

ABSTRACT

CULTURALLY SENSITIVE PREVENTION SERVICES FOR
VIETNAMESE FAMILIES AT RISK FOR CHILD
MALTREATMENT: A GRANT PROPOSAL

By

Tracy Nguyen

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The purpose of this project was to partner with a host agency, locate a potential funding source, and write a grant to fund for a program called Prevention of Maltreatment to address the needs of Vietnamese families that are at risk for maltreatment. The program will be implemented at the Child Abuse Prevention Center located in Orange County, California. A literature review was conducted to examine Vietnamese families' parenting skills, understanding of child welfare system, and the barriers they encountered for child-rearing. The purpose of this Prevention of Maltreatment program is to educate Vietnamese families on child abuse, parenting tools, cultural differences and so on. The actual submission or funding of this grant was not required for the successful completion of the project.

CULTURALLY SENSITIVE PREVENTION SERVICES FOR
VIETNAMESE FAMILIES AT RISK FOR CHILD
MALTREATMENT: A GRANT PROPOSAL

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Committee Members:

Venetta Campbell, Psy.D. (Chair)
Brian Lam, Ph.D.
Janaki Santhiveeran, Ph.D.

College Designee:

Nancy Meyer-Adams, Ph.D.

By Tracy Nguyen

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CHAPTER 1

INTRODUCTION

Statement of the Problem

Vietnamese is a growing population in the United States. Rhee, Chang, Berthold, and Mar (2012) stated that Vietnamese Americans are considered one of the fastest growing minority groups in the United States, and they are the fourth largest Asian American group after the Chinese, Asian Indian Americans, and Filipinos. The U.S. Census Bureau (2014) finds that as of 2013 there are approximately 316 million people residing in the United States and of that, approximately 5.3% are classified as Asian. In California, approximately 14.1% of the state's population are Asian of which 19.2% reside in Orange County (U.S. Census Bureau, 2014).

Vietnamese American children were shown to have a higher rate of child maltreatment. Child maltreatment is a serious problem for the Vietnamese communities, but it is underreported. Rhee et al. (2012) noted that 33% of the Vietnamese parents said that they used physical punishment with their children within the last year and that consists of spanking, hitting with an object, pinching, and slapping on the hands, arms, or legs. It was shown from Han and Osterling's (2012) study that Vietnamese parents who were physically abused themselves as youths were more than twice as likely to be using physical punishment with their children. Also, those who experienced child abuse in their lifetime had a higher chance of developing behavior and mental health problems.

Rhee et al. also responded that there is a higher risk of child maltreatment for immigrant families, than those who were traditional families. In addition, Cappa and Dam (2014) stated “Spare the rod, spoil the child (Thuong cho roi, cho vot)” (p. 498). This quote gives Vietnamese parents the justification to use corporal punishment with their children. Corporal punishment has been seen as a method that traditionally all Vietnamese families have been using for decades to correct a child’s misbehavior. Some of the physical punishments that were used by Vietnamese families are: knocking on the child’s head, hitting on buttocks, beating with rod, slapping on the thigh or face and buttock, pinching and beating the child uncontrollably.

According to the Orange County Social Service Agency (2014), in June 2014 there were 1,928 reported cases of child abuse involving 3,749 children. Of this number, 5.52% of the cases involved Asian families. It is common for Vietnamese families to be unfamiliar with the American cultural norms about child discipline and child protection laws. A majority of the Vietnamese American families live in areas where they are clustered with their own ethnicity; therefore, they are able to survive without being proficient in the English language, and may lack knowledge about American protection laws mandated for children.

Purpose of the Grant Proposal

The purpose of this project is to write a grant to fund a culturally sensitive prevention service called Prevention of Maltreatment for Children program. This program would assist Vietnamese families who may be at risk for child maltreatment. The goals of this program include: (1) increase understanding and knowledge of child abuse and maltreatment risks, (2) increase child safety and well-being, (3) provide new

parenting strategies, (4) provide hands-on parenting skills to avoid the cycle of child abuse in the Vietnamese culture, and (5) link families to available resources in the community.

The objectives of this program involve the Vietnamese caregivers' abilities: (1) to demonstrate the basic knowledge of child maltreatment, (2) to apply knowledge of the different types of parenting tools in child-rearing, (3) to recognize child safety and basic needs, (4) to facilitate community resources, and (5) to build a strong child-parent relationship.

Program Design

The program design components include: education, coaching, and case management. First, it is essential to educate the family on child protection laws and the different types of child abuse such as physical, sexual, emotional abuse, and neglect. Educating the parents also involves providing them with information about the causes that correlate with child maltreatment and how these causes affect children throughout their lives. In addition, the families will be educated about the differences between the American culture and Vietnamese culture and how corporal punishment is not accepted in the American culture.

The coordinator and caseworkers will conduct community outreach by leaving pamphlets and flyers at shelters, community-based organizations, schools and social services agencies to recruit Vietnamese families or caregivers for a workshop about Prevention of Maltreatment for Children. This workshop will be held on a monthly basis and is expected to serve about 18 families per month, equivalent to approximately 200 families per year. The workshop will be held at the Child Abuse Prevention Center.

The caseworkers will have the caregivers take a pre-test at the beginning of the program and then a post-test at the end of the services about the parenting strategies that they learned. These tests allow the agency to measure the participants' level of understanding of parenting skills after the services are rendered. These tests will be used to evaluate how effective the services were for the families and if the program helped to reduce at-risk families of child maltreatment. Caregivers will also answer two open-ended questions at the end of workshops, asking them for suggestions on how to improve the program and which techniques they found useful when disciplining their children.

The Prevention of Maltreatment for Children program offers the caregivers opportunities for additional case management. Caregivers will be given a note card to fill out if they want further in-home services at the end of the workshop. If caregivers want further services, caseworkers will work one-on-one with the families to provide them with specific services that will meet the families' needs.

Caseworkers will assess the family's strengths and weaknesses. Second, the Vietnamese caseworkers will coach the caregivers on the different strategies and tools that they can use to discipline the children. Caseworkers will also provide coaching with caregivers on topics such as reinforcement, praising, time-out, and so on. In addition, caseworkers will provide the Vietnamese families with resource pamphlets that include the different types of social services in the Vietnamese community that the families can seek for support.

Definition of Terms

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. It includes people who indicate their race as "Asian Indian," "Chinese," "Filipino," "Korean," "Japanese," "Vietnamese," and "Other Asian" or provide other detailed Asian responses (Nguyen, 2008, p. 344).

Authoritarian parenting style: Is characterized by parents who place high demands and controls on children, while also being less responsive to children. As a result, an authoritarian parenting style might lead Vietnamese parents to use some forms of emotional and physical maltreatment on their children (Nguyen, 2008, p. 344).

Children: Refers to those individuals between the ages of birth to 17 years old (Zastrow & Kirst-Ashman, 2012).

Child emotional abuse: Means nonphysical mistreatment, the results of which may be characterized by disturbed behavior on the part of the child such as severe withdrawal, regression, bizarre behavior, hyperactivity, or dangerous acting-out behavior. Such disturbed behavior is not deemed, in and of itself, to be evidence of emotional abuse (Los Angeles County Department of Children and Family Services, 2013, para. 4).

Child maltreatment: Physical injury on a child which is inflicted by other than accidental means, or sexual abuse or neglect, or unlawful corporal punishment or injury, or the willful cruelty or unjustifiable punishment of a child, where the person responsible for the child's welfare is a licensee, administrator, or employee of any facility licensed to care for children or an administrator or employee of a public or private school or other

institution or agency (Los Angeles County Department of Children and Family Services, 2013, para. 5).

Child Neglect: Includes deprivation of adequate supervision, food, clothing, shelter or medical care (Los Angeles County Department of Children and Family Services, 2013, para. 6).

Child physical abuse: means willful injuring of a child, unlawful corporal punishment using an instrument and leaving marks or bruises that may cause physical injury or death (Los Angeles County Department of Children and Family Services, 2013, para. 6).

Child sexual abuse: Means the victimization of a child by sexual activities, including, but not limited to, those activities defined in Penal Code Section 11165.1 (Los Angeles County Department of Children and Family Services, 2013, para. 7).

Child Welfare Services (CWS):

Public social services which are directed toward the accomplishment of any or all of the following purposes: protecting and promoting the welfare of children, including handicapped, homeless, dependent, or neglected children; preventing or remedying, or assisting in the solution of problems which may result in, the neglect, abuse, exploitation, or delinquency of children; preventing the unnecessary separation of children from their families by identifying family problems, assisting families in resolving their problems, and preventing breakup of the family where the prevention of child removal is desirable and possible; restoring to their families children who have been removed, by the provision of services to the child and the families; identifying children to be placed in suitable

adoptive homes, in cases where restoration to the biological family is not possible or appropriate; and assuring adequate care of children away from their homes, in cases where the child cannot be returned home or cannot be placed for adoption.

(Los Angeles County Department of Children and Family Services, 2013, para 3)

Parenting: Parents are defined by their status on two dimensions of parenting: level of expectations (demandingness) of the child and level of responsiveness to the child's individuality (Nguyen, 2008).

Cross-Cultural and Social Work Relevance

Social workers working with Vietnamese families should have knowledge about the culture, beliefs and practices, and parent-child relationships in order to effectively work with this population. Social workers should also examine their own culture, bias, values, beliefs, perspective and knowledge to ensure provision of culturally sensitive services to the children and families.

Social workers should understand risk factors of child maltreatment within Vietnamese families. Some of the risk factors could be boys are more likely than girls to experience violence (Cappa & Dam, 2014). As social workers work closely with the family, they must take into consideration how environmental factors affect the individuals' perspective.

According to the National Association of Social Work (NASW; 2008) preamble the social work profession's responsibility is to enhance human well-being and to meet the basic human needs of everyone who are vulnerable, oppressed and living in poverty. Social workers should help empower their clients and provide a means of access to the necessary and appropriate resources according to their situation. Furthermore, it is

important for social workers to be culturally competent when working with individuals; therefore, the social worker should obtain education about oppression, race, ethnicity, color and sex.

CHAPTER 2

LITERATURE REVIEW

Introduction

The following literature review examines topics relating to risk factors associated with child maltreatment among Vietnamese immigrant families, familial roles and child discipline, parenting styles, mental health, language barriers, and cultural beliefs and values. This chapter covers how differences between the Vietnamese and American cultures can put children at risk for maltreatment. It also discusses child abuse laws and some of the protection that children have.

Challenges and Obstacles Vietnamese Families Face

Many Vietnamese immigrants in America have faced a lot of obstacles and challenges (Lam, Chen, & Greenberger, 2012). They had to learn and adapt to an unfamiliar culture without knowing what would happen tomorrow. They faced a lot of criticisms and racism for they cannot speak or understand the new language. Employers often took advantage of their lack of education and paid them minimum to less than minimum wage. These are common stressors that may have contributed to greater stress on top of raising their children in new land. Thus, the majority were not aware that corporal punishment is not the right tool to use (Lam et al., 2012).

The difference in Vietnamese and American cultures has caused some challenges to child-caring (Lam, 2008). The older, Vietnamese adults believe that scolding, yelling

and spanking their children are appropriate ways of discipline while the Americans consider those actions as child abuse and endangerment. It is difficult for older caregivers to get rid of these traditional discipline methods as they have been passed down for generations (Lam, 2008).

Child Abuse Law

Child abuse is defined when a child is mistreated or neglected, and that is in violation of the child's rights and freedom (Portwood, Grady, & Dutton, 2000). Child abuse occurs in many different settings and situations and the charges vary depending on the repercussions of the offense. It was not until the 19th century that the states and local jurisdictions began to protect children (Portwood et al., 2000).

The Child Abuse Prevention and Treatment Act (CAPTA) was enacted in 1974, has been amended many times and was reauthorized on December 20, 2010 (Herman, 2007). Its purpose was to protect children from all nature of abuse such as: physical, sexual, emotional and psychological. In addition, to improve child protective services using the state money grant. CAPTA was provided with federal funding to create prevention, assessment, investigation, and prosecution and treatment activities for the states (Herman, 2007). Also, the government has the right to intervene and take roles to provide care for the child when the parents fail to provide for the child known as "parens patriae."

CAPTA would provide funding to states or any public or private organization that addresses child abuse prevention (Herman, 2007). CAPTA sets its definition for child abuse and neglect as: if a caregiver's act causes death, serious physical or emotional harm and sexual abuse and any act that imminent risk of serious harm to the child. The

CAPTA mandates that each individual state must provide for the defense and advocacy of the children living in its area. Minors are typically individuals who are 18 and under (Herman, 2007).

Furthermore, under the Child Abuse Reporting Code Section 13031, a person who is working in federal operated or contracted facility must report all suspected child abuse and potential suspects as soon as possible to Child Protective Services (Herman, 2007). The code provides a list of all the professionals that must make the report. These professionals would receive periodic training on how to identify and report child abuse.

Risk Factors for Child Maltreatment

Han and Osterling (2012) said that some of the common risk factors for child maltreatment are: substance abuse, mental health problems, and socioeconomic problems. These risk factors may place Vietnamese parents and their children at a higher risk for entering the child welfare system. Some of the factors that cause mental health challenges in children can be acculturation, cultural roles and parenting styles between the children and parents. Also, those children who have parents who are diagnosed with mental illness are more likely to have a mental disorder versus children whose parents are not.

Substance abuse can be seen as one of the most common risk factors for child abuse, and it is not just in the Vietnamese caregivers, but all ethnicities. Vietnamese American have a higher rate of substance use. Also, Otsuki (2003) said that one-third to two-thirds of the child maltreatment cases are mostly involved with some degree of substance abuse. As stated, Otsuki said that roughly 9% of the children in the United States would probably live with at least one parent that would use drugs or alcohol.

Children who are living with parents who are substance abusers have a higher chance of being abused or neglected in the home comparing to those children who are living with non-substance abuser caregivers. When parents are under the influence of drugs, it causes their parental functioning to be impaired and can result in harm to the child (Otsuki, 2003). Furthermore, the combination of substance abuse and the needs of the children can cause family instability and can lead to an environment that fosters neglect or physical abuse (Park, Anastas, Shibusawa, & Nguyen, 2014). Park et al. (2014) said that Vietnamese immigrants have the tendency to abuse alcohol more than other races, and they use alcohol as a way to relieve stress.

Ihara (2011) said that socioeconomic status is another factor that leads to child maltreatment. Caregivers who have economic hardship tend to face a lot of stress and are not able to use inductive discipline. In the Vietnamese tradition, men are seen as the authority figure and must work hard to make money to support the family. Men who do not make enough money to support their family may experience more stress and frustration because they may feel inadequate. This leads to arguments between parents and when there are arguments, it could become physical between the two parents and it could get the children involved (Ihara, 2011). Many people might not be aware, but domestic violence is considered child abuse (Morash, Bui, Zhang, & Holtfreter, 2007). The child is still witnessing the abusing first hand and is being affected by it. Having a low income can trigger emotional instability and stress that can cause a negative effect towards the parents' cognitive behaviors (Ihara, 2011).

Another risk is that those parents who were victims of abuse have a higher chance of abusing their children (Tajima & Harachi, 2010). As mentioned, Tajima (2000) said

that parents who were abused as a child were approximately 1.5 times more likely to use physical abuse with their own children. The reason for this is the parents grew up in a family model that is flawed. These parents grew up with harsh punishment, so they are more prone to violence than other parents. Children tend to learn what they were exposed to, and if they lived in the household that used corporal punishment, then they would develop the sense of thinking that it is normal to use corporal punishment (Tajima & Harachi, 2010). The cycle just keeps repeating because children learn from what they see in their childhood (Tajima, 2000).

Rhee et al.'s (2012) study does show that the cycle of abuse can be broken if the parents have financial security (e.g., not receiving food stamps, welfare, disability payments, or medical coupons and other assistances) and neighborhood support. Furthermore, financial stability plays a big role in breaking the cycle of child abuse among Vietnamese families. Tajima and Harachi (2010) found that approximately 48% of the perpetrators said that they were unemployed. Therefore, financial instability can be a cause of stress that leads to child maltreatment.

Vietnamese Americans were forced to leave their hometown and migrate to the United States, and they faced the challenges such as a new language, financial instability, working in low status jobs, and trying to adapt to the new cultural norms. The new life was causing tremendous changes in the family life (Han & Osterling, 2012). Rhee et al. (2012) responded that there is a higher risk of child maltreatment for immigrant families than those who were traditional families.

Child Maltreatment Among Immigrant Vietnamese Families

Han and Osterling (2012) described that Vietnamese families, besides encountering the hardship of leaving their countries, still suffered from settling into American culture. Some challenges the families face include: learning a new language and customs, employment, adjusting to the environment and little support from family. Tajima and Harachi (2010) also stated that the process of immigration and modification in a new culture and environment could affect child-rearing patterns. Vietnamese immigrant parents encountered conflicts between parenting expectations in the United States and their traditional way of parenting in their country of origin. That is, Vietnamese parents usually used the authoritarian parenting style to discipline the children.

Rhee et al.'s (2012) research found that 93% of the maltreatment was happening in the child's home with Vietnamese immigrant families. Child maltreatment could lead the child to have behavioral problems and disabilities. Rhee et al. also indicated that children who were sexually abused have a higher chance of being removed from the home than children who were physically abused or neglected. In addition, mental illness and substance abuse are common causes for child maltreatment because these conditions interfere with and affect the caregivers' judgment and control when parenting their children. Tajima and Harachi (2010) stated that the children ($N = 134$) reported the highest for physical abuse, over half of the children reported experiencing moderate to severe maltreatment, and the other half reported to that they suffered from mild abuse.

Furthermore, Nguyen (2008) said Vietnamese immigrant children may succeed academically, but they still face an environment that is not familiar for them. The

adaptation for parents and children can be stressful because it is a new culture. The parents and children may experience the same amount of stress, though the parents experienced more stress because they have to adapt to the new life and find jobs, so they could provide for the family. Most parents have to accept jobs that demand long hours and at low wages because they have no choice. This induced high stress for the parents.

Wong et al. (2011) said that some caregivers struggle and cannot adapt to the American culture. One of the caregivers ($N = 21$) feels that raising children with Vietnamese values and culture is a failure because it contradicts with the American culture and it is causing a lot of parent-child differences when it comes to expressing emotion. The caregiver expressed that he feels lost and hopeless sometimes because he does not know how else he should raise his children. He states that the Vietnamese tradition is the wrong way for discipline, but he does not know any other method he can use when his children misbehave.

Tajima and Harachi (2010) said for Vietnamese Americans the U.S. laws and norms limit their understanding about the laws for child maltreatment. They are not aware of existing laws that protect children from abuse and maltreatment. Tajima and Harachi said that it is arduous for Vietnamese Americans to fully understand the U.S. laws and regulations mostly due to the language barrier. They are not aware of existing laws that protect children from abuse and maltreatment.

Family Roles and Child Discipline

The Vietnamese family structure is considered more complex than the American family. The American family is more fundamentally nuclear in its nature and it excludes relatives and in-laws. The roles in a Vietnamese family is more numerous and defined.

Usually men are seen as the authority figures in the home and they do not interfere with discipline of the children, but when they do it is abrupt and loud (Cappa & Dam, 2014). Fathers would beat up or physically punish their boys. A majority of the Vietnamese families feel that physical punishment is necessary to raise their children. Cappa and Dam's study ($N = 11,614$) shows that at least one violent disciplinary method was used on almost 3 out of 4 children.

The father in the Vietnamese culture plays the "disciplinary" role and has a stronger impact on the child's life (Cappa & Dam, 2014). Fathers have more control over their children because they are more violent when it comes to decision making in the family household. Men were seen as the main source of income for the household and would never step into the kitchen or clean up. The wife should always obey everything that the husband says and cannot fight back whether he is right or wrong.

Vietnamese fathers would never encourage or abide emotional sympathy because they have to be the strict person in the family and set a role model for their children to follow (DuongTran, Lee, & Khoi, 1996). The mothers would provide emotional security and warmth to the children. Vietnamese mothers prefer to guide their children when it comes to instructions rather than impose control, while the fathers would be demanding and controlling (DuongTran et al., 1996). Vietnamese mothers would see their children as their first priority and their main focus. However, child-rearing should consist of both caregivers having the same rules and structure, but in traditional Vietnamese families the father would be disciplinary and mother would be the emotional security for the children (Nguyen, 2008). Both parents usually have different viewpoints, which makes it hard when parenting children because they both have different perceptions (Nguyen, 2008).

Therefore, this could lead to arguments between the parents and different parenting rules and standards for the children.

Children must always respect and obey their parents (Baba & Murray, 2003). They are often trained at a very young age to be obedient and respectful to the elderly. Physical punishment is the main answer for disciplining their children and it is considered acceptable in the Vietnamese culture. Harsh beating of a child is not considered child abuse because to the caregivers, it is a form of discipline and showing love for the child. Children are expected to provide and take care of their parents when they grow up as a way to repay for all the years of hardships their parents went through to raise them (Baba & Murray, 2003).

As Wong et al. (2011) said fairness is important when it comes to parenting. Caregivers who focus too much on how to control the misbehavior, instead of stopping it, have more difficulty because they are unable to control the behavior and it gets worse. The family is like a school for children to learn and respect rules in both behavior and linguistic responses.

Lam, Chen, and Greenberger (2012) stated boys were more likely to receive corporal or nonviolent punishment than girls. The violence usually decreased for children as they got older. Boys have much stricter punishments compared to girls because they are expected to be leaders of the household when they grow up. The girls have strict supervision and limited freedom and are viewed as unequal and unimportant in the Vietnamese family as they cannot carry on the family's name. As a result, the father tends not to get too involved with parenting the girls. Children that were not living with their biological parents had a lower chance of being exposed to violent discipline.

When parents who are raising children have the belief that physical punishment is necessary, those children are 3 times more likely to be exposed to physical discipline than those who have parents that believe it is not necessary.

A traditional Vietnamese family father is seen as the authority figure of the family and the mother is meant to stay home and be a housewife (Wong et al., 2011). Nguyen and Cheung (2009) said that mothers have a stronger relationship, and often positive, with their children than the father. Even though women are viewed as housewives who are expected to take care of the children and family, they also have to work outside of the home. The fathers view the mother as a person who tends to ally with their children and the fathers hope that mothers can gain some control (Nguyen & Cheung, 2009). Women have a lower education and income level; therefore, they do not have much power in the home to make decisions. Men are given more education opportunities and are valued more than women in the Vietnamese culture. Women are shown to have a lower level of acculturation due to limited access to learning the new English language and they are often not allowed to socialize or handle any business decisions.

Children's roles were to respect all elderly including their parents and do as the adults expected. However, with the second generation more Americanized children may go against the established roles and expectations, and be at risk to join gangs, abuse drugs, commit a crime and run away. Therefore, with the above behaviors the parents would use physical discipline with the child, which is unacceptable in the United States, but appropriate in Vietnam (Wong et al., 2011). Children often remain submissive in the Vietnamese culture even after they have reached adulthood or even after marriage.

Children's roles are to respect, love, and obey the parents; they are never allowed to disagree, and disobedience is unacceptable in the traditional, Vietnamese family.

Wong et al. (2011) said the study showed that the children feel stressed and overwhelmed trying to balance the American and traditional Vietnamese cultural beliefs and standards. The caregivers set very high academic expectations and often force the children to pursue a career they have little to no interest in. The caregivers do not understand and cannot empathize with the children's frustrations to meet the caregivers' expectations. The children disclosed that they feel overprotected and prohibited from participating in any social events such as hanging out with friends or seeing the opposite sex. The expectations lead to a barrier because children are expected by their parents to follow certain expectations, but the children do not know if they are able to accomplish it or not. When the child is not able to meet the caregivers' standards, it leads to the caregivers believing that the child is rebelling against them and using physical punishment to discipline the child.

Parenting Styles

Nguyen and Cheung (2009) said that parenting is different from one culture to another culture. There is no education required for society when it comes to parenting because parenting is mainly based on the caregivers' behaviors and beliefs. The Vietnamese American idea to use physical punishment to raise and discipline the child might emphasize the hierarchy of the family structure and could promote family cohesiveness.

Kim, Ahn, and Lam (2009) said that Vietnamese caregivers focus so much on the children's economic and academic well-being that they neglect the children's emotional

well-being. Vietnamese caregivers show great pride when it comes to their children's academic accomplishment, and when they do not meet the same achievement as those of their peers, the caregivers would be unhappy. They would often feel embarrassed with others if their children did not achieve academically. Children who do not achieve the academic standards set out by the caregivers are considered bad and disobedient.

Nguyen and Cheung (2009) stated that adolescents with caregivers who used authoritative parenting have a better character and the parents who used open communication-build good parent-child relationship. Also, caregivers who used authoritative open communication parenting styles have a better understanding of the adolescent's point-of-view. On the other hand, those parents who used authoritarian styles do not listen to the children and the caregivers are very demanding. Therefore, the adolescent has poor communication with the caregivers and is not able to turn to them for help. Wong et al. (2011) said that 5 out of 21 parents said that they know that communication is important when it comes to parenting, and they understand they need to improve on their communication skills with their children. One member said,

In general, after many times consulting with counselors [and] professionals in the field... I've learned, but still unable to do, that I have to listen to my child. I have to learn to listen. I'm learning, I'm still learning. I think if I can listen and communicate, my child will become a good person. (p. 318)

Nguyen, Leung and Cheung (2011) found that Vietnamese immigrants used more authoritarian parenting styles demanding obedience and giving little encouragement to the children, while the children want authoritative parenting which provides praise and positive reinforcement. A majority of the adolescents that chose to talk about their

mothers' parenting styles had a higher rate of self-esteem and lower depression score than those who talked about their fathers' parenting styles.

Wong et al. (2011) mentioned that parents who used authoritarian styles show love for their children based on meeting their physical and materials needs. These parents would express their care and love through scolding and physical punishments as a way to demonstrate their parental love since they are protecting their children from dangerous activities. Plus the caregivers would have strict rules that their children must follow and give no options to the children (Cheung & Nguyen, 2007). If the children do not follow those rules, then the caregivers would use corporal punishment as negative reinforcement with the children. The caregivers just punish the children without an explanation prior to the incident.

Also, the authoritarian parenting style means that when the caregivers give orders, they expect them to be done without any talking back or reasoning (Cheung & Nguyen, 2007). This parenting style could push the children into frustration because they face expectations beyond what they can accomplish. The caregivers would not be able to explain to the child the reasoning behind their rules. Though communication is the key when it comes to parenting, most caregivers lack this skill set (Tran & Richey, 1997). It does not matter what culture or ethnicity the families are, as positive communication is always needed in a relationship. Children who grew up in authoritarian parenting style would be very good at following rules, but they would have low self-esteem.

Nguyen et al. (2011) indicate those parents who employ the authoritative parenting method had children with a higher level of self-esteem and were able to develop a sense of independence and have confidence. Those children who are raised in

authoritative style would be able to act independently and know how to set their own limits and standards. Therefore, adolescents perceived that their parents did not recognize their thoughts and feelings, were overly critical, controlling and protective of them and barely showed any affection toward them. When parents and children miscommunicate, parents tend to think that the children are rebellious and misbehave. Parents then use corporal punishment to enforce obedience from children.

Wong et al. (2011) said that Vietnamese caregivers lack in showing empathy towards their children and empathy is considered as a core component of parenting because children want to receive support from their caregivers. Vietnamese caregivers rarely show any affection or express their love to their children; therefore, conflicts and misunderstandings exist since the children believe their parents do not love them. Nguyen et al. (2011) said this may lead to the children craving for attention, and to get the attention, they often have to misbehave.

The Tajima and Harachi (2010) study found that the most common type of parenting technique was physical punishment. Physical punishment can affect the children's well-being and mental health. Also, parents who were victims of physical abuse have a higher chance of physically abusing their children. Some of the physical punishments that parents reported using in Tajima and Harchi were spanking, hitting with object, slapping on hand or leg and pinching the child, though spanking was used the most among all those corporal punishments.

Tajima and Harachi (2010) found that physical punishment is related to the parents' social class, age, and education level. Also, single mothers may rely on physical discipline more than mothers who are in the home with two-caregivers. Those parents

who have fewer rules would be more likely to use corporal punishment with their children. Tajima and Harachi said the most common physical form of punishment that Vietnamese American used with their children is spanking with the hand or an object. Vietnamese children were in the child welfare system because of physical abuse and it was reported to child welfare through school. Han and Osterling (2012) said that 43% of the Vietnamese children in the child welfare system were over the age of 10 and 64% of children were female.

Mental Health Risk Factors for Parents

One of the most common risk factors that associate with child abuse is mental health well-being of the child (Nguyen, 2008). Children maltreatment during their childhood can cause some effect on their psychological development later in life. Also, those parents who are diagnosed with mental health illness are more likely to have children with mental disorders. Those children who have special needs require more attention and different types of parenting; therefore, it causes parents stress and frustration.

Nguyen and Cheung (2009) said that the differences of cultural values between parents and children may create the family conflict. In addition, Vietnamese family structure is strictly restricted to limited communication; thus, individuals cannot reach out to the community for resources because it brings shame and embarrassment to the family. As a result, it has limited families' access to resources and help that they need.

Additionally, Fancher, Ton, Le Meyer, Ho and Paterniti (2010) mentioned that Vietnamese families do not see mental illnesses (eg. post-traumatic stress disorder, depression, attention deficit disorder, etc) as a problem because they do not have any

background information for these illnesses. The child with mental illness can be viewed as a different child and this would add stressors on the parents. The parents might not know how to accommodate the needs of these children, so it makes child-rearing or parenting more difficult for these parents (Fancher et al.).

Furthermore, those parents who were immigrants from Vietnam during the Vietnam War were seen to have psychologically unresolved problems (Lam et al., 2012). The immigrants suffered with Post-Traumatic Stress Disorder and it is unresolved for them. Also, the immigrants would have higher level of depression and emotional problems because they have to deal with the challenges of leaving their family, intergenerational conflicts, legal issues and acculturation. Depression has influenced and impacted their self-esteem, racial discrimination, parental discipline and health (Lam et al.).

As Phan (2000) said, those who have parents that are mentally ill have a higher chance of developing mental illness. Leung, Cheung and Cheung (2010) study showed that 30.2% out of 527 Vietnamese Americans showed that they experienced depression. It was shown that there is a higher rate of depressive symptoms in female versus male.

Effect of Child Abuse on Children can Last Lifetime.

Child maltreatment can lead to severe antisocial behavior for children, especially those children who were spanked (Tajima & Harachi, 2010). Abuse can cause children to have behavioral problems such as aggression, abusive, violence, and so on. Parenting a child with mental health problem would increase frustration and stress for the parents and it can result into scolding or yelling at the child. This can lead to emotional abuse with the child.

Language Barrier is a Risk Factor for Child Maltreatment

Learning a new language and being fluent in that language is difficult for some Vietnamese immigrants (Snowden, Masland, Peng, Lou, & Wallace, 2011). It makes it hard for the Vietnamese caregivers to be able to express emotions and share feelings to others. They are not able to convey their messages to others because of the limited English language they have. This makes it tough and hard for them to explain and learn new materials when it is being taught to them. Language is just not only a communication tool, but it can influence how others look and see a person (Snowden et al., 2011). It can be quite stressful for some Vietnamese caregivers because they are not able to express their difficulties surrounding language barriers and communication.

Language barriers affect the quality of parenting. Vietnamese immigrant parents struggle to speak and understand English (Snowden et al., 2011). The children slowly lose the native language and prefer to speak English. However, caregivers strictly want their children to carry on Vietnamese tradition and teach them the Vietnamese language, cultural heritage, and history. Some children feel this is unnecessary and overwhelming for them, so they would break up into argument. With the language barrier, parent-child relationships and family cohesion will reduce (Wong et al., 2011).

Kim et al. (2009) said that immigrants parents that have limited English and have children who are fluent in English may cause stress upon the parents because they are not able to communicate effectively with their children. Since they cannot communicate with their children, it causes anger and frustration towards the children and this may lead to physical punishment.

Snowden et al. (2011) said that Vietnamese caregivers ($n = 8$) mentioned that language barriers have caused a gap between them and their children. One participant stated that out of ten words that he or she spoke to the child, the child might only understand three words in Vietnamese. Furthermore, the participant's English was not good enough to express ideas and thoughts to the child, so it makes it hard to communicate with the child.

In addition, a lot of the parenting tools and child abuse laws are written in English, so the Vietnamese caregivers are not able to comprehend them (Zhang, Hong, Takeuchi, & Mossakowski, 2012). This creates frustration for the parents because they are not able to understand what is written and why they need to obey the law. Also, they feel that it is their children, and question why is the law involved when they are trying to nurture their child, especially with the way they were raised.

Cultural Beliefs can Pose as Risk Factors for Parents

Furthermore, the cultural beliefs about shame and language proficiency difficulties may be barriers to accessing the available resources and consider as risk factors (Park et al., 2014). The Vietnamese families might not ask for services until their children's behavior becomes quite extreme due to fear of stigma. By the time they reach out for help, the abuse might already happen with the child. Furthermore, Vietnamese parents would keep their feelings to themselves and would not directly approach others for confrontations. Vietnamese traditions would usually keep their embarrassment within the family so that they would not lose face with friends, neighbors and relatives.

Kim et al. (2009) mentioned that Vietnamese parents would usually withdraw away when "outsider" attempt to "interfere" about their family matters such as educating

them about how to parent cultural differences. These subjects might make them feel uncomfortable and shameful, and they do not want to be seen as inadequate and incompetent parents who are not able to manage their households. Therefore, the cultural belief that Vietnamese families should not reach out for help or else they would bring shame to the family is considered a big challenge for caregivers to obtain help.

Kim et al. (2009) said that cultural beliefs may affect parents' child-rearing practices, which can have implications for child development. The caregivers are raising the children based on the cultural norms and values, which is very different from the American culture. For example, in the American culture, children are allowed to speak up and share about their thoughts and feelings (Ihara, 2011). Whereas with the Vietnamese culture, children are not allowed to talk back and share their thoughts and feelings to their parents. This difference makes it difficult for child-rearing because children are going to school and learning a different culture while parents are not moving forward in learning the American culture.

In Vietnamese culture, some people believe in working hard and achieving their goals in life; therefore, some Vietnamese caregivers expect their children to have a high education and well-paying jobs that can lead them to higher socioeconomic standings (Lam et al., 2012). Most Vietnamese caregivers share the same goals and expectations for their children because they come from the same cultural background (Lam et al.). Most Vietnamese children are raised to follow these goals that their parents have set for them. Acculturation has played a big part for Vietnamese caregivers when it comes to parenting (Lam et al.).

Moreover, in the Vietnamese culture the beliefs regarding development or the timing for parenting varies (Lam, 2008). Most Vietnamese caregivers believe that before the age of 6, children do not have basic logic, therefore the caregivers would not nurture their children until they reach that age. Also, Vietnamese caregivers feel that children would not be able to comprehend until they have learned how to speak fluently (Lam).

Some Vietnamese caregivers do not know that children learn better from imitation and observation than from direct instruction from caregivers (Lam, 2008). In the Vietnamese family there is a strong emphasis that children should be interdependent on their families, while in the American culture children are encouraged to be independent of family (Lam et al., 2012). In the American culture, some parents have particular desires for their children's behavior and they would explain the reason behind their expectations.

Summary

All the major themes identified the common risk factors or problems with Vietnamese American families that may put the children at risk for child abuse leading to the child entering the child-welfare system. Risk factors include, but are not limited to, mental illness, socioeconomic, language barriers, immigration status, substance abuse, stress and cultural beliefs.

Parents are using more authoritarian parenting styles when they should try to use authoritative parenting styles because children have higher self-esteem. Most of the children reported that they want their parents to be more understanding and care more about their feelings. They want their parents to praise and give them positive reinforcement. The literature highlights that Vietnamese caregivers should use more

positive reinforcement with their children and different parenting strategies instead of corporal punishment. It also highlights that language barriers, parenting styles, communication, and family roles can be major concerns for this ethnicity because these barriers make it difficult for them to understand and communicate with others, especially their children. The literature indicates that more studies need to be focused on Vietnamese culture and child welfare system because Vietnamese American is a growing population in the United States.

CHAPTER 3

METHODS SECTION

Target Population

The target population is Vietnamese families with children (ages birth to 17 years old) that are at-risk of entering the CWS in Orange County. These families are at the low socioeconomic level and may have language barriers. They have different experiences and backgrounds about child maltreatment and child protective laws.

Host Agency Description

The Orange County Child Abuse Prevention Center (Prevention Center) was established in 1983 as a single, volunteer-based parent aide program formed to combat the devastating effects of child abuse in Orange County. Over the agency's rich 30 year history, they have worked diligently to achieve their mission of directly serving at-risk children and families in crisis to prevent and break the generational cycle of abuse, making them the county's largest nonprofit organization solely focused on the prevention of child abuse. Since its inception, the agency has provided programs and services to over 286,000 children and families, and last year the Prevention Center had the privilege to serve over 35,000 children and families (Child Abuse Prevention Center, 2014).

Because child abuse risk factors can take many forms, the agency offers 15 programs to assist families in a variety of difficult situations and address their unique, individual needs. These programs and services provide critically needed parenting

education, mental health services, and case management support by utilizing a proven model of in-home service delivery. In addition, the Prevention Center is dedicated to reaching at-risk, low-income, culturally and linguistically isolated families throughout Orange County (Child Abuse Prevention Center, 2014). A letter of agency support for this project can be found in Appendix A.

In addition to the children and families the agency serves, Prevention Center is extremely active in the community and touch thousands of Orange County residents each year through the Outreach and Engagement program. The Prevention Center's three agency objectives are: (1) enhancing healthy parenting styles; (2) increasing family self-sufficiency; and (3) ensuring that children and families are living in violence-free homes. The Prevention Center provides an array of programs that work in concert to equip struggling, distressed parents and caregivers with the knowledge and tools needed to create safe, nurturing, violence-free homes for their children (Children Abuse Prevention Center, 2014).

Potential Funding Sources

The grant writer's strategies for identifying and selecting potential funding sources include exploring the available resources from the list that was given to the grant writer from the Foundation Center and also through Google and online searches. Key research terms include "grant or funding for children and families in Orange County" when searching online. The grant writer identified three potential funding sources for this project: The Administration for Children and Families, The California Endowment, and the W.K. Kellogg Foundation.

The Administration for Children and Families (AFC) is a division of the Department of Health and Human Services. Their purpose is to promote the economic and social well-being of individuals, children, families and communities. The AFC program aims to inspire families and individuals to enhance their economic independency and productivity. The AFC aims to help tackle the necessities, strengths and facilitates of vulnerable populations including people with developmental disabilities, refugees and migrants. The AFC wants to be able to deliver services to those children, individuals and families that are or were affected by domestic violence, family violence and other trauma (Adminstration for Children and Families, 2014). The AFC grantees are for both non-profit and for-profit organizations which include government, education, and public housing groups (Adminstration for Children and Families, 2014). This funding source was not chosen for this program because of insufficient funding for the program.

The California Endowment (2014) is a statewide health foundation that has a mission to enlarge access to affordable, quality health care for those populations who are underserved and to enhance the status of all Californians. The eligibility requirements for this grant are as follows: (1) California based nonprofit, tax-exempt community clinics and health centers under Section 1204 of the California Health and Safety Code, and: (2) all applicants will be evaluated based on the mission, financial strength and portfolio fit. The California Endowment provides funding in the areas of health, education and health welfare to those who are in need. The California Endowment was not selected as it does not meet the children maltreatment program needs (The California Endowment, 2014).

The W.K. Kellogg Foundation's (2014) mission is to aid children, families and communities to succeed as individuals and consequently to be able to contribute back to

their communities. The W.K. Kellogg Foundation provides funding for the following programs: to promote education and good health for kids, to ensure family unity, and to advocate racial equity and civic engagement. The Foundation mentions that they believe people have the potential to grow and be able to make changes in their lives regardless of their culture or ethnic background. This funder was selected because it serves at-risk children and helps ensure family unity. The application process for the grant does not require a letter of inquiry. There is no deadline for the application process and it can be completed online (W.K. Kellogg Foundation, 2014).

Needs Assessment

In consultation with the agency's representative Stephanie Enano, the Child Abuse Prevention Center (personal communication, July 25, 2014) identified a need for educating Vietnamese families on the different forms of child maltreatment and how the aftermath of maltreatment affects children. Also, there is a need to increase the Vietnamese staff because they have very few Vietnamese staff. In addition, educate the staff about being culturally competent when working with Vietnamese older generation is necessary because their views and perspectives are different. Furthermore, there is a need for caseworkers to conduct public awareness campaigns regarding services for Vietnamese families.

The agency representative mentioned that child maltreatment is one of the causes for those children who are suffering mentally. While working with the individuals during therapy, some of the children are reporting that they had a history of abuse or are currently experiencing abuse. Furthermore, Chartier, Walker, and Naimark (2009) said

that Vietnamese health belief systems might have caused an effect on the diagnosis and treatment of mental disorders.

Budget Narrative

The budget for this program is \$222,695 annually. This amount would be for a full-time bilingual Vietnamese-speaking MSW supervisor for the new program, bachelor's level coordinator (BSW), two bachelor's level caseworker specialists (BSW) and volunteers that are bilingual.

The Vietnamese-speaking MSW supervisor for the program will provide management training and supervision. The supervisor will assign cases to the caseworker specialists. This will be a full-time position with an annual salary of \$60,000 with benefits for working 40 hours per week.

The bachelor's social worker coordinator will be in charge of community outreach. Also, the coordinator will be in charge of handout and document translation for the parenting tools from English to Vietnamese, so the caseworkers could use them. The coordinator will also work on fund development activities. The coordinator will explain the purpose of the program and recruit participants. This will be a full-time position with an annual salary of \$32,000 with benefits.

The bachelor's social work Vietnamese-speaking caseworker specialists will serve risk families. The caseworkers will conduct workshops about the effects of child maltreatment and how it is related to children's mental health. This position will also require one weekend or late night as needed when working with individuals. Also, the caseworkers will educate parents about home and car safety, nutrition, immunizations,

healthy development and health. This will be a full-time position with an annual salary of \$30,000 with benefits.

The program will also train bachelor and master level social work interns. The interns will assist the caseworker specialists with their caseloads. The intern will be assigned 16 hours a week with a total of 504 hours for the academic year. The bachelor level interns will assist with outreach services. The master's level interns will be doing case management or coach with families and children. The supervisor will provide individual and group supervision for the interns.

The program's direct cost includes: office supplies (\$6,650) which includes printing paper, cellphone, telephone, computers, laptops, and fax machine; utilities (\$2,000); furniture (\$1,500); and mileage reimbursement (\$0.55 per mile) for workers, an estimate of \$9,000 annually for all workers. Approximately \$1,500 will be allocated to professional development trainings for caseworkers. About \$900 will be used for printing parenting supplies and books in Vietnamese and training manuals. In addition, the administrative overhead costs to manage the grant will be 10% of the total budget, which is \$20,245.

CHAPTER 4

W.K. KELLOGG FOUNDATION APPLICATION

Below is the application for the W.K. Kellogg Foundation. The chapter covers details about organization (agency objectives), program's overview, and budgets overview and program's timeline. This chapter provides information about the target demographics, outline of the project, achievements and results of the project. The proposed program is seeking to find a secure grant funder for Prevention of Maltreatment program in Vietnamese families. For purpose of this project some of the sections were omitted due to privacy reasons. The sections omitted are: federal, state and local government funding revenues, tax exempt letter, and IRS forms. This section was written based on the funder application available online and the application is included for academic purposes only.

Statement of the Problem

Vietnamese is a growing population in the United States. Rhee, Chang, Berthold & Mar (2012) stated that Vietnamese Americans are considered one of the fastest growing minority groups in the United States, and they are the fourth largest Asian American group after the Chinese, Asian Indian Americans, and Filipinos. The U.S. Census Bureau (2014) finds that as of 2013 there are approximately 316 million people residing in the United States and of that, approximately 5.3% are classified as Asian. In

California, approximately 14.1% of the state's population are Asian of which 19.2% reside in Orange County (U.S. Census Bureau, 2014).

Vietnamese American children were shown to have a higher rate of child maltreatment. Child maltreatment is a serious problem for the Vietnamese communities, but it is underreported. Rhee et al (2012) noted that 33% of the Vietnamese parents said that they used physical punishment with their children within the last year and that consists of spanking, hitting with an object, pinching, and slapping on the hands, arms, or legs. It was shown from Han and Osterling's (2012) study that Vietnamese parents who were physically abused themselves as youths were more than twice as likely to be using physical punishment with their children. Also, those who experienced child abuse in their lifetime had a higher chance of developing behavior and mental health problems. Rhee et al. (2012) also responded that there is a higher risk of child maltreatment for immigrant families, than those who were traditional families.

In addition, Cappa and Dam (2014) stated "Spare the rod, spoil the child (Thuong cho roi, cho vot)" (p.498). This quote gives Vietnamese parents the justification to use corporal punishment with their children. Corporal punishment has been seen as a method that traditionally all Vietnamese families have been using for decades to correct a child's misbehavior. Some of the physical punishments that were used by Vietnamese families are: knocking on the child's head, hitting on buttocks, beating with rod, slapping on the thigh or face and buttock, pinching and beating the child uncontrollably.

According to the Orange County Social Service Agency (2014), in June 2014 there were 1,928 reported cases of child abuse involving 3,749 children. Of this number, 5.52% of the cases involved Asian families. It is common for Vietnamese families to be

unfamiliar with the American cultural norms about child discipline and child protection laws. A majority of the Vietnamese American families live in areas where they are clustered with their own ethnicity; therefore, they are able to survive without being proficient in the English language, and may lack knowledge about American protection laws mandated for children.

Organization Type

The Orange County Child Abuse Prevention Center (Prevention Center) was established in 1983 as a single, volunteer-based parent aide program formed to combat the devastating effects of child abuse in Orange County. Over the agency rich 30 year history, they have worked diligently to achieve their mission of directly serving at-risk children and families in crisis to prevent and break the generational cycle of abuse, making them the county's largest nonprofit organization solely focused on the prevention of child abuse. Since its inception, the agency has provided programs and services to over 286,000 children and families, and last year the Prevention Center had the privilege to serve over 35,000 children and families (Child Abuse Prevention Center, 2014).

Because child abuse risk factors can take many forms, the agency offers 15 programs to assist families in a variety of difficult situations and address their unique, individual needs. These programs and services provide critically needed parenting education, mental health services, and case management support by utilizing a proven model of in-home service delivery. In addition, the Prevention Center is dedicated to reaching at-risk, low-income, culturally and linguistically isolated families throughout Orange County (Child Abuse Prevention Center, 2014).

In addition to the children and families the agency serves, Prevention Center are extremely active in the community and touch thousands of Orange County residents each year through the Outreach and Engagement program. The Prevention Center's three agency objectives are: (1) enhancing healthy parenting styles; (2) increasing family self-sufficiency; and (3) ensuring that children and families are living in violence-free homes. The Prevention Center provides an array of programs that work in concert to equip struggling, distressed parents and caregivers with the knowledge and tools needed to create safe, nurturing, violence-free homes for their children (Children Abuse Prevention Center, 2014).

The legal organization name is the Child Abuse Prevention Center (CAPC) and it was discovered in 1983. There are a total of 22 boards of director for the CAPC including: Chair of the Board, Treasurer, Secretary, Past Board Chair, President, Vice President, Senior Vice President, Chief Financial Officer, Managing Director, Executive Director, Finance Director, Director of Personnel, General Manager, Office Manager, Manager of Program Development and Support, Team Leader, Supervisor, Technical Manager, Operation Manager, Contract Manager, Administration Manager, and Officer. Furthermore the CAPC has a total of 15 programs which are: Basic Needs, Child Abuse Services Team (CAST), Children's In-Home Crisis Stabilization, Helping Kids Cope, Home Visitation Infant, Home Visitation Toddler, In-Home Coach, In-Home Focused, In-Home Mental Health, Monitored/Supervised Visitation, Neighbor to Neighbor, Parent to Parent, School Readiness, Teen Voices, Teen Choices, and Well.

Target Geographic Area

The U.S. Census Bureau (2014) finds that as of 2013 there are approximately 38 million people residing in California and of that, approximately 3,114,363 reside in Orange County. The Orange County has a diverse population: White population represents about 74.1%, Black or African American (2.1%), Asian (1.1%), Native Hawaiian and Other Pacific Islander (0.4%), Hispanic or Latino (34.2%), and two or more races (3.2%). In the Orange County approximately 10.7% of the population is below the poverty level.

The Prevention of Maltreatment for Children's target population includes all 34 cities within Orange County, with an emphasis on high-need, low-income areas within Anaheim, Garden Grove, Santa Ana, and Stanton. Families within these communities have a higher prevalence of poverty, are uninsured or underinsured and face tremendous barriers to care due to lack of transportation and social or linguistic isolation, placing them at a high risks for child abuse and neglect (U.S. Census Bureau, 2013). According to the U.S. Census Bureau, the percentage of families living in poverty with children under 18 in Orange County's high-need areas are as follows: (18.5%) Anaheim, (17.4%) Garden Grove, (23.4%) Santa Ana and (21%) Stanton. According to the Employment Development Department (2014) the average unemployment rate is 4.9%, yet these high-need areas accounted for much higher rates: (6.3%) Anaheim, (6.2%) Garden Grove, (7.9%) Santa Ana and (8.0%) Stanton.

Project Name

The name of the project is called Prevention of Maltreatment for Children program.

Project Overview

The prevention of Maltreatment for Children program would assist Vietnamese families who may be at risk for child maltreatment. The program design components include: education, coaching, and case management. First, it is essential to educate the family on child protective laws and the different types of child abuse such as physical, sexual, emotional abuse, and neglect. Educating the parents also involves providing them with information about the causes that correlate with child maltreatment and how these causes affect children throughout their lives. In addition, educating the families about the differences between the American culture and Vietnamese culture focusing on how corporal punishment is not accepted in the American culture.

The coordinator and caseworkers will conduct community outreach by leaving pamphlets and flyers at shelters, community-based organizations, schools and social services agencies to recruit Vietnamese families or caregivers for a workshop about Prevention of Maltreatment for Children. Workshops will be held on a monthly basis and is expected to serve about 18 families per month, equivalent to approximately 200 families per year. The workshop will be held at the Child Abuse Prevention Center.

The caseworkers will have the caregivers take a pre-test at the beginning of the program and then a post-test at the end of the services about the parenting strategies that they learned. These tests allow the agency to measure the participants' level of understanding of parenting skills after the services are rendered. These tests will be also used to evaluate how effective the services were and if the program helped to reduce child maltreatment among at-risk families. Caregivers will also answer two open-ended

questions at the end of workshops, asking them for suggestions on how to improve the program and which techniques they found useful when disciplining their children.

The Prevention of Maltreatment for Children program offers the caregivers opportunities for additional case management. Caregivers will be given a note card to fill out if they want further in-home services at the end of the workshop. If caregivers want additional services, caseworkers will work one-on-one with the families to provide them with specific services that will meet their families' needs.

Caseworkers will assess the family's strengths and weaknesses. Second, the Vietnamese caseworkers will coach the caregivers on the different strategies and tools that they can use to discipline the children. Caseworkers will also provide coaching with caregivers on topic such as reinforcement, praising, time-out, and etc. In addition, caseworkers will provide the Vietnamese families with resource pamphlets that include the different types of social services in the Vietnamese community that the families can seek for support.

This would be a 6 weeks program and if any client needs additional services they can be referred to case management for another 12 weeks. Staff will be recruiting the clients from different agencies such as social services, church, school and more.

During the first week, the staff will be building a rapport and establish positive relationships with the caregivers. The staff will also do an introduction about the purpose of the program. Community resources will be provided to the caregivers and they would need to sign consent forms and paperwork with the agency.

During the second week, the staff would provide handouts and educate the caregivers about the different types of child abuse and the short and long term effects of

child abuse on children. The staff would provide the caregivers with the number for child protective services in case they need to make any child abuse report in the future.

For the third week, the staff will explain to the caregivers how child-rearing can be different in the American culture and Vietnamese culture. The staff will provide the caregivers with information why corporal punishment is not accepted in the American culture.

The fourth week would be when the staff demonstrates some of the parenting tools that would be helpful for caregivers in parenting (ex. positive reinforcement, praise, chore chart and more). For the fifth week, the staff would be continuing with the caregivers on the parenting skills and role playing some of the skills with the caregivers. On the sixth week, the staff would be wrapping things up. The staff would also check in with the caregivers and see if any of the caregivers would want one-on-one case management, and if so, the staff would refer the caregivers for an additional 6 weeks of individual coaching.

Objective for Proposed Program

In addition, outcomes for the Prevention of Maltreatment for Children vary depending on the need of the individual. Each person would be progressing at a different level from one another. The main goal of the program is to decrease children maltreatment in Vietnamese families.

The objectives of this program involve the Vietnamese caregivers' abilities: (1) to demonstrate the basic knowledge of child maltreatment, (2) to apply knowledge of the different types of parenting tools in child-rearing, (3) to recognize child safety and basic needs (4) to facilitate community resources, and (5) to build a strong child-parent

relationship. This workshop will be held on a monthly basis and is expected to serve about 18 families per month, equivalent to approximately 200 families per year.

By providing education and teaching Vietnamese parents about child abuse and why it is dangerous for children, this would increase parents' understanding about child abuse. Approximately 85% of caretakers will demonstrate and increase knowledge of child maltreatment. Vietnamese immigrant parents encountered conflicts between parenting expectations and child abuse laws in the United States and their traditional way of parenting and laws in their country of origin (Tajima & Harachi, 2010). By raising awareness and educating Vietnamese caregivers about child abuse would be beneficial for caregivers' knowledge to prevent child maltreatment and recognize the signs (Tajima & Harachi).

Educating caregivers about the different types of parenting techniques would help provide beneficial parenting tools; therefore, approximately 80% of caretakers will apply knowledge of parenting tools for child rearing and recognize child safety and basic needs. As Lam (2008) mentioned helping Vietnamese caregivers to understand American culture and parenting styles could help caregivers to get rid of traditional discipline methods. By getting rid of the traditional discipline, it could also break the cycle of maltreatment within the Vietnamese families (Lam).

The program would assist and give Vietnamese caregivers a list of resources that they can utilize within the community. Approximately 75% of caretakers will facilitate community resources and able to build a strong child-parent relationship. Nguyen and Cheung (2009) said, Vietnamese family structure is strictly restricted to limited communication; individuals cannot reach out to the community for resources because it

brings shame and embarrassment to the family; as a result, it has limited families to obtaining the resources and help that they need. Furthermore, Nguyen and Cheung said that the differences of cultural values between parents and children may feel the stress of the family system and create the family conflict and lack of communication between parents and children.

Also, case management would be helping the caregivers one-on-one by role playing on some of the parenting techniques that were taught to them. Role playing ensures the parents understand and are able to use the tools that were taught to them. The Prevention of Maltreatment for Children will use pre- and post-test for measurement of the outcomes to ensure success of the program.

How will your Project Help Vulnerable Children Succeed?

The Prevention of Maltreatment for Children program will have positive outcomes for at-risk Vietnamese children with maltreatment. The program will provide case management and education about maltreatment to the parents or caregivers. This would enhance the caregivers or parents understanding about child abuse and how children are affected by different types of maltreatment. The program also teaches Vietnamese parents about some of the effective parenting tools that they could use besides corporal punishment. The case manager will make sure that the caregivers understand and practice the tools, so it could reduce or prevent child maltreatment. This program would also help parents to learn how to communicate effectively with their children. By doing this it would lessen miscommunication between caregivers and parents and it could help to decrease verbal aggression in the home.

Proposed Start Date:

The Prevention of Maltreatment for Children project will begin on July 2015.

Proposed End Date:

The Prevention of Maltreatment for Children project will end on July 2016.

What contact (s) has your organization has with the Kellogg Foundation programming staff regarding this project?

The Prevention of Maltreatment for Children has no prior contact with the Kellogg Foundation.

What is the Total Budget of this Project?

The budget for this program is \$222,695 annually (See Appendix B). This amount would be for a full-time bilingual Vietnamese-speaking MSW supervisor for the new program, bachelor's level coordinator (BSW), two bachelor's level caseworker specialists (BSW) and volunteers that are bilingual.

The Vietnamese-speaking MSW supervisor for the program will provide management training and supervision. The supervisor will assign cases to the caseworker specialists. This will be a full-time position with an annual salary of \$60,000 with 20% benefit package for working 40 hours per week.

The bachelor's social work coordinator will be in charge of community outreach. Also, the coordinator will be in charge of handout and document translation for the parenting tools from English to Vietnamese, so the caseworkers could use them. The coordinator will also work on fund development activities. The coordinator will explain the purpose of the program and recruit participants. This will be a full-time position with an annual salary of \$32,000 with 20% benefit package.

The bachelor's social work Vietnamese-speaking caseworker specialists will serve risk families. The caseworkers will conduct workshops about the effects of child maltreatment and how it is related to children's mental health. This position will also require one weekend or late night as needed when working with individuals. Also, the caseworkers will educate parents about home and car safety, nutrition, immunizations, healthy development and health. This will be a full-time position with an annual salary of \$30,000 with 20% benefit package.

The program will also train bachelor and master level social work interns. The interns will assist the caseworker specialists with their caseloads. The intern will be assigned 16 hours a week with a total of 504 hours for the academic year. The bachelor level interns will assist with outreach services. The master's level interns will be doing case management or coach with families and children. The supervisor will provide individual and group supervision for the interns.

The program's direct cost includes: office supplies (\$6,650) which includes printing paper, cellphone, telephone, computers, laptops, and fax machine; utilities (\$2,000); furniture (\$1,500); and mileage reimbursement (\$0.55 per mile) for workers, an estimate of \$9,000 annually for all workers. Approximately \$1,500 will be allocated to professional development trainings for caseworkers. About \$900 will be used for printing parenting supplies and books in Vietnamese and training manuals. In addition, the administrative overhead costs to manage the grant would be 10% of the total budget, which is \$20,245.

What amount are you requesting from the Kellogg Foundation?

The grant writer is requesting for \$222,695 per year.

Does any part of this Project Involve Lobbying?

No lobbying is required for this project.

Estimate the Percentage of Families Benefiting

The estimate percentage of families benefiting from this request who have an income at or below \$42,400 for a family of four would be approximately 100% families. Also, approximately 30-40% of single-parent households would benefit from this program. Approximately 10-15% of single-parent household would be females as head of the households. About 80% of the caregivers would benefit from this program that have a high school education or less. Lastly, approximately 100% of the Vietnamese population will be served. Race or ethnicity will be playing as a factor for eligibility for this service. The program is designed for Vietnamese families or caregivers only.

Action Plan/Time Line

Month 1-2:

The agency will hire employees (interviews and live scans) and develop curriculum for the program (written by Program Director)

Month 3-4:

The staff would be selecting outreach areas. The program coordinator and staffs develop community outreach by leaving pamphlets and flyers at shelters, community-based organizations, schools and social services agencies. The program director establish supervision with caseworkers every week. The staff and program coordinator will recruit families or caregivers for program.

Month 5:

The staff and program coordinator would set-up an orientation for caregivers and families. The program coordinator trains social worker on the curriculum and group work with families

Month 6-7:

The staff acquire caseloads. The staff call families and set-up time and date for the group to begin and develop rapport with clients

Month 8-9:

The staff educate positive communication (ex. eye contact, active listening) with the caregiver. The staff will distribute pre-tests to test families' understanding about child maltreatment and rearing. The staff will motivate everyone to learn each other names with ice-breaker activities. The staff will provide handouts and educate the caregivers about different types of child abuse.

Month 10:

The staff will educate families and caregivers with resources that are within their community. The staff will educate families and caregivers on how child-rearing can be challenging between cross-cultures. The staff will educate families and caregivers on why corporal punishments are not accepted in American culture. The staff will discuss how corporal punishment can cause damages to children

Month 11:

The staff will role-play parenting scenarios (ex. temper tantrum, active ignoring, praising and more) with caregivers or families. The staff will distribute post-test at end of the workshop.

Month 12:

The staff will be terminating with the client and provide a program evaluation.

The staff will be assessing clients for case management, if so make referral. The client will be provide with a certificate of completion for program

CHAPTER 5

LESSONS LEARNED

Host Agency Selection

One of the challenges faced in developing this grant was finding a host agency. The grant writer contacted several agencies to participate in this program for Vietnamese families. The writer carefully explained the purpose of the project and its benefits for the agency to gain acceptance and partnership. As a result of this through process, the grant writer was successful in securing a host agency. The grant writer learned that it was not easy to find agencies that served the Vietnamese populations. Most of the agencies that the writer came across were primarily serving Hispanics' or agencies that do not have a need for the proposed program. Therefore, the writer was limited to which agency the writer could partner with.

Grant Development

Grant development involves an assessment of the host agency's needs. Since it was the grant writer's first experience in writing a grant, patience and effective communication with the agency were extremely valuable in completing this grant. The ability to identify the population underserved at the host agency as the grant was designed specifically to target the Vietnamese families.

The grant writer reviewed the scholarly literature on Vietnamese caregivers and children maltreatment to understand some of the reasons for high rate of child abuse in

this population. The writer discovered that the lack of knowledge on parenting skills and communications with their children in Vietnamese caregivers could possibly cause a higher chance for child maltreatment within that family. This would help social workers to link caregivers to parenting classes or educate them about parenting tools they could possible use, beside corporal punishments. Also, this would help social workers to provide education on positive communication with caregivers.

Funding Sources

The writer learned to identify and select a potential source for funding for the program was a challenge for the writer. As this was writer's first time, so the writer lacked the research skill which caused many mistakes and consumed much time while searching for the right funder using the database for grant seeking. The grant writer was fortunate to have friends who wrote the grant proposal before, so they were able to help the writer. This process helped the writer to build communication skills and team work with others. The writer communicated and got feedback from colleagues about how to search for funders. In result the writer found out it was tough to locate funder that would be suitable for the proposed program. Funding is important in the grant writing process because without funding for the proposed program, then there would be no funding to start or develop the program. This will impact the agency to deliver the services to clients, especially since the agency is a non-profit agency and their funds rely on funders. Also, if the funder does not work out, then the agency would have to search for another one.

Implication for Social Work

It is important for social workers to gain knowledge about Vietnamese families by understanding their culture. Being able to keep an open-mind in recognizing the needs of Vietnamese families, their cultural policies, and being able to identify barriers for service delivery would help guide for better social work practices. From the grant process, one could see the most important part of writing a grant is to be able to find a secure funding source for the program; without being able to find a secure funder, then the proposed program would not be able to develop. In addition, from the grant writing process, the social workers will be able to see funding based on the clients' needs.

It is important that social workers utilize a strengths' based approach when working with Vietnamese clients. The writer feels that starting where the clients are is very important because it would help the social worker to support, treat and empower them. Also, making sure to always involve the clients in the treatment process and go at the client's pace because some might be faster than others when it comes to understand the materials.

The writer noticed some of the areas that needed improvement in social work practice. First, there were limited and lack of support for Vietnamese families due to their language barriers; therefore, social workers could work on collaborating across all care for the families. Second, there were no support and encouragement for vulnerable populations such as Vietnamese families with children, so it could reduce the cycle of abuse. Hence, social workers could work with the Vietnamese families on helping them to build a support network within the community by accessing the resources that are available for them. Third, writer also saw that there was no research that identified on

how social work policy and practice would be beneficial to improve child maltreatment in Vietnamese culture. The social workers could work or coach with the Vietnamese families on advocating for themselves and teaching them rules and regulations on maltreatment.

Professional Development

The lesson that the grant writer has learned was time management and not to procrastinate. The grant writer had many responsibilities such as: full-time job, graduate school, internship, thesis, child-care and personal obligations. The writer noticed that time management is essential in completing this thesis; therefore, writer had to learn to balance personal and profession life. The grant writing process had helped the writer with how to manage and balance the responsibilities that the writer had. The grant writer eliminated family gatherings and unnecessary distractions in order to focus on the writing process.

Self-care and relaxation were important when it came to completing this project. Self-care was important because with the amount of work load that the writer had from professional and personal life, without self-care it could have lead to a burnout. Burnout can be a barrier for the writer to perform daily activities and grant writing. After learning how to take break, getting a massage, stress management, support group and having enough sleep; the writer understood that by taking things slowly and completing certain section of the project each day greatly helped with finishing the thesis with ease.

The writer learned that effective writing is important in completing this project. Effective writing would be beneficial and easier if the writer set time out for research, this would help the writer to not feel bombarded with immense information; furthermore,

following instructions and guidelines were important in effective writing. The writer understood that learning to accept criticisms and making the changes will help strengthen the writer's research and writing skills. By learning to making the revisions that was pointed out by the thesis advisor enhanced the writer's writing process.

Most importantly, this grant writing helped the writer to learn that a supportive system is important. The writer did not know where to start and was lost and felt behind, but the writer's thesis advisor was there every step of the way providing guidance, support, and feedback. The writer's family and friends were also supportive throughout the grant writing process.

APPENDICES

APPENDIX A
HOST AGENCY LETTER



July 25, 2014

BOARD OF DIRECTORS

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Trendsetters
Mindy Urings
Philanthropy & Community Advocate
Daniel Wells
Frederman, Rolapp & Associates

Tracy Nguyen
California State University of Long Beach
School of Social Work
1250 Bellflower Boulevard
Long Beach, California, 90805

To Whom It May Concern:

On behalf of the Orange County Child Abuse Prevention Center, it is my pleasure to grant permission for you to review our program outcomes and to conduct independent research on its funding sources as part of your grant thesis project for your MSW program.

We understand that nothing is required of us other than providing you with existing information on the recent outcomes in our programs and that you will not have contact with our program clients. We also understand that this information will be published and available for individuals to view at the California State University Library.

In return, we understand that you will provide us with a copy of the grant proposal you are developing that includes our organization's name and program information, and that you will allow us to utilize content of the proposal as appropriate for our own grant pursuits. Our agreement will conclude May 2015.

We appreciate this opportunity to increase awareness and visibility of our programs through your thesis work and publication, and look forward to receiving a copy of the grant proposal when it is complete.

Best Regards,

Scott Trotter
Executive Director

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APPENDIX B
LINE ITEM BUDGET

Line Item Budget

Category	Cost
<u>Salary</u>	
Project Director	\$60,000.00
Benefit package @ 20%	\$12,000.00
Program Coordinator	\$32,000.00
Benefit package @ 20%	\$6,400.00
2 full Time Social Workers (\$30,000 each)	\$60,000.00
Benefit package @ 20%	\$12,000.00
Subtotal	\$182,400.00
<u>Direct Cost</u>	
Office supplies	\$6,650.00
Utilities	\$2,000.00
Mileage	\$9,000.00
\$.55 per mile	
Printing parenting supplies	\$900.00
Subtotal	\$18,550.00
<u>Indirect Cost</u>	
Program development	\$1,500.00
Administrative Overhead (10% of total budget)	\$20,245.00
Subtotal	\$21,745.00
<u>Total Funding Requested</u>	\$222,695.00

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