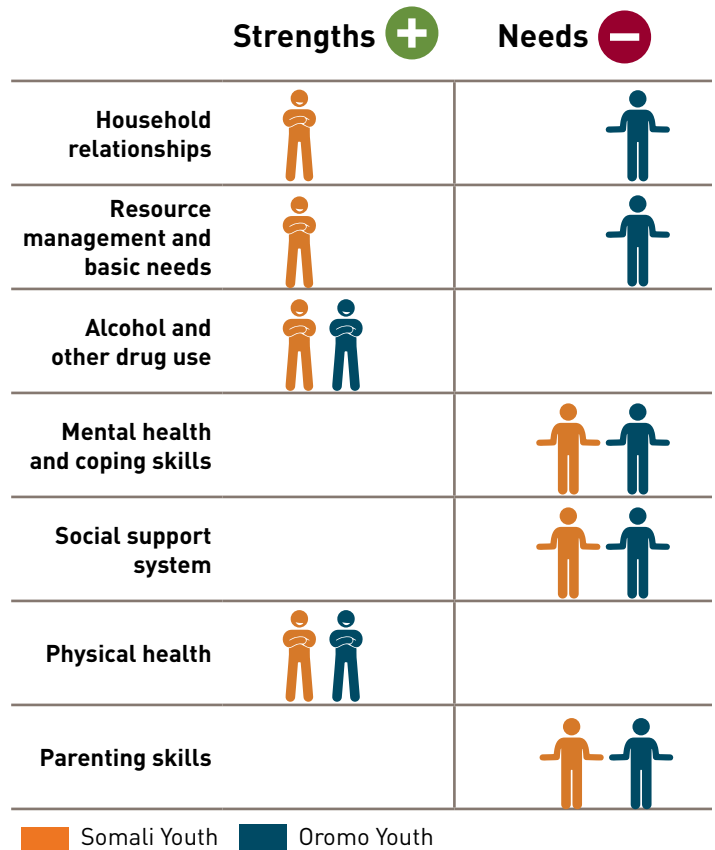
Out-of-home placement experiences of Somali and Oromo youth



* Categories with 0% placement settings

Figure 2

Strengths and needs of caregivers as identified by CPS workers



Please see Supplemental Table A for more information about the strengths and needs of Somali and Oromo families as documented by CPS caseworkers.

care. Only a small proportion of placements in this study were with relatives, consistent with previous research that found immigrant youth are less likely to be placed with relatives or have goals of family reunification (Vericker et al., 2007). This 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 families that represent the racial and ethnic characteristics of children in out-of-home care (Multiethnic Placement Act, 1994, Pub. L. 103-82).

Strengths and Needs. A number of personal and social factors modulate the risk for maladjustment and mental health symptoms for refugees. These factors may have impacted both CPS involvement rates and use of restrictive out-of-home placement for the Somali and Oromo youth in this study. Strengths documented by CPS workers included adequate or strong social support systems for refugee families, as well as adequate economic resources or skills in managing limited economic supports to gain stable economic resources over time. Needs included social support, mental health, coping, and parenting skills. These strengths and needs, as documented by CPS workers, are depicted in Figure 2.

Conclusion

Little is known about the experiences or proportion of refugees involved with CPS in the United States because they are not an identifiable group in CPS data systems. Using an innovative data matching project to identify refugees in CPS data systems, this study was able to explore the experiences of Somali and Oromo youth in CPS. Findings indicated that Somali and Oromo youth were involved with CPS at low rates (3.7%) and that residential treatment facilities were the most common out-of-home placement setting for Somali youth (41%), while almost a third of placements for Oromo youth were in a correctional facility (31.6%). Strengths identified in both groups included low rates of substance use and few health issues. Needs that were identified included social support, coping and mental health support, and parenting skills. These findings have implications for research, policy, and practice.

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 for this population. To help professionals improve services to refugee families, 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 refugee families' perceptions of their own strengths and needs. Federal resettlement policies have reduced refugees' eligibility for financial support from three years to eight months post-arrival since 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).

LIMITATIONS

Several limitations should be considered in light of the findings: (a) findings from this study may not apply to other groups or state settings; (b) the sample of refugees was approximated using the home primary language code in education data; and (c) the sample size for Oromo youth was small, and only eight Oromo youth experienced out-of-home placement, meaning that comparisons to state reports were not possible.

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