CULTURAL HUMILITY IN CHILD WELFARE PRACTICE:

Distinguishing Cultural Practices from Child Maltreatment

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This white paper is provided for informational and educational purposes only and does not constitute legal or clinical advice. Cultural practice examples are cited for educational purposes only and are not intended to characterize any cultural community as inherently at risk for child maltreatment. The views expressed are those of the author and do not necessarily represent the positions of any federal agency, state government, or organization with which the author is affiliated.

AUTHOR'S NOTE

Early in my clinical training at the University of Michigan Health System, C.S. Mott Children's Hospital, I worked alongside and gained invaluable knowledge from exceptional professionals — an experience that shaped my understanding of the careful discernment and cultural humility that complex child welfare cases demand. Those formative experiences raised questions I have carried throughout my career: What is child abuse — and what is cultural practice?

Those moments shaped how I think about the intersection of culture and child welfare practice. Completing clinical rotations alongside child protection physicians, participating in suspected child abuse and neglect evaluations through the SCAN Clinic, and conducting second opinions of alleged maltreatment gave me an early and formative understanding of how easily cultural practices can be misread — and how much is at stake when they are. Years later, having led quality improvement systems across 24 jurisdictions and served as a federal subject matter expert, I still return to those early observations.

This white paper does not attempt to provide a definitive answer to that question. What it does offer is a framework for asking better questions — and building systems that equip child welfare professionals to answer them well.

I. INTRODUCTION

Many child welfare professionals wrestle with the question of defining: *"What is child abuse or cultural practice?"* For example, when circular bruises are found on a child's back, does a child welfare professional suspect abuse — or was it the ancient cultural practice of cupping because the child was ill? In the case of bald patches found on a child's scalp, do you suspect child abuse — or could it be the result of pediatric traction alopecia from a hairstyle worn tightly?

These scenarios are not rare edge cases. They represent the daily reality of child protective services work in an increasingly diverse nation. There are multiple forms of cultural practices that require ongoing education and training in cultural competency — and child welfare systems have not kept pace.

The stakes could not be higher. A worker who misidentifies a cultural healing practice as abuse can fracture a family unnecessarily. A worker who dismisses genuine signs of harm as cultural difference can leave a child at risk. Neither outcome is acceptable. Both are preventable.

II. THE LANDSCAPE: DIVERSITY AND CHILD WELFARE IN 2026

The demographics of child welfare caseloads have shifted significantly. Children of color — particularly Black, Indigenous, and Latino children — continue to be disproportionately represented at every stage of the child welfare system (Child Welfare Information Gateway, 2021), from initial investigation through out-of-home placement. Yet research does not support the conclusion that higher rates of maltreatment explain this disparity alone.

What research does tell us is that implicit bias, cultural misunderstanding, and inadequate training contribute meaningfully to these outcomes (Dettlaff & Rycraft, 2010). As I noted in *The Intersection of Quality Assurance and Child Safety* (2025), child welfare agencies face persistent *"classification difficulties in determining abuse and neglect types."* Cultural misidentification is among the most consequential — and most preventable — of these classification errors.

The Child and Family Services Reviews assess state performance across seven child and family outcomes and seven systemic factors, including Agency Responsiveness to the Community — which measures whether agencies engage in ongoing consultation with Tribal representatives, consumers, service providers, and other community stakeholders in developing and implementing their Child and Family Services Plans. Agencies that fail to meaningfully engage diverse communities in this process risk non-conformity findings and the requirement to develop Program Improvement Plans to address identified gaps (U.S. Department of Health and Human Services, Children's Bureau, 2024).

III. CULTURAL PRACTICES COMMONLY MISIDENTIFIED AS ABUSE

The following examples reflect cultural practices that have been documented in professional and legal literature as frequent sources of misidentification — in some cases leading to wrongful family separation, emergency child removal, and lasting harm to families who posed no risk of maltreatment (Chen, 2019):

Cupping (Hijama)

Cupping is an ancient healing practice used across Asian, Middle Eastern, African, and Eastern European cultures. Heated cups are placed on the skin to create suction — believed to improve circulation and address illness. The circular bruises or marks left on a child's back or torso can appear, to an untrained eye, indistinguishable from physical abuse.

Coin Rubbing (Cao Gio)

Common in Vietnamese, Cambodian, and other Southeast Asian communities, coin rubbing involves firmly applying a coin to the skin to treat fever or illness. The resulting red streaks along the back, neck, or chest can closely resemble bruising from physical abuse.

Moxibustion

A traditional Chinese medicine practice in which mugwort is burned near the skin to stimulate healing. The marks left behind may be mistaken for intentional burns by practitioners without familiarity with the practice.

Pediatric Traction Alopecia

Hairstyling practices common in Black and African communities — including tight braids, cornrows, and extensions — can cause traction alopecia, presenting as bald patches along the hairline or scalp. Without cultural awareness, these patches may be incorrectly associated with physical abuse or medical neglect.

Scarification and Traditional Body Marking

In some African and Indigenous communities, scarification carries deep cultural and spiritual significance as a rite of passage. Marks resulting from these practices may be misread as evidence of abuse by workers who lack cultural context.

In each of these cases, a worker's unfamiliarity with cultural practice — not malicious intent — becomes the point of failure. The consequences, however, are anything but minor. Families are separated. Trust is broken. And the child welfare system loses credibility in the very communities it is charged with serving.

IV. THE ROLE OF PRACTITIONER BIAS

In *Addressing Personal Trauma in Child Welfare Work* (2026), I explored how workers' personal histories can shape their professional judgment in ways that are not always visible — even to the workers themselves. The clinical concept of countertransference, which I described as *"aspects of the worker's experience of the client,"* does not apply only to personal trauma. It applies equally to cultural assumptions.

A worker who has never encountered cupping may react with alarm to circular bruises on a child's back. A worker unfamiliar with traditional hair practices may interpret traction alopecia as neglect. These reactions are understandable — but they are also correctable with proper training and supervisory support.

Just as trauma-informed supervision creates space for workers to recognize when a case activates unresolved personal experiences, culturally informed supervision benefits from creating space for workers to recognize when a case activates cultural assumptions. The two are more connected than agencies often acknowledge. Cultural humility — like self-awareness — must be actively cultivated. It does not develop on its own.

V. THE CQI AND CFSR IMPLICATIONS

Quality assurance in child welfare must extend beyond compliance monitoring. As I outlined in *The Intersection of Quality Assurance and Child Safety* (2025), effective quality improvement systems examine whether agency practices produce equitable outcomes for all children and families — not just aggregate outcomes that mask disparities beneath the surface.

Cultural competency is most effective when treated as a performance standard rather than a soft skill addressed in a one-time training module — measurable, monitored, and subject to the same quality improvement processes applied to response times and placement stability.

Effective CQI frameworks should incorporate:

- Documentation review confirming cultural context is assessed and recorded in case narratives
- Tracking of cultural consultation rates in cases involving unfamiliar practices
- Disproportionality data examined at the worker, unit, and agency levels
- Cultural competency training as a tracked metric — not a checkbox
- Case review processes that identify patterns of cultural misidentification over time

As I described in *Bridging System Silos and Process Gaps* (2025), fragmented communication between agencies, medical professionals, and community organizations regularly results in critical context being lost. A physician who recognizes cupping marks may never communicate that finding to the CPS investigator handling the same case.

Integrated communication protocols — deliberately designed to capture cultural information — represent a meaningful step toward more equitable practice.

Where CFSR Program Improvement Plans have identified disproportionate outcomes for families of color, cultural competency would benefit from being explicitly named as an area for improvement — with measurable targets, dedicated resources, and accountability structures.

VI. RECOMMENDATIONS FOR CHILD WELFARE AGENCIES

The following recommendations reflect both research-informed practice and the realities of frontline child welfare work:

Implement Mandatory Cultural Humility Training
Training that goes beyond awareness is more likely to produce lasting change. Workers benefit from specific, practical knowledge — including recognition of commonly misidentified cultural practices — delivered by trainers with genuine cultural expertise. Training completion is most effective when tracked through CQI systems and refreshed annually rather than treated as a one-time orientation requirement.

Establish Cultural Consultation Protocols
Agencies are encouraged to develop formal, written protocols that support consultation before substantiation in cases involving unfamiliar cultural practices. This consultation may come from cultural liaisons, community organizations, medical professionals, or supervisors — but it must be built into the process, not left to individual worker discretion.

Integrate Cultural Context Into Documentation Standards
Case documentation standards that explicitly incorporate cultural factors reflect best practice in culturally responsive child welfare work. Supervisory review that verifies cultural context was considered before decisions are finalized reflects sound quality assurance practice.

Build Community Partnerships
Formal partnerships with culturally specific community organizations create access to the knowledge workers need in real time. These relationships take time to build — which is precisely why agencies are encouraged not to wait until a difficult case forces the conversation.

Track Disproportionality Through CQI
Disproportionality data — including substantiation rates, removal rates, and placement decisions broken down by race and ethnicity — benefits from regular review by quality improvement committees. Patterns that suggest cultural misidentification require investigation and response, not passive acknowledgment.

VII. CONCLUSION

The question of whether a child welfare professional is observing abuse or a cultural practice is rarely straightforward. It demands cultural knowledge, humility, and a genuine commitment to understanding context before making decisions that carry lifelong consequences for children and families.

Quality assurance systems have a role to play here that goes beyond measuring compliance. As I have noted throughout my work, effective quality improvement does not merely count what agencies do — it examines whether what they do is working, for whom it is working, and where gaps in practice are leaving children and families underserved.

Cultural misidentification is one of those gaps. It is systemic, it is measurable, and it is addressable. Child welfare agencies that embed cultural humility into their training, documentation, supervision, and quality improvement processes will be better positioned to make sound decisions — decisions that protect children who are truly at risk while preserving families whose practices reflect cultural tradition, not harm.

The children and families served by child welfare systems deserve practitioners who approach their lives with knowledge, equity, and genuine respect. That standard is not aspirational. It is the baseline from which effective child protection begins.

ICW Advisory Group remains committed to supporting agencies in building the cultural competency infrastructure necessary to fulfill that standard — for every child, in every community, without exception.

REFERENCES

Chen, L. (2019). Cultural competency in mandated reporting among healthcare professionals. *Southern California Review of Law and Social Justice, 28*(2), 319-347. https://mn.gov/dhs/assets/chen-2019-cultural-competency-in-mandated-reporting-among-healthcare-professionals_tcm1053-669757.pdf

Child Welfare Information Gateway. (2021). *Child welfare practice to address racial disproportionality and disparity*. U.S. Department of Health and Human Services, Children's Bureau. https://www.govinfo.gov/content/pkg/GOVPUB-HE-PURL-gpo159394/pdf/GOVPUB-HE-PURL-gpo159394.pdf

Dettlaff, A. J., & Rycraft, J. R. (2010). Factors contributing to disproportionality in the child welfare system: Views from the legal community. *Social Work, 55*(3), 213-224. https://doi.org/10.1093/sw/55.3.213

Pearson, A. (2025). *The intersection of quality assurance and child safety: A framework for monitoring, analyzing, and improving child welfare outcomes* [White paper]. ICW Advisory Group, LLC. https://icwadvisory.com/white-papers/

Pearson, A. (2025). *Bridging system silos and process gaps: A retrospective analysis of kinship caregiver housing support* [White paper]. ICW Advisory Group, LLC. https://icwadvisory.com/white-papers/

Pearson, A. (2026). *Addressing personal trauma in child welfare work: Why self-care and trauma-informed supervision matter* [White paper]. ICW Advisory Group, LLC. https://icwadvisory.com/white-papers/

U.S. Department of Health and Human Services, Children's Bureau. (2024). *Child and family services reviews*. Administration for Children and Families. https://www.acf.hhs.gov/cb/monitoring/child-family-services-reviews

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