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# What cultural humility teaches us about protecting children

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ABSTRACT

Cultural humility challenges us to broaden our cultural perspectives and frames of reference – to be prepared and motivated to see what we do not see. In this paper, we offer a commentary that lifts the voices of maltreated children based on years of listening to children and their families tell their stories. These stories provide recurring themes and reveal the keys to their protection. These insights are framed as pillars of resilience and uphold the foundation of our call to protect children, namely, safety, trust, support, and hope. A cultural humility perspective suggests that these pillars are restored or established and maintained in variable ways predicated on the unique experiences of each child. Our primary work with maltreated children is to identify breaches in these pillars; and for all children, we are challenged to restore and maintain these pillars if our goal is to protect them.

## 1. Introduction

It is widely known that child maltreatment is a global challenge; nearly one billion children, half the world's child population, suffer regularly from maltreatment at the hands of adults, many of whom are their primary caregivers (World Health Organization [WHO], 2020). In the U.S., over three million investigations or alternative responses took place due to child maltreatment in 2021, at a rate of 40.7 per 1000 children (Children's Bureau, 2023). Out of those investigations, nearly 600,000 victims of child abuse and neglect were substantiated or indicated, equating to a national rate of 8.1 victims per 1000 children (Children's Bureau, 2023). By far, most child maltreatment perpetrators were one or both parents of the victims (75% of all reports; Children's Bureau, 2023). Nonetheless, while these data are revealing, they are still far from uncovering the hidden, undetected abuse that occurs outside of the purview of the child welfare system. What is hidden and what is unattended to has always already been a recurring challenge in the context of child protection. However, this challenge has also prompted pivotal shifts that led to a more complicated perspective of child maltreatment, which ultimately enhanced efforts to protect children.

Indeed, dating back to 1874, the story of Mary Ellen McCormack – a 10-year-old adopted from a New York orphanage and severely abused by her adoptive mother – is widely known in the child welfare field as the impetus for current child protective practices in the U.S. (Dorr, 2021). After her husband's passing, Mary Ellen's mother became overwhelmed with the responsibility of caring for Mary and repeatedly subjected her to cruel punishment (Markel, 2009). No child protection laws existed in the 19th century, and it was only after her caseworker reported her maltreatment to the American Society for the Prevention of Cruelty to Animals (ASPCA) that her road to protection began (Wheeler, 1910). The ASPCA brought her case to the attention of an attorney who then successfully argued her case in the New York Supreme Court (Wheeler, 1910). Notably, Mary testified before the judge, and it was in part her voice (and being heard by others) that led to the termination of her adoptive mother's parental rights (Wheeler, 1910). Shortly thereafter, the New York Society for Prevention of Cruelty to Children (NYSPCC) was founded (NYSPCC, 2021). Mary Ellen was eventually adopted by her caseworker and then went on to live her life free from the torment of child abuse (Markel, 2009).

Nearly a century later, in 1962, Dr. Henry Kempe published a seminal paper on battered child syndrome (Kempe et al., 1962). In his article, Kempe presented two cases of small children who were diagnosed with head trauma and unexplained, non-accidental fractures, putting forth the possibility that the injuries were caused by their parents. Unfortunately, his work was refuted because of the socially accepted perception at the time that parents did not harm or damage their own children. Further complicating his credibility, Kempe drew attention, over a decade later, to another pediatric problem, child sexual

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abuse (Kempe, 1978). Again, in the face of professional disbelief, his work revealed a harsh reality about how some children are not protected, and humbled all professions to heed previously unacknowledged gaps in child protection (Dorr, 2021).

Thus, for well over 150 years, we are still trying to come to grips with the causes and consequences of child maltreatment. Mary Ellen's voice and that of countless victims tell us we need to keep listening. The importance of listening through the lens of children rather than our own lens or understanding, and doing so from a cultural humility perspective, cannot be overstated.

### 1.1. On culture in child welfare

Considerable thought has been given to the role of culture in child welfare practices (Cénat et al., 2023; Ortega & Faller, 2011; Maegan Rides At The Door & Trautman, 2019; Self-Brown et al., 2011; Weeks, 2022). Indeed, culturally adapting child welfare services has garnered significant attention for its effectiveness in better addressing clients' needs (Weeks, 2022). A cultural lens challenges our professional perspectives on cultural practices relevant to a wide range of matters such as gendered role expectations, social expectations related to who can interact with whom (or even touch or look at whom), what is acceptable discipline in the wake of research on the harmful effects of corporal punishment, who is privileged to hear personal and private family matters, whom to trust, and what is expected in relationships, beginning with how we greet each other (Ting-Toomey & Dorjee, 2018). The focus on culture in this manner is an effort to draw attention away from deficit-focused orientations to culture that pathologize our many differences. Now more than ever, as our nation increases its cultural, racial, ethnic, and linguistic diversity, establishing culturally inclusive professional caring becomes even more urgent and is considered an essential component of quality of care in professional practice.

Unfortunately, embracing cultural differences has not been without various sources of tension, both professionally and politically. Culturally based approaches in child welfare include a focus on cultural competence, cultural awareness, cultural sensitivity, cultural inclusion, and cultural immersion (among other references to culture), all designed to advance in some ways, shapes, or forms an appreciation of the various ways of living, our socialization experiences, and the influence of intergenerational cultural transmissions and shared cultural experiences. Cultural and linguistic compatibility, use of cultural community aids, indigenous leaders, and traditional faith-based or spiritual healers have all become essential to our cross-cultural work (Betancourt, 2003; Bogo et al., 2011; Brown, 2009; Dean, 2001; Furlong & Wight, 2011; Gallegos et al., 2008; Johnson & Munch, 2009; Korbin, 2002; Lee, 2010; Nash & Velazquez, 2003; Sue et al., 2009; Velazquez et al., 2003; Wendt & Gone, 2011; Williams, 2006; Yan & Wong, 2005). Wendt and Gone (2011), in examining Native communities' frequent preference for consulting traditional healers relative to other professionals, emphasize the potential beneficence of interventions that leverage local expertise to integrate cultural knowledge and resources. Indeed, our assessments and interventions demand that what we do is relevant to the children and families with whom we work, and in their cultural world, not ours.

The dearth of research on culturally responsive practice challenges us to reconcile what we know to be sensitive and appropriately responsive practice, contrasted with scientific evidence that perhaps questions whether culture matters. That "evidence" remains in flux, has been put on trial in court, and remains elusive (Chopp et al., 2014). We assert that if we as professionals rely solely on disciplinary knowledge and assumptions about universal "truths" (i.e., an etic approach) without considering cultural perspectives and uniqueness (i.e., an emic approach), then we are imposing our authority over others about something they are far more knowledgeable about, making ourselves vulnerable to "blind spots" and denying our fallibility. Questioning our clinical or research expertise is not meant to disparage our professional allegiances. To the contrary, our professional knowledge base, skill set, and practice methods serve as important guideposts, and hold us accountable to ethical standards.

Political tensions also impact state and federal guidelines and mandates otherwise designed to recognize racial, gendered, and other cultural differences. Critical race theory, anti-racist practices, unconscious bias training, and the like have polarized our nation's consciousness, confronting our efforts to engage with cultural differences. So, we proceed in this paper in a somewhat public skepticism, and make the assertion that culture matters, much the same as we saw skepticism in earlier understandings of maladaptive and detrimental parenting practices.

From a social justice perspective, cultural differences in child welfare are real and a perennial challenge, and cultural complexity must be viewed as the ordinary rather than the exception. Cultural caring, in this sense, aims to account for cultural compatibility and includes a search for mechanisms and processes that transparently and successfully negotiate cultural boundaries. Likewise, mechanisms and processes that obscure or maintain barriers to cultural inclusion and responsiveness must be acknowledged and disrupted.

### 1.2. The cultural humility perspective in child welfare professional practice

Following the proposition that child maltreatment victims are the most knowledgeable of their cultural selves, the call for a clear stance of cultural humility rests on accepting that these victims, and not professionals, are the experts of themselves (Anderson & Goolishian, 1992; Ortega & Faller, 2011). In a seminal article written over a decade ago, Ortega and Faller (2011) challenged child welfare's approaches to cross-cultural work by advancing a *cultural humility perspective*. Drawing from health sciences literature, the authors asserted that the most serious barrier to culturally appropriate care in child welfare is not necessarily a lack of knowledge of the details of any given cultural orientation, but the provider's failure to develop self-awareness and a respectful attitude toward culturally diverse points of view (Ortega & Faller, 2011; Tervalon & Murray-Garcia, 1998).

The authors offered a conceptual understanding of cultural humility relevant to child welfare, in part, intended to draw attention to three dimensions essential to our connectedness with others and with ourselves (Ortega & Faller, 2011). First, cultural humility promotes self-awareness to the extent that we must appreciate who we are from a cultural perspective and critically assess how this shapes the lens through which we view the world. The concept of "epistemic privilege" was used to draw attention to our unique experiences and the ways it affects and is affected by our internal processing of experiences (Narayan, 2004). We might consider its impact on misattributions and the bias it presents. For example, we often think that culture is only experienced via racial/ethnic differences and that as such, White child welfare workers may not appreciate that they have their own cultural experiences too to process and reflect on (vs. introspecting on their perceived absence of having cultural experiences; Causadias et al., 2018). Trauma-informed work reminds us of the relevance of internal working models, muscle memory, and the like to refer to deeply embedded internalized perspectives that often serve as the lens through which child maltreatment victims view the world (van der Kolk, 2014). This view represents the negotiated positive and negative experiences that we all claim as part of our self-knowledge and cultural self. Cultural humility from this introspective view requires the practitioner to acknowledge their limitations and resist overestimating their knowledge and its relevance to their caring for others. Cultural humility gives grace to our limitations and offers more realistic views of our talents, skills, or capacities. We are challenged, in this sense, to find value in our knowledge and experiences, but also consider how our views are shaped by the realities of our personal experiences.

A second cultural humility dimension focuses on differentiation and openness. Openness, according to Morris et al. (2005), draws on the

implications of knowing one's limitations while looking to others and accepting their ability to have knowledge that exceeds one's own. Openness is an acknowledgement of one's weaknesses and a capacity and willingness to learn from others (see also Furey, 1986; Kurtz & Ketcham, 1992). We assert that engaging in a process of self-awareness and self-reflection awakens the worker to a personal-professional view that obscures or overshadows the views of another. Professional expertise exercises power, authority, and practices over clients that privilege the power imbalance in the helping relationship. In doing so, we risk worker complicity, complacency, premature assessment, and psychological and physical retreat from the voices of unpleasant experiences of child victims. That is why we advocate for a caring rather than helping perspective since caring assumes a shared relationship while helping emphasizes the power imbalance between helper and helped. This second dimension asserts that introspection is insufficient in the caring relationship. Professionals are encouraged to consider the multiple and intersectional identities of the child victims and their families, and the ways in which their cultural worldview impacts their social experiences. Therefore, when working with children who are not Black, Indigenous, or People of Color (BIPOC), or with children who may not be visibly identifiable as part of a specific cultural group, culturally humble practice cannot be ignored or assumed to be irrelevant to the work. Workers should always lead with a curiosity to understand the cultural experiences and meanings that clients attach to themselves. Cultural dynamics include the experience of being culturally different, regardless of whether such differences are readily apparent and easily expressed to others. In human services, acknowledging these differences requires a worker to lead with a curiosity to learn from the child victims and appreciate their experiences in their own words or other ways of communicating, so that caring becomes relevant to them, in its assumptions and application. Cultural humility cautions us against viewing culture as fixed and narrowly perceived, and helps to avoid blind spots in our own translation of child victim stories, and the pitfalls of culturally monolithic assumptions.

The third dimension of cultural humility emphasizes transcendence, and challenges us to consider the fact that, knowing ourselves personally and professionally (while carefully listening to others), we must embrace the reality that the world is far more complex and dynamic than perhaps we can even imagine. This dimension focuses on knowing there are events, experiences, activities and so on that exceed one's capacity to know; that knowledge exists beyond one's control and is essential to forging connections to different perspectives and a larger reality (Morris et al., 2005; Peterson & Seligman, 2004; Richards, 1992). Morris et al. (2005) argue that transcendence can best be thought of as an acceptance of something greater than the self. Out of this acceptance comes an understanding of the small role that one plays in a vast universe, an appreciation of others, and a recognition that others have a positive worth. Cultural humility cultivates a disposition that encourages us to envision the multiple possibilities of difference that exist beyond ourselves and even the children and families with whom we interact. We lend our expertise based on what we know, draw on the expertise of the child victims with whom we work, and recognize that the vastness of experience likely exceeds all that is to be known.

In sum, demonstrating a cultural humility perspective aims to liberate professionals from having to possess expert knowledge about an array of cultures and cultural differences among and within cultural groups. It is an invitation for professionals to relinquish power, control, and authority in the caring relationship, especially over cultural experiences and the centrality of such experiences, about which the client is far more knowledgeable. Cultural humility has not been without criticisms as a concept and based on empirical constraints (Danso, 2018; Fischer-Borne et al., 2015) although reliance on alternative terms to capture the importance of culturally responsive or culturally competent practice has also been met with criticism (Furlong & Wight, 2011; Garran & Rozas, 2013). As indicated in this framework, cultural humility does not reject or ignore notions of objectivity, neutrality, and principled learning. Instead, it invites solidarity, tolerance, inclusion, and diversity that ultimately invites the hearing of the social fate assumed by child victims. Cultural humility promotes transformation, facilitation, and collaboration in knowledge application, and is at the core of socially just empowerment.

### 1.3. *Confronting the loneliness of child maltreatment*

In efforts to adopt a cultural humility perspective, we want to put into perspective the challenge of child victims being heard. It is not surprising that maltreated children are at a heightened risk for various mental health difficulties (Burns et al., 2004; Clausen et al., 1998; Jackson et al., 2014; Newton et al., 2000). The cumulative research from adverse childhood experiences studies consistently demonstrates that children with a history of maltreatment or involvement in the child welfare system experience significantly higher levels of emotional, behavioral, and physical health difficulties than non-maltreated children, even many years after their abusive experience (Chang et al., 2024; Hildyard & Wolfe, 2002; Naughton et al., 2013; Vachon et al., 2015). Furthermore, research suggests that maltreated children are vulnerable to various other risky behaviors during their childhood (e.g., delinquency, running away, self-harm, alcohol, and substance use; Gabrielli et al., 2015; Kendall-Tackett & Eckenrode, 1996; Taussig, 2002; Zima et al., 2000).

What follows is a discussion from the depths of the despair that child maltreatment victims express during both assessment and treatment. It reflects recurring themes, reveals the pain of what is missing and unheard in their protection, and what we can do to care for child maltreatment victims in their efforts to move forward, and does so from a cultural humility perspective. We embed our framing of child protection from multiple perspectives that draw from Bronfenbrenner's ecological systems perspective to bring attention to various environmental systems influencing a maltreated child's development (Bronfenbrenner, 1977). We include a trauma-focused lens and guiding principles of trauma-informed care. Throughout, we highlight the role of cultural expectations and caregiving trust in shaping a child's emotional, cognitive, behavioral, social, and cultural contexts believed to be essential in effective interventions aimed at promoting recovery and healthy development. Our consideration of social support theory (i.e., the role of social relationships in shielding individuals from adversity or improving their ability to cope with challenging situations) draws attention to the social retreat that often accompanies child maltreatment and the multiple levels of support essential to child safety. We include hope theory (i.e., hope as a motivational state involving both the will to pursue goals and the ways to reach them) in our framing of child protection to reinforce the relationship between hope and improved outcomes that consistently link child maltreatment to mental health, physical health, academics, and social outcomes believed to positively impact youth development (Stern, 2021).

Moving forward does not minimize their despair, but it does aim to shed light on what we need to put in place in our responses to protect maltreated children and has major implications for preventing child victimization altogether. We refer to these insights as pillars of resilience and the foundation upon which we all thrive. While these pillars are not necessarily distinct from that which has been acknowledged by myriad theories of resilience, we seek to provide commentary on the necessity of a cultural humility perspective in this domain. That is, insofar as researchers and practitioners seek to assess how these pillars are fulfilled (or not) and identify appropriate mechanisms to support these pillars among maltreated children, they must also predicate their approach on a conscientious effort to humbly attend to the unique experiences and worldviews of these children.

## 2. A cultural humility perspective applied to the context of child maltreatment

We offer the following case examples in initiating the focus on these four pillars, namely, safety, trust, support, and hope. The case examples presented were drawn from clinical practice within an assessment and treatment clinic that focuses primarily on victims of child maltreatment. This clinic is a multidisciplinary professional setting and provides professional training and clinical practice to graduate-level students in social work, psychology, medicine, and law. The first author is a licensed social work clinician and has provided training in the clinic for over 30 years. Co-authors are licensed social work clinicians and limited licensed social work trainees of the clinic. Clinical training adheres to standard documentation protocols. As a training clinic, all clients give explicit consent for the use of case materials in research and clinical training, and are assured that their anonymity is maintained. These case examples come with caution as they are graphic yet closely draw from real cases that remind us of victimhood and the paramount need for safety.

### *2.1. The place of cultural humility in children's need for safety*

Shantel, age six, lives in a working-class family, and childcare is an affordable luxury not aligned with her parents' financial means, especially since her grandparents were not living in close enough proximity (otherwise, they were more than willing to help out). It was decided that her mother, Julia, would hold her day job while her father worked the night shift at a local warehouse so they could make ends meet. Lately, Shantel became increasingly anxious as she watched her mother dress and get ready for work. For Shantel, the smell of her mother's perfume was the cue that she was getting ready to leave home, and as her mother walked toward the door, Shantel cried, grabbed her mother's leg, and begged her to stay. This behavior occurred each time Julia was leaving for work. Julia normalized it as a reflection of Shantel's healthy attachment and offered Shantel reassurance that she would be fine with her stay-at-home Daddy. Shantel cried louder and grabbed her mother more firmly as Daddy gently pulled her away. Julia left for work and on her way, remembered she forgot a report she printed off at home and returned to retrieve it. Upon entering the home unexpectedly, she came upon her husband sexually assaulting Shantel. After calling the police and participating in the multiple interviews that often follow such reports, Julia turned to Shantel and asked, "Why didn't you tell anyone this was happening?" Shantel looked at her and said, "I did; I was holding you and crying every time you went to the door to leave for work."

Perhaps least understood is why we expect children and youth to put into words their abuse. How are they supposed to make sense of the abuse while being raised and supported by a trusted adult? Someone who may serve as the foundation for their understanding of the world and culturally appropriate ways of interacting with one another. And how can we expect children to protect themselves while actively carrying the trauma, anxiety, and burdens of their victimization, especially in relationships in which they have no power?

Moreover, research on disclosures point to several cultural impediments to "telling," including internalized victim-blaming, minimizing the impact of the abuse, and, as we see in Shantel's example, using metamessages to indicate that something is wrong, thereby delaying disclosure. Cultural factors deterring and delaying disclosure are continuously being studied, especially factors that contribute to suppression or non-direct immediate disclosure (Collin-Vézina et al., 2015; Goodman-Brown et al., 2003; Latiff et al., 2024; McElvaney & Culhane, 2017; McElvaney et al., 2014). In Shantel's example, she needed and wanted to communicate to her mother that she was not safe. Safety, in child welfare, is what children (and families) tell us is their greatest need to be protected. Often, the promise of child welfare assessment and intervention is assuring safety.

Cultural humility from a child welfare lens ought to consider what safety might look like for different families (consider, for example, the blind spots workers have when assessing safety for some families). Safety assessments consider several dimensions to protect children from imminent harm and require a sufficient understanding of conditions or situations that pose a danger to a child's well-being. Safety planning includes knowledge about dangerous situations or conditions, educating child victims, and developing safety responses such as finding a safe place and people, most often caring relatives, who can be relied upon when dangers are looming or emerge. We would argue that educating them is not enough; role-playing the actual call for help is also a necessary step, especially one that involves the safe person.

Still, long after disclosure, child victims too often experience fear for their safety, as exemplified in the following case involving Diego.

Diego, age 10, heard loud noises outside his bedroom late at night. Diego was raised in a family with strict adherence to sex-role stereotypes of male dominance and a relational hierarchy in which adult parents expect complete respect from their children. When Diego peeked out of his bedroom door, he saw his father holding his mother against the wall with his hands around her neck. This was not the first time Diego had heard his parents arguing or engaged in physical fighting, only this time it looked like his mother was in danger. Diego burst out of his room, pushed his dad away, and said, "Mom, Dad is touching me!" In utter shock, his mother looked at her husband and firmly demanded to know, "What is he saying?!?" Diego's father yelled back, "Oh that's bull__!" and ran out the door. After reporting it to the police and Child Protective Services (CPS), Diego and his mother were advised to move into a safe house. Diego changed schools, left his favorite toys, pillow, and electronic devices, and was involved in crisis counseling. There, he revealed being worried constantly about what would happen to him and his mother. He also worried about his father (who had not been located days after the incident), about how his father was surviving, and whether he was doing okay. Diego talked about being afraid to go to his new school, thinking his dad would find and kidnap him, and he remained hypermonitoring everywhere he went. He said he thought he saw his dad hiding behind a tree, sitting in his truck in a parking lot, or driving past Diego everywhere Diego went.

In this example, we learn from Diego that as a victim, he constantly feared for his own and his mother's safety. He also remained preoccupied with and confused about his father, both in terms of fearing him, and about his father's safety and well-being. In both examples, we see expectations of childcaring by both parents, and the negative impact on safety when caring expectations are compromised.

Research is limited in terms of understanding the cultural impact of maltreatment on a child's relationships with their abusive parent. Drawing from trauma-informed care, safety, transparency, collaboration, empowerment, and awareness of cultural, historical, and gender-based trauma serve as essential guiding principles (Levenson, 2020). Child maltreatment may disrupt relationships with an abusive parent at a sensitive time in children's development, as caregivers play a primary role in supporting their children in navigating and cultivating their own cultural identity and the meanings they attach to it. In this regard, when the relationship to one's parents is complicated by experiences of maltreatment, one's cultural sense of self and kinship ties may be challenged. This gap in the literature is problematic, as investigating children's relationships with primary caretakers is critical to fully understand the impact of their experiences, and to adequately respond to their unique safety needs. Safety, from Shantel and Diego's perspectives, became paramount. Diego's desire and need to know that everyone he cared about was safe included his father, who perpetrated his abuse.

### *2.2. The place of cultural humility in children's need for trust*

In the following example, we emphasize the importance of another pillar of resilience, that of trust.

Once, working in the family assessment clinic, a clinical colleague walked into the waiting room to invite a small child, about three years

old, from an upwardly mobile family to her office for an assessment. Both parents were professionals and relied heavily on an au pair to help raise their child. The child was referred to the clinic from the local Child Advocacy Clinic (CAC) to assist in their assessment. They were concerned that the child, despite the child's denial, was being sexually abused. The CAC wanted our colleague's expert assessment. Overheard was our colleague asking the child, "Would you like to come with me into my office?" The child immediately looked up and asked, "What? Are we going to your bedroom?"

Trust is defined as "the intention to accept vulnerability based upon positive expectations of the intentions or behavior of another" (Rousseau et al., 1998, p. 395). We know the first and most basic child-rearing task is to provide children with a sense of basic trust so that the child can experience security in their relationship with their primary caregiver. This is a child who is being asked to trust our colleague; to lead her to a place for something harmless, perhaps beneficial. Imagine the trust it must take for this small child to be approached by an adult who, in perhaps the more memorable context, would then lure the child into a bedroom or some other place to be abused.

In some cultures, trust affords unconditional respect and regard to elders and plays a critical role in expectations of social interactions. The current research on trust builds on notions of vulnerability and a willingness to increase vulnerability to another whose behavior is beyond one's control (Ross & LaCroix, 1996). By defining trust in this manner, where another's actions are outside of one's control, we can see how a child's perception and judgment of trustworthiness can be bound by experiences of victimization and if willingness to trust others has been taken advantage of (Neil et al., 2022; Zeanah & Gleason, 2015). Failure to engender basic trust due to insensitive parenting can be a risk for insecure infant-parent attachment and bonding, but attachment too, may look different across cultural contexts (Brumariu & Kerns, 2010; Colonnesi et al., 2011; Fearon et al., 2010; O'Shaughnessy, 2023; van Ijzendoorn & De Wolff, 1997; van Ijzendoorn & Kroonenberg, 1988). Violations of trust by key attachment figures, such as threatening, inconsistent, or neglectful caregiving, can translate to reduced trust in unfamiliar others outside one's cultural context, especially as they continue to experience abuse or neglect (see Bernath & Feshbach, 1995 for a review; Neil et al., 2022; Pitula et al., 2017).

One currently studied component of trust processing, previously unexplored in maltreated children, is the attribution of trustworthiness to facial cues. The professional literature demonstrates that from infancy, children show distinct attention to the human face (Johnson et al., 1991; Meltzoff & Moore, 1989; Ronga et al., 2025). Certain physical, familiar, and emotional qualities are believed to constitute what a trustworthy face looks like and develops in early childhood (Cogsdill et al., 2014; Milesi et al., 2023). Atypical environments characterized by child abuse as well as general features of adversity have been associated with differences in how individuals subsequently process facial information with respect to trust. For example, increased sensitivity to threatening faces has been documented in individuals who have experienced early adversity, physical abuse, and family violence (Ardizzi et al., 2015; McCrory et al., 2011; Neil et al., 2022; Pollak & Tolley-Schell, 2003). We are reminded by the cultural humility perspective that perceptions of another's trustworthiness, even in how they look and how familiar they are, are likely to be bounded by cultural familiarity and norms, and may thus further bound a child victim's social approach and avoidance behaviors, perhaps in addition to the known role of trauma.

Conceptually, trust has generated at least two differing traditions in research that focus on behaviors and psychological foundations that attempt to examine internal or intrapersonal states associated with trust, such as expectations, intentions, affect, and dispositions (Lewicki et al., 2006). Behavioral traditions focus on trust from a rational perspective, while psychological trust draws on the complex interrelationships between trust and distrust. While a thorough review of the trust literature is beyond the scope of this paper, we bring forth the interdynamics of trust that plays a key role in the interactions between a maltreated child and adults. From our perspective, it is the accumulation of these interactions that structures the interpersonal relationships in the present and future, shaped by the affective quality, expectations, intentions, and dispositions of the trustor and trustee.

Studies of trust and violations of trust call to mind another concern we must hear from child victims of maltreatment – children need trusting relationships. Over time, lack of trust, in tandem with other neurocognitive processes, and environmental factors may contribute to social thinning (i.e., a reduced number of and lower quality social bonds; McCrory, 2020). Trust, then, must be heard from children as an essential prerequisite for healthy personal, social, and importantly, cultural development (Bowlby, 1988; Fong et al., 2023; Stams et al., 2002). Future research would do well to examine the role of culture in children's development of and changes in trust; elucidating the role of disruptions in early trusted relationships in shaping children's future ability to trust others, including those from cultures associated with their victimization.

### 2.3. *The place of cultural humility in children's need for support*

Studies have demonstrated that prior maltreatment experience is associated with both social isolation and loneliness over time (Hanlon et al., 2020). Patterns of attenuated social networks following maltreatment relative to non-abused peers (i.e., social thinning) is postulated to be one factor contributing to long-term psychiatric risk among maltreated children (McCrory et al., 2020; Viding & McCrory, 2020; Wielaard et al., 2018). Prospective longitudinal studies have also shown that the experience of childhood maltreatment is associated with reduced social support, especially from close family members, even decades later when they enter adulthood (Maxfield et al., 2023; Sperry & Widom, 2013). In the following example, we highlight the impact of maltreatment on children's supportive relationships that begin immediately after disclosure.

Malik, age eight, was brought to our clinic for a court-ordered assessment to determine if it was safe for him to be reunited with his biological father, Omar. Omar and his family were part of a close immigrant enclave that relied almost exclusively on each other for social, emotional, and instrumental support. Omar, unfortunately, was separated from his wife and child after substantiated abuse toward Malik. It caused great angst and divisiveness in the community, as associating these actions with Omar was uncharacteristic and reflected poorly on his family of origin. What triggered the separation was a report to CPS by the school after Malik's teacher observed unusual bruising on Malik's arms; and when questioned, Malik disclosed that his father caused the bruises. CPS substantiated physical abuse and after a medical exam, more facts came out about Omar's physical abuse of Malik. Malik reported being locked in his room for hours, being repeatedly beaten, constantly cursed at, and having objects repeatedly thrown at him. He confided that once he had a potted plant thrown at him after Malik refused to hand his father the remote control. Malik described how dirt flew all over, which he was forced to clean up or else get beaten.

Malik's mother, Aisha, appeared traumatized after hearing Malik's disclosures. For the past several months she cared for her parents who lived nearby, would run errands for them, and prepare their meals. She also volunteered part-time at the local Refugee Resettlement Center, where she taught English classes and assisted with language translations.

Aisha, upon hearing about Malik's abuse, repeatedly expressed regret and sadness and couldn't even look at Omar or talk to Malik about anything without breaking down into extreme sobbing. Malik found himself reassuring his mother that everything would be okay. Meanwhile, Aisha could not get past her failure to suspect the abuse, and repeatedly apologized to Malik for allowing it to happen. Omar's parents totally denied he abused Malik, and even Aisha's parents suspected

Malik was lying.

Malik wanted and needed his mother to help him get through this family crisis. He missed his family's support and his mother's affection due to her own regrets. Unfortunately, whenever Malik sought comfort from his mother, she broke into tears and seemed convinced she was a bad mother. Extended family and community support was also tenuous since associating child abuse of any sort within their own social network was unfamiliar and unsettling.

Social support refers to the actual or perceived provision of assistance offered by others to enable an individual to respond to personal and social situations (Chu et al., 2010). According to the stress-buffering model, social support has been found to mitigate the stress appraisal and response to negative life experiences such as child maltreatment (Cohen & Wills, 1985). In addition, Bronfenbrenner's (1977) ecological systems framework suggests that youth receive input important for identity formation from different systems of support, including family, peer, school, and community support. Where one source of support may lack, another may fill the gaps, and social support can increase children's adaptability to adversity. Research consistently draws attention to the importance of "supportive caregivers/adults," "peer social support," or "teacher social support" as factors relevant to outcomes in youth in foster care (Ahrens et al., 2008; Ezzell et al., 2000; Jones, 2014; McGuire et al., 2021; Morton, 2016; Perry, 2006; Price & Brew, 1998; Rutter, 1990).

A cultural humility perspective raises the question of whether the benefits of social support for maltreated children are indiscriminate of who, and what cultures, comprise that social support; or alternatively, if children benefit from social support from those individuals outside of their previous context of social and cultural understandings. Perhaps it is especially important for children to have culturally affirming sources of social support, leveraging trusted extended family members and community gathering spaces. Consistent with this possibility, research suggests that such entities represent a promising resource to not only increase children's social support, but to also promote the development of cultural identity and resilience (e.g., language skills, cultural knowledge, cultural strengths; Goodkind & Foster-Fishman, 2002; Lewig et al., 2010; Raghavan & Sandanapitchai, 2024).

Social support from family and friends (peers) of a child victim can foster disclosure experiences in which child victims feel they are listened to, are safe, believed, and not negatively judged by the person to whom they disclosed (Gagnier & Collin-Vézina, 2016; Krishnan et al., 2024). Among disclosure facilitators is being asked about the abuse and given the opportunity to "tell" (McElvaney et al., 2014). The research indicates that as children grow older, they are more likely to disclose to a peer, which is an important reality for counselors and educators to be aware of (Kogan, 2004; McElvaney et al., 2020; Schönbucher et al., 2012). Social support has also been found to reduce the long-term effects of child maltreatment (Best & Blakeslee, 2020; Ezzell et al., 2000; Folger & Wright, 2013).

Conceptually, social networks and social support have long been recognized as central to explaining the well-being of children exposed to adversity. Structural aspects of social support refer to support network resources that are accessible and capable of providing supportive family and friends. Likewise, the diminishment or disruption of social support as a by-product of child maltreatment poses multiple risks to a child's overall well-being and functioning (Melkman, 2017). The need for stable, well-structured social support becomes loudly reflected in the voice of children. It is a cultural mainstay and one that tumbles families into crisis when breached, but when strengthened, is part of the bedrock essential to protecting children.

### 2.4. *The place of cultural humility in children's need for hope*

Invariably, in meetings with victims of child maltreatment and their families, recurring questions emerge from the non-offending primary caregivers, such as "Will my child ever get better?" "Will my child ever be normal again?" "Will my child ever forget what happened to them?" Child victims themselves struggle with whether someone can look at them and see their abuse (Coffey et al., 1996; Hoffman et al., 2023; Kennedy & Prock, 2018). Research tells us the powerful impact of stigma from child sexual abuse and other types of abuse on victims, particularly about self-blame, shame, and anticipatory stigma, all of which are barriers to a survivor's disclosure, help-seeking, and vulnerability to being revictimized (United Nations Children's Fund, 2017; WHO, 2018). Stigma has negative connotations – for example, badness, shame, and guilt that are often communicated to the child about their abuse experiences – that then become incorporated into the child's self-image (Gibson & Leitenberg, 2001; Hofmann et al., 2023). Stigma includes a self-blaming style of attribution involving negative feelings, and thoughts about the self as bad (Finkelhor & Browne, 1985; Feiring et al., 1996; Haim-Nachum et al., 2024). Several mental health concerns emerge from stigmatization, including PTSD, depression, psychological and physical distress, affect dysregulation, social withdrawal, maladaptive coping and beliefs, and reduced self-esteem (e.g., Burt & Katz, 1987; Frazier & Burnett, 1994; Haim-Nachum et al., 2024; Hofmann et al., 2023; Meyer & Taylor, 1986; Valentiner et al., 1996).

Finkelhor and Browne's (1985) model of the traumagenic dynamics model of child sexual abuse, and more recent trauma-informed studies agree with cognitive and emotional distortions often present in the worldview of traumatized children and youth, distorting their self-concept, cognitions, and affective capacities (Finkelhor & Browne, 1985). A number of studies found a link between stigma as shame related to child sexual abuse experience and negative relational or sexual outcomes such as partner and family conflict, maladaptive social relationships and social disengagement, and sexual disorders (Feiring et al., 2009; Kallstrom-Fuqua et al., 2004; Kim et al., 2009; Pulverman & Meston, 2020). Research focused on child maltreatment describes the lingering effects of stigma on the victims themselves, in their relationship with others, and in social messages they receive because of their abuse becoming known. Research has consistently shown that shame is negatively correlated with disclosing (Correa & Nuñez, 2010; Fontes & Plummer, 2010; McElvaney et al., 2022).

Research also indicates that factors such as gender, race and ethnicity, class, age, sexual orientation, and immigration status compound stigma and stigmatization, especially in contexts in which such differences socially disadvantage maltreatment victims. Women from disadvantaged groups, for example, are found to experience greater societal stigma, such as discrimination and prejudice, and may also face stigma when they seek help from formal service providers (Kennedy et al., 2012). Additionally, membership in ethnic communities that are collectivist and shame-based, such as Asian and Latine cultures, may be associated with greater internalization of stigmatization, including self-blame in response to abuse or assault (Fontes, 2007; Latiff et al., 2024; Wong et al., 2014).

To live with the persistence of stigma and the shame of being maltreated or labeled as a victim offers little hope for change. Despite this challenge, child victims are tasked with finding ways of moving forward in a world where nothing is guaranteed. But how?

When grounded in realism, hope serves many positive functions. It is the inability to find hope beyond the possible that is a recipe for disappointment and disillusionment. Unrealistic expectations can keep child maltreatment victims from embracing moments of comfort and joy in the here and now. Focusing on unrealistic expectations can also prevent victims from making realistic choices about important decisions they will face in the calamities we often encounter in our lives, including setbacks like losing jobs, relationships, or family members. However, all is not lost. Research has also examined potential mediators and changed world views such as benevolence of the world and meaningfulness of the world in the context of abusive relationships (Ferrajão & Elklit, 2020; Janoff-Bulman, 1989, 1992). In that sense, hope can be a particularly powerful protector against the dread of nothing changing; that tomorrow will be the same as today. Hope can be found in moments

when there can be good in our lives, even under challenging circumstances.

According to Charles Snyder's hope theory (Snyder, 1994), hope has three distinct parts: (1) having a goal (whether it is big or small); (2) having agency and the ability to become and stay motivated to achieve the goal; and (3) having a clear pathway or roadmap designed to meet the goal. Pathways are viewed as viable options, such that if one pathway doesn't work, engaging in a problem-solving process will assist in finding an alternative pathway. Child welfare workers may be especially well-positioned to support the development of youth's ability to identify appropriate goals and navigate pathways to achieve such goals. Higher levels of hope are consistently linked to better outcomes regarding mental health, physical health, academics, athletics, and psychotherapy, and encourages positive youth development (Stern, 2021).

Importantly, Snyder (1994) notes that hope may be constrained by the experiences of individuals from different backgrounds. For example, levels of hope may be constrained by social experiences grounded in poverty, discrimination, or mistrust, which may result in negative expectations. Indeed, while cross-cultural research on hope has found that hope offers benefits across variable cultural contexts, levels of hope and factors that contribute to hope differ across cultural groups (Bowers & Bowers, 2023; Chang & Banks, 2007). Unconditional love and mentoring support can empower victims to mold the challenges of their past into hope-filled futures as thrivers. We would assert that in their silence, in the depths of their despair, they are asking loudly for a glimmer of hope. And from a cultural humility perspective, their hope is contingent on professionals' ability to hear and respond to their unique needs and experiences.

## 3. Future directions

Cultural humility challenges us to broaden our cultural perspectives and frames of reference – to be prepared and motivated to see what we do not see (Ortega, 2023). Protecting our children requires us to hear the voices of silence of children who look for our protection and at their core are safety, trust, support, and hope. We are certain that these are the pillars upon which we all thrive and must be in place for children to thrive; and a cultural humility perspective suggests that these pillars are likely to be satisfied in variable ways predicated on the unique experiences of each child.

A cultural humility framework emphasizes the importance of reflective practice in our work with and about maltreated children and youth (Mosher et al., 2017a; Mosher et al., 2017b). Explicitly addressing matters of safety, trust, and support argue for ways to strengthen our relationships with traumatized children and youth in support of productive collaborations to aid the therapeutic process. Cultural humility aims to humanize children and youth impacted by maltreatment. It encourages the inward reflection on the therapist's own identity, biases, and capacities to see the experiences of maltreated children and youth without retreating to their own privilege. It promotes human connection, takes into account the multiple possibilities that influence the experiences of maltreatment on a child or youth's development, and supports a realistic envisioning of the depth of despair and the challenge of change.

The identified themes of safety, trust, support, and hope provide promising directions for future research as well as potentially useful avenues for incorporating consideration of cultural humility more intentionally in the development and evaluation of treatment programs in our work with traumatized children and youth. The call for cultural humility is also a challenge to advance our appreciation of the diversity among children and youth impacted by maltreatment. For example, greater attention would be given to who has access to treatment, which might otherwise be limited for some children, youth, and families based on cultural beliefs, prior experience with therapy, accessibility, affordability, or other real and perceived impediments to treatment.

The cultivation of cultural humility in practice with maltreated children and youth recognizes the therapist's power and status in the therapeutic relationship, and centers the importance of reducing the power dynamic of the "expert" while providing space for these children and youth to claim or reclaim their power and stories so that their voices can be heard. The therapist is called on to adopt the position of a learner and, through a process of relationship development, intentionally provide therapeutic space for the child or youth to share how their multiple identities and experiences intersect with their own sense of safety, trust, support, and hope. The degree of cultural humility, attentiveness, and enactment should align with clients' openness and willingness to broach and engage in cultural dialogues, as the children and youth must be considered the experts of their experiences and worldview (Owen et al., 2016, 2017).

And while most research focuses primarily on adult populations, there are signs of optimism for incorporating cultural humility in mentoring and other contexts when working with youth (Anderson et al., 2024; Curtiss & Perry, 2024). Consistently, the research evidence suggests the importance of building a therapeutic alliance, prioritizing the presenting concerns and goals of youth served, and creating a safe space so that the work is pertinent to diverse needs and goals. We hope to draw attention to the need for therapists to familiarize themselves with the components of cultural humility in relationships with traumatized children and youth, which simultaneously reinforces the importance of safety, trust, support, and hope.

Given the emphasis on cultural humility in mental health over the past decade, professional organizations such as the American Professional Society on the Abuse of Children (APSAC) and accreditation bodies ought to engage more intentionally in efforts to explore and infuse cultural humility in professional protocols and standards in the assessment and intervention process. And while the primary purpose of this paper is to identify and restore pillars of safety, trust, support, and hope in our work with traumatized and maltreated children and youth, we are challenged to engage in cultural humility as professionals committed to this work, if our goal is to protect them.

## 4. Conclusion

An essential insight offered here is the importance of recognizing the role of culture and cultural humility in hearing what maltreated children try to say, from their own experiences and cultural meanings, and what they need to "move forward." Cultural humility and our capacity to know the limits of ourselves and an openness to the experiences of others reveal these core elements. Without cultural humility, we risk limiting ourselves to or prioritizing our own assumptions about common or core sets of experiences. In doing so, we minimize the complexity in the ways child maltreatment victimization is experienced and the dynamic ways culture interacts with those experiences. The multiple and intersecting meanings of personal, interpersonal, and cultural experiences, in terms of their social constructions, contextual adaptiveness, inter-generational and social transmission, and variations across time, generations, and sociopolitical contexts, illustrate the complex dynamics of cultural difference against a backdrop from which cultural competence is unlikely to emerge.

## CRediT authorship contribution statement

**Robert M. Ortega:** Writing – review & editing, Writing – original draft, Validation, Supervision, Methodology, Investigation, Conceptualization. **Olivia D. Chang:** Writing – review & editing, Writing – original draft, Validation, Methodology, Investigation. **Mary B. Ortega:** Writing – review & editing, Validation, Investigation. **Lynn Teriberry:** Writing – review & editing, Validation. **Richetta VanSickle:** Writing – review & editing, Validation. **Kathleen Coulborn Faller:** Writing – review & editing, Validation, Investigation.

## Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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