
Culturally Informed Ethical Decision Making in Situations of Suspected Child Abuse

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ABSTRACT

As part of their role as helping professionals, counsellors are required to make a report to Child Welfare authorities when they have reason to believe that a child has been harmed or neglected. The introduction of unique cultural practices through the international migration of immigrants and refugees to Canada has blurred the boundary between acceptable and unacceptable parental behaviour. This paper informs counsellors about important factors to consider in determining whether to classify culturally sanctioned practices as helpful or harmful to children. It also outlines the types of information and documentation that would be required to justify the challenge of a practice viewed to be culturally acceptable among members of a specific group under Canadian legislation and ethical codes.

En tant que professionnels aidants, les conseillers sont tenus d'informer le bureau de protection de l'enfance quand ils ont des raisons de croire qu'on a fait du tort à un enfant ou qu'on l'a privé de soins. L'introduction de pratiques culturelles uniques en raison de l'arrivée au Canada d'immigrants et de réfugiés a estompé la ligne entre un comportement parental acceptable et un comportement parental jugé inacceptable. Cet article fournit aux conseillers des détails sur les facteurs importants à considérer lorsqu'il faut déterminer si des pratiques approuvées par une culture particulière sont salutaires ou préjudiciables pour les enfants. L'auteur indique également les types de renseignements et de documentation qui seraient requis afin de justifier, en vertu de la législation et des codes déontologiques canadiens, la contestation d'une pratique considérée comme acceptable du point de vue culturel parmi les membres d'un groupe particulier.

The current global trend is one of transition and adaptation to new contexts of living. Increases in international migration have transformed monocultural nations into pluralistic societies (Berry, 1997, 2001). As a result of changes in national demographics, contact with culturally diverse clients has become a reality for counselling psychologists in Canada. Unfortunately, intercultural counselling interactions have been found to be characterized by high rates of premature termination (Canadian Task Force on Mental Health Issues Affecting Immigrants and Refugees, 1988; Sue & Sue, 1999). This finding has been attributed to counsellors' insensitivity to the unique backgrounds and worldviews of immigrants and refugees (Pederson, 1999; Sue, Ivey, & Pederson, 1996; Sue & Sue, 1999). Pederson (1999) asserted the need for a culture-centered perspective in counselling in order to prevent encapsulation in counsellors' own worldviews. This recommendation is consistent with section 3 (2) e of the Canadian Multiculturalism Act, which encourages human service professionals to "make use, as appropriate, of the language skills and cultural understandings of individuals of

all origins" (Department of Canadian Heritage of the Federal Government of Canada, 1988, p.2). Differences between dominant and non-dominant ethnic groups in the perceived usefulness and meaning of various childrearing practices in Canadian society may make it particularly difficult to evaluate what constitutes child maltreatment. Canadian legislation across provinces requires that counsellors make a report to Child Welfare authorities when they have "reason to believe" that a child has been or will be harmed (Walters, 1995). When definitions of helpful and harmful parental behaviours towards children are derived from the dominant culture and applied to culturally diverse families, erroneous judgements may be produced. These judgements and the associated interventions may violate the cultural integrity of the family (Gray & Cosgrove, 1985). On the other hand, if counsellors uncritically accept all practices that are sanctioned by members of specific cultural groups as helpful to children, they may fail to initiate action when a child is clearly in need of protection or assistance.

Although counsellors are not responsible for investigating or intervening in child abuse cases, they represent the liaison between children and the Child Welfare system. Thus, the counsellor's decision to either make a report of child abuse or to refrain from reporting is an important determinant of the outcome for the child and the family. This paper discusses the factors that are important to consider in evaluating whether a culturally-sanctioned practice is helpful or harmful to children. These factors include: (a) the criteria for defining acceptable and unacceptable behaviour when a family resides in a pluralistic society such as Canada, (b) discrepancies between parents' and children's views of culturally-sanctioned practices, and (c) the combination of the parent's intention in utilizing a specific childrearing technique and the outcome for the child. Examples of culturally sanctioned practices used by specific immigrant and refugee groups are provided to highlight each factor. The paper concludes with guidelines for evaluating culturally-sanctioned practices as abusive versus non-abusive in the Canadian context, which draw on legal statutes, the Code of Ethics of the Canadian Counselling

Association (1999), the Canadian Code of Ethics for Psychologists (2000), and the Canadian Psychological Association's Guidelines for Non-Discriminatory Practice (1996). The type of documentation that would be needed to substantiate an abuse allegation involving a culturally-sanctioned practice in the Canadian context is also delineated.

THE STATISTICAL CRITERION FOR ACCEPTABLE PRACTICES

In Canadian legislation, counsellors' duty to make a report when they have reason to believe that a child is being harmed does not require disclosure of abuse by the child. Abuse allegations can be substantiated by inferences based on signs of abuse, such as physical injuries (Walters, 1995). There are culturally sanctioned practices used by immigrants and refugees to North America that can produce severe bruising and the experience of physical pain on the part of

the child, but would not be considered to be abusive. An example of such a practice is Cao Gio.

Cao Gio is a pressure massage technique that involves warming a coin and rubbing it against the skin. The back, neck, and shoulders are common sites of application (Yeatman & Dang, 1980). Massage and acupression techniques like Cao Gio are commonly used medical practices in Vietnam. Professionals at the National Institute of Oriental Medicine in Vietnam use variations of these procedures to treat approximately 153 diseases of the digestive, cardiovascular, and nervous systems, as well as localized aches and pains, and symptoms of the common cold and flu (Nguyen, Le, Tran, Nguyen, & Nguyen, 1995). Cao Gio produces bruises on children's bodies which are similar in appearance to those acquired through accidental injury or child abuse (Yeatman, Shaw, Barlow, & Bartlett, 1976). Consequently, it has been labeled "pseudobattering" by members of the medical community in the host countries to which people using the practice have immigrated (Du, 1980; Primosch & Young, 1980; Yeatman et al., 1976). It is argued that the bruising produced by this method is not perceived as an injury in the Vietnamese culture (Primosch & Young, 1980; Yeatman & Dang, 1980). Any pain that is experienced by the child when the procedure is applied is considered to be a prerequisite for medical recovery. This pain can be conceived as similar to that incurred with respect to diabetic insulin injections in North American medical practice.

Counsellors who are unaware of a practice such as Cao Gio could form the impression that a Vietnamese child who is repeatedly presenting with bruising in counselling sessions is possibly being harmed by his/her parents. This may be particularly likely if the child does not provide an explanation for the bruising or link it specifically to the use of the pressure massage technique. However, if counsellors assume that all bruises on Vietnamese children's bodies are medically induced, this could result in false negatives. Counsellors may fail to identify child maltreatment cases or to differentiate between bruises incurred for medical and non-medical reasons. Inquiring about whether a Vietnamese child who is bruised is ill and whether the family uses traditional or mainstream medical practices could assist counsellors to determine whether bruising is a side effect of pressure massage. Even if this determination is made, counsellors need to critically examine whether the fact that a specific practice is culturally-sanctioned is a sufficient criterion to classify it as non-abusive.

The Host Context and National Policy

Sue and Sue (1999) point out that a statistical criterion is often used to delineate differences between normal or acceptable behaviour and abnormal or unacceptable behaviour within a given context. The more frequently a behaviour occurs within a particular society, the more likely it is to be viewed as acceptable by its members. The frequency of use of medical practices such as Cao Gio in indigenous countries such as Vietnam would indicate that these are acceptable practices. In both ethical and judicial decision-making pertaining to child abuse,

it is emphasized that counsellors should consider what represents adequate parental care according to the standards of the particular culture and community in which the child resides (Walters, 1995). This guideline becomes problematic when members of various ethnic groups have migrated to pluralistic societies such as Canada and the United States. Their unique practices can no longer be considered normative across all members of society, and may be in contrast to the childrearing practices endorsed by the dominant majority. In these circumstances, it is difficult to determine whose definitions of “good parenting” and “abuse” should be assigned primacy.

Whether the judgements of members of the home or host culture about the appropriateness of specific childrearing practices are utilized in decision-making depends on the immigration policy of the host nation. For example, the Melting Pot philosophy in the United States encourages assimilation of immigrants and refugees (Fleras & Elliott, 1992). It is likely, therefore, that members of non-dominant groups in the United States will be subjected to host culture definitions of acceptable and unacceptable behaviour. In contrast, Canadian Multicultural Policy encourages cultural heterogeneity within the confines of linguistic duality (Berry, 2001). This refers to the fact that ethnic group members are free to retain indigenous values and behaviours but must display allegiance to Canadian culture by acquiring official languages. Relevant tenets of Canadian Multicultural Policy include: (a) to promote group maintenance and development, and (b) to promote tolerance of cultural diversity (Department of Canadian Heritage of the Federal Government of Canada, 1988). Statistical criteria for acceptable parenting and abusive behaviour in Canada are thus likely to be applied with reference to the norms of specific ethnic groups rather than those of the society as a whole. However, many discrepancies still exist between Canada’s policy statement and the actual nature of cross-cultural practice (Fleras & Elliott, 1992). For example, the specific tenet in the Multiculturalism Act discussed earlier encourages people to make use of the unique cultural understandings and languages of individuals of diverse origins, whenever appropriate. The stipulation “whenever appropriate” could result in the importance of cultural-sensitivity being overridden by Canadian views of best practices for childrearing based on the idiosyncratic judgement that an insider perspective is not warranted in a specific case.

Individual Rights and Freedoms

Specific aspects of the Canadian Multiculturalism Act (Department of Canadian Heritage of the Federal Government of Canada, 1988) and the Canadian Charter of Rights and Freedoms (Department of Justice of the Federal Government of Canada, 1982) relevant to the classification of culturally-sanctioned practices will be described here with the aim of adhering to the highest standards of application of these documents. Section 3 (1) a of the Canadian Multicultural Act describes the commitment of Canadian society to allow all of its members to preserve their unique cultural heritage and practices. Similarly, section 2 of the Canadian Charter of Rights and Freedoms guarantees all individuals freedom

of belief, opinion, and expression. This dual emphasis on belief and expression legitimates the use of culturally-sanctioned practices when they are "perceived" to be appropriate by individuals who share a specific cultural heritage. This is consistent with the Preamble of the United Nations Convention on the Rights of the Child (United Nations, 1990), which states "take due account of the importance of the traditions and cultural values of each person for the protection and harmonious development of the child" (p. 2). According to these documents, the bruises incurred by the use of Cao Gio would not be evaluated as abusive due to the appropriate use of the practice within the culture. All of the documents discussed clearly embrace a stance of cultural relativism.

Jegede and Boehm (2001) note that difficulties emerge when the principle of cultural relativism is applied to situations where norms for family life depart from fundamental human rights in the Canadian Charter of Rights and Freedoms (Department of Justice of the Federal Government of Canada, 1982) and the Universal Declaration of Human Rights (United Nations, 1948). Their work focuses on the practice of female circumcision. Female circumcision has been forcibly applied to women residing in various parts of Africa, Asia, and the Middle East as a means of preserving chastity prior to marriage. The procedure has resulted in numerous unforeseen medical consequences for circumcised women, including hemorrhage, recurrent pelvic and urinary tract infections, dermoid cysts, and pregnancy and childbirth complications (Jegede & Boehm, 2001). For this reason, the practice is now illegal in Canada.

Members of non-dominant ethnic groups can cite the multicultural clauses in the Canadian Charter of Rights and Freedoms in defense of their use of culturally-sanctioned practices to avoid legal penalties (Fleras & Elliott, 1992). In Canadian ethics and law, however, national definitions of human rights will prevail over culturally-sanctioned practices (Fleras & Elliott, 1992). To address the human rights issue, it is imperative that the experience of the child be taken into account in evaluating child maltreatment. The child should perceive the practice to be appropriate for the specific situation (Korbin, 1980).

DIFFERENCES BETWEEN PARENTS' AND CHILDREN'S PERCEPTIONS

In their seminal research on cultural factors in the assessment of child abuse and neglect, Korbin (1980) and Gray and Cosgrove (1985) pointed out the importance of consensus between the parent and child about the appropriateness of specific cultural practices. Surprisingly, both researchers relied exclusively on parents as informants of what practices are acceptable to both parents and children in the multiple cultural communities that were studied. No independent interviews with children or adolescents were conducted to corroborate parental judgements of acceptable practices towards them, or to determine whether any discrepancies existed between parents' and childrens' views of specific cultural practices. In pluralistic societies like Canada, the process of acculturation could affect how helpful or harmful parents and children perceive culturally sanctioned practices to be.

The Acculturation Process

Acculturation is the process of sociocultural transition whereby immigrants and refugees make decisions about the degree to which they will retain and relinquish indigenous cultural tenets in favour of adopting the idioms of the host society. They also make related decisions about their degree of interaction with members of other cultural groups (Berry, 1997, 2001). Four distinct acculturation patterns have been posited: (a) individuals who assimilate relinquish all unique ways in order to fully participate in the host culture, (b) those who separate retain their heritage and limit contact with other groups, (c) marginalized individuals disregard both the home and host cultures, and (d) people who integrate develop bicultural identities and interaction patterns (Berry, 1997, 2001). Youth from other countries have consistently been found to adopt more host society values and practices than their parents (Baptiste, 1993; Huang, 1994; Rick & Forward, 1992).

The differential rates of acculturation and acculturation strategies of parents and youth have important implications for the evaluation of child maltreatment. Consider the example from the research of Gray and Cosgrove (1985). These investigators asked members of different immigrant and refugee groups who had relocated in North America about practices that might be misinterpreted by members of the dominant group. The Samoan parents in their sample described the use of extremely harsh physical discipline in the form of beatings that fall just short of requiring medical attention as an appropriate way to socialize children to be obedient and rule-abiding. They emphasized how the parents in the Samoan culture reward children for good behaviour with gifts and use corporal punishment to deal with bad behaviour. The researchers asserted the need for cultural sensitivity towards such practices.

When children are immersed in the Canadian or United States school system and interact with peers from the dominant as well as other ethnic groups, they may view this harsh physical discipline as inappropriate or damaging. They may be exposed to other children whose parents do not beat them and could feel like they are being unjustly subjected to cruel practices. This may account for the fact that Samoan parents who have immigrated to the United States have started to move towards moderation in applying physical punishment (Gray & Cosgrove, 1985).

RELATIVE WEIGHT OF PARENTS' AND CHILDREN'S VIEWPOINTS

All existing Canadian child abuse statutes and Child Protective Acts place the experiences of children above parental interests (Walters, 1995). The United Nations Convention on the Rights of the Child (United Nations, 1990) also emphasizes the need to protect children from mental and physical injury or abuse. In the case of acculturated Samoan children, the physical beatings by parents may produce "perceived" physical and mental injuries and may warrant intervention. This would also apply to cases where an unacculturated child has a perception of

the beating practices as harmful rather than helpful in moving him/her towards culturally valued goals. It appears essential to solicit the independent opinion of the child with respect to the use of culturally-sanctioned practices.

Cross-cultural researchers who have performed in-depth studies of culturally sanctioned practices emphasize the need to take parental intent into account in assessments of child maltreatment. This is due to the fact that most child abuse statutes are based on Western conceptions of maltreatment. These conceptions contain an inference that the parent intended to harm the child (Gray & Cosgrove, 1985; Korbin, 1980; Yeatman et al., 1976). Parents applying specific culturally-sanctioned practices often do not intend to harm their children (Gray & Cosgrove, 1985; Korbin, 1980; Yeatman et al., 1976).

PARENTAL INTENTIONALITY AND CHILD OUTCOME

Parents' Positive Intentions

Culturally sensitive guidelines for ruling out child maltreatment suggest that the intent of parents must be consistent with cultural rules governing a specific practice (Korbin, 1980). Most Vietnamese parents who perform Cao Gio clearly intend to remedy their children's medical ailments and evidence exists for the effective use of the practice (Yeatman & Dang, 1980). Similarly, Samoan parents intend to move their children towards being responsible and rule-abiding adults. Both practices are cases of when helping hurts. In order to fully understand the ramifications of incorporating parental intent into assessments of maltreatment, it is useful to examine a more extreme form of the same phenomenon. Korbin (1980) described a practice used by some members of the Hispanic community who have immigrated to North America to treat diarrhea and listlessness on the part of children. The technique involves turning the child upside down and shaking him/her while the child's head is immersed in a bucket of water on the ground. The technique is used due to the belief that diarrhea occurs because of a fallen fontanel. It is assumed that turning the child upside down and shaking him/her will return the fontanel to its proper position. However, Korbin (1980) notes that if the procedure is applied too vigorously, the child can develop retinal hemorrhage. Korbin assumes a stance of cultural relativism in response to this case. However, it appears that a child developing severe or irreversible medical complications due to the use of such a technique would represent an instance where the parent's well-intentioned application of the practice was contraindicated in that specific situation and has resulted in harm to the child. The attempt to use such a technique on a different occasion to address diarrhea would place the child at risk for further harm, and it would be important to obtain the child's perception of the combination of the intent of the parent and the outcome of the practice for him/herself.

The fallen fontanel treatment example illustrates that if parental intent is used as a criterion for classifying a culturally sanctioned practice as non-abusive, virtually all children who have been harmed by well-meaning parents could be denied

appropriate intervention. Therefore, parental intent should only be considered in combination with information pertaining to whether the practice is actually helpful, as well as information regarding whether the child perceives the benefits of the practice to outweigh the costs. Even if the intent of the parent is consistent with cultural rules, if the outcome is inconsistent with the intent (i.e. the goal of the practice was not achieved), in and of itself, parental intent should not constitute a sufficient defense against abuse allegations.

Negative Child Outcomes

The United Nations Convention on the Rights of the Child (United Nations, 1990) postulates that children who are capable of forming their own views of various practices must be given the right to express these views in all matters that affect them. It also emphasizes that "the views of the child be given due weight in accordance with the age and maturity of the child" (p. 5). Similarly, both the Canadian Charter of Rights and Freedoms (Department of Justice of the Federal Government of Canada, 1982) and the Canadian Multiculturalism Act (Department of Canadian Heritage of the Federal Government of Canada, 1988) guarantee Canadians with the right to equal protection under the law, "while valuing and respecting their cultural diversity." In a case where parents have been well-intentioned in their application of a practice, the positive intention is therefore likely to be recognized in attempt to respect the cultural beliefs underlying the practice. However, it would appear that the negative outcome for the child and the possibility of repeated application of the harmful practice would take precedence in determining whether the child is in need of protection or assistance.

In assessing child outcomes resulting from the use of various practices, it appears important to consider the developmental path that may ensue for the child. With respect to Cao Gio, there is evidence that massage and acupression techniques are effective treatments for problems among members of the Vietnamese community (Nguyen et al., 1995). Therefore, child development is not likely to be compromised through their use. Contrary evidence exists with respect to the impact of harsh physical discipline on child development (Cicchetti & Olsen, 1990). Nevertheless, research on developmental psychopathology suggests that diverse outcomes can emanate from the same behavioural pattern (Cicchetti & Toth, 1998). If harsh physical discipline is actually accepted by both parents and children in the Samoan culture, its effects on child development may be positive when compared to the use of coercive parenting in cultures where children are not receptive to it. Children may, in fact, learn to be healthy and responsible adults as defined by cultural role prescriptions.

GUIDELINES FOR ETHICAL DECISION MAKING AND RELEVANT ETHICAL PRINCIPLES

International migration poses unique challenges for counsellors. We are faced with the complex task of balancing cultural sensitivity with a respect for human rights, which are conceptualized as culturally universal. In order to uphold the

integrity of both the counselling profession and immigrant and refugee cultural practices, it is important to develop culturally informed models of ethical decision making in situations of suspected child maltreatment. The content of this paper extends previous work on culturally sanctioned practices and child maltreatment to include: (a) a focus on Canadian society and the relevant acts that inform practice in Canada, (b) parent-child acculturation disparity, and (c) a differentiation between parental intent and child outcome. In this section, guidelines will be provided for dealing with cases involving culturally sanctioned practices that may produce injuries in children, taking into account the relevant principles in the Canadian Counselling Association's Code of Ethics (1999), the Code of Ethics of the Canadian Psychological Association (2000), and the Canadian Psychological Association's Guidelines for Non-Discriminatory Practice (1996).

Guidelines

When a child's view of a culturally-sanctioned practice is discrepant with that of his/her parents, four conditions are recommended in order to substantiate abuse allegations: (a) a disclosure from the child indicating perceived injury or negative psychological consequences of the practice, (b) a judgement by the child that the benefits of the practice do not outweigh its costs in terms of physical or psychological pain, (c) a determination that the parent's intent in using the practice was inconsistent with the outcome (i.e. good intent — bad outcome), and (d) a lack of supporting evidence of the effective use of the practice to achieve the intended outcome by other members of the same cultural group, or the existence of evidence contraindicating the use of the practice in specific cases. These conditions clearly take into account Canadian legal requirements for reporting abuse when one has reason to believe that a child has been harmed, as well as the acts, policies, and ethical codes that are in place in Canadian society for responding to cultural diversity.

The Canadian Counselling Association's ethical code includes the Principle of Non-Maleficence. This principle is stated in terms of counsellors' obligation to avoid willfully harming clients (Schulz, 2000). The code stresses the need for counsellors to be sensitive to diversity in abiding with this principle. It emphasizes respecting and understanding cultural differences. In the Canadian Code of Ethics for Psychologists (Canadian Psychological Association, 2000), these tenets are embedded within the Principle of Responsible Caring. When a counsellor classifies a culturally sanctioned practice as abusive and the child has not actually "perceived" or experienced an injury, the resulting violation of the cultural integrity of the family would be harmful. The Principle of Respect for the Dignity of Persons and the Principle of Integrity in Relationships in both the Canadian Counselling Association and Canadian Psychological Association Ethics codes entail non-discrimination or freedom from cultural bias (Canadian Counselling Association, 1999; Canadian Psychological Association, 2000). Similarly, the Guidelines for Non-Discriminatory Practice (Canadian Psychological Association, 1996) postulate that "professionals should recognize the impact of society

in creating and maintaining the problems and issues faced by persons who are perceived as different from the norm of mainstream society" (p. 1). To address the potential for counsellors to misjudge specific cultural values and practices and to respond in a way that violates the integrity of immigrant and refugee families, the guidelines recommend that counsellors should study the cultural and social norms of specific groups. Alternatively, they should seek consultation with colleagues who are more knowledgeable about cultural diversity in responding to difficult cases. The guidance provided by each of these documents is consistent with the tenets of the Canadian Multiculturalism Act (Department of Canadian Heritage of the Federal Government of Canada, 1988), as well as the Canadian Charter of Rights and Freedoms (Department of Justice of the Federal Government of Canada, 1982).

Harm to clients can also occur if a counsellor actively perpetuates a culturally sanctioned practice that produces "perceived" injuries in children through non-intervention. The determination of where to draw the line between non-maleficence and freedom from cultural bias should involve a reflective process incorporating a consideration of many different factors, with the emphasis on ensuring the best interests of the child. In order to resolve the resulting ethical dilemma of whether to intervene or respect the rights of culturally diverse families, multiple factors need to be addressed. The counsellor should determine whether the parent and child perceive the practice in the same way (i.e. as beneficial). If their perceptions of the practice are congruent and the practice does not violate the rights outlined in the Canadian Charter of Rights and Freedoms (Department of Justice of the Federal Government of Canada, 1982) or in the Universal Declaration of Human Rights (United Nations, 1948), then the practice can be considered non-abusive. Counsellors would be abiding by all ethical principles in such cases. The children would experience minimal negative psychological consequences if they perceive the practice as appropriate for the specific situation in which it is used and counsellors' passive stance would reflect cultural sensitivity. In all other situations, the suggested guidelines should be followed in arriving at an informed decision.

Due to the complexity of incorporating cultural factors into assessments of abuse and the adverse consequences of making erroneous judgements, it is extremely important for counsellors to maintain clear and detailed documentation regarding their decision-making processes regarding culturally sanctioned practices. It is recommended that the documentation should address the following points: (a) whether the home or host culture definition of a culturally sanctioned practice was used and the consistency between the definition and Canada's Multiculturalism Act of 1988, (b) the criteria on which a judgement of abuse was based, drawing on the guidelines outlined above, (c) citation of any relevant legal precedents or clauses in the Canadian Charter of Rights and Freedoms, the Universal Declaration of Human Rights, or the United Nations Convention on the Rights of the Child, (d) a consideration of relevant ethical principles and alternative courses of action generated in response to the situation, and (e) a

justification of the particular decision made with an emphasis on ensuring the welfare of the child.

Counsellors' responses to cultural diversity will play an important role in re-shaping patterns of service utilization by immigrants and refugees, as well as in upholding international human rights. The high premature termination rates of counselling among culturally diverse clients that were discussed in the introduction section of this paper have been attributed to counsellors' failure to uphold the cultural integrity of individuals and families whose values and practices do not parallel those of the dominant culture (Sue & Sue, 1999). When evaluating whether a particular practice is helpful or harmful to children, counsellors need to incorporate a culture-centred perspective (Pederson, 1999), while superimposing a person-environment interaction approach (Ivey, Ivey, & Simek-Morgan, 1997): They need to determine the degree to which children have internalized the values characteristic of their cultural milieu. It is only through the dual consideration of micro and macro-level factors that a truly culturally informed decision can be made, with the goal of ensuring the best outcome for the child.

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