

Child Protective Services and Race:

A Look “Outside the Box”

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April 9th, 2021



Washington University in St. Louis

BROWN SCHOOL

But first, a brief side trip.



Let's say you run a lead abatement not-for-profit service in St. Louis City.

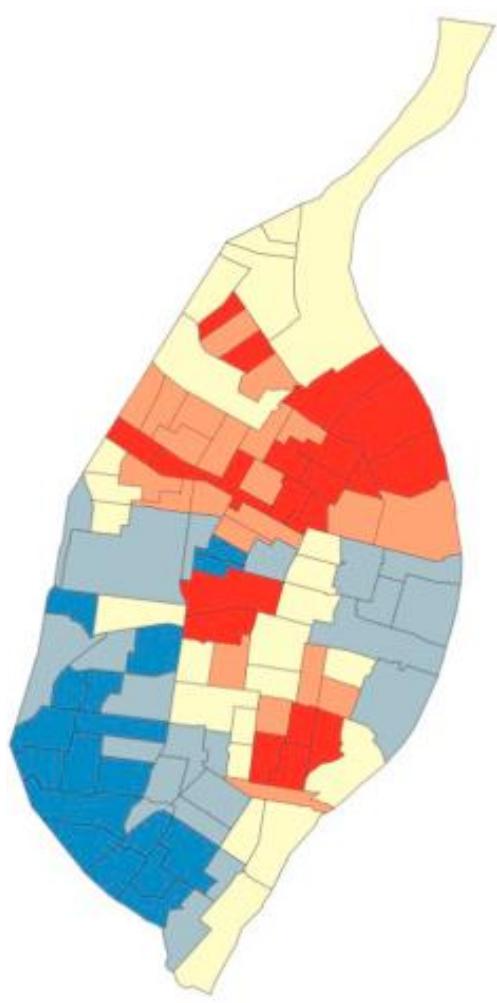
Fifty percent of the families you serve are Black.

Someone asks you "is that an ideal proportion? Are you perhaps underserving that community"?

You Google St. is City and find that 50% of the residents are Black. So you say "Yeah – it's cool. Half the people in our area are Black and half the people we serve are Black. No problem".

But is that really true?

Let's take a little deeper look.



Blood lead levels

Proportion ≥ 5 mg/dL

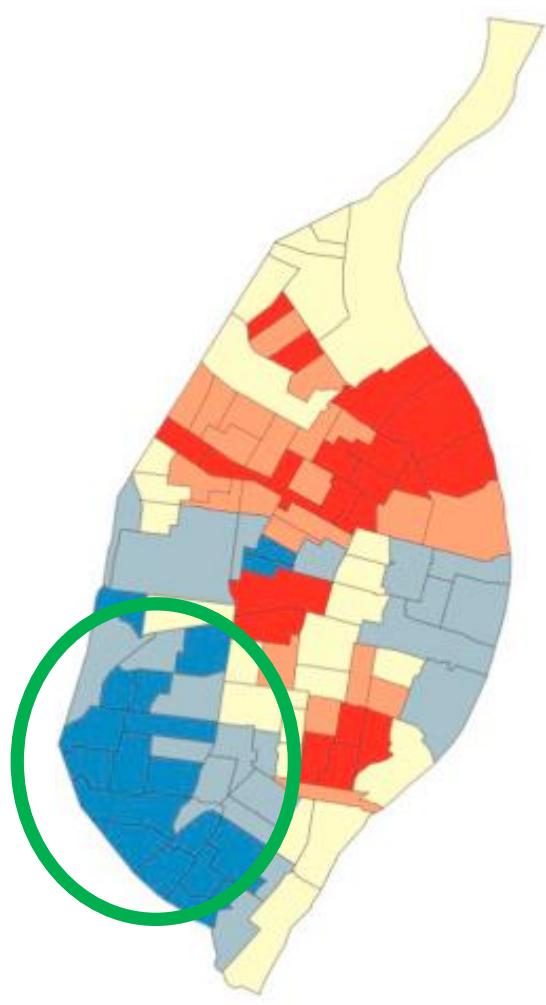
0.07 - 0.22

0.23 - 0.38

0.39 - 0.50

0.51 - 0.60

0.61 - 0.74



Blood lead levels

Proportion ≥ 5 mg/dL

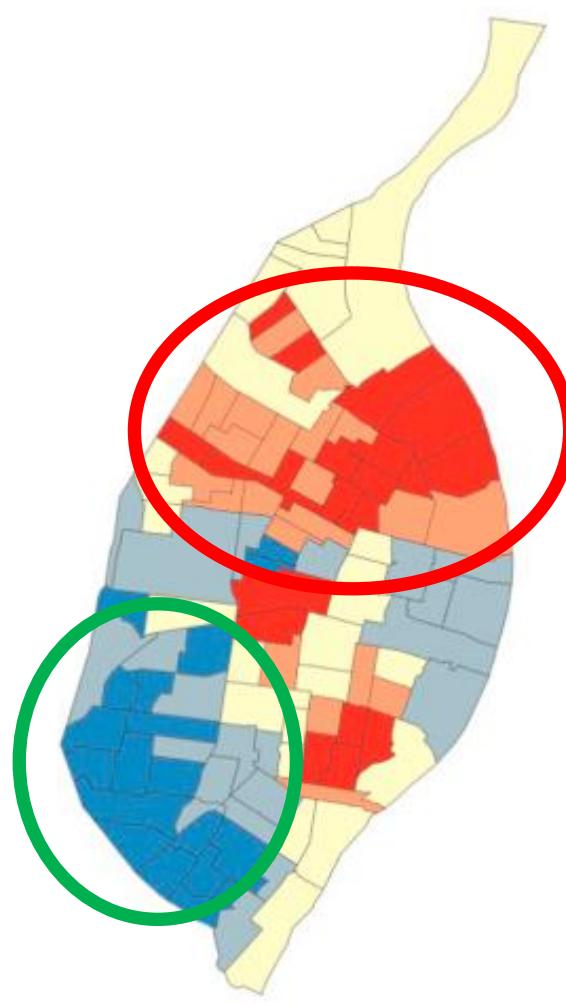
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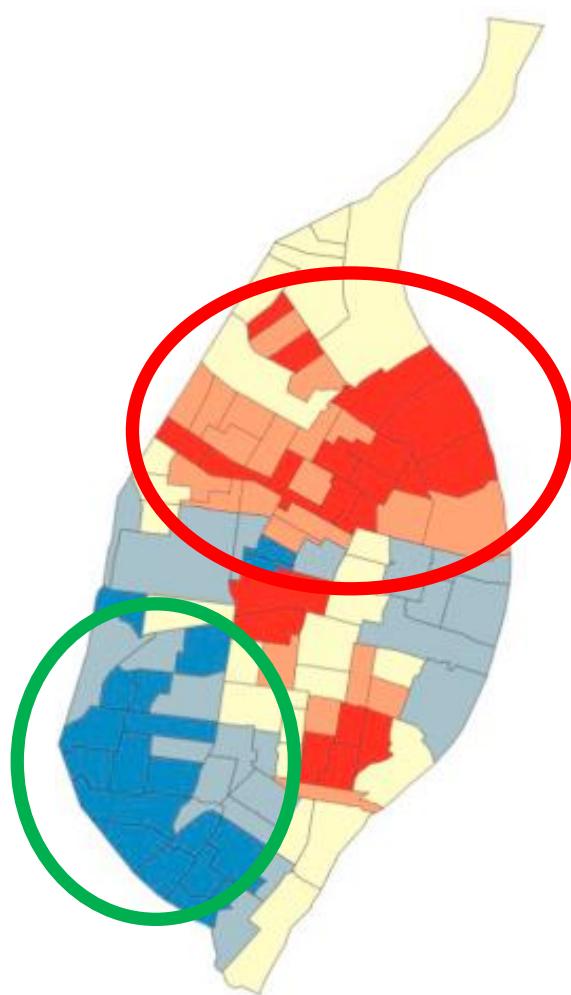
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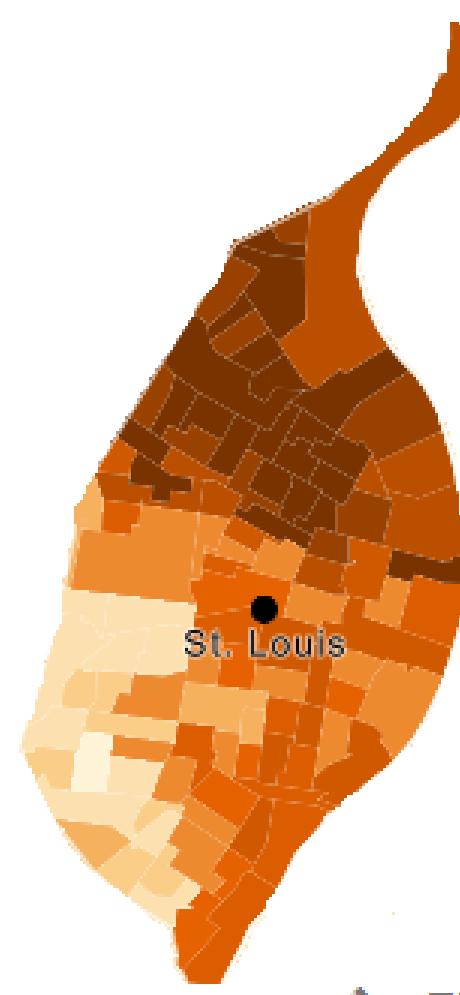
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Percentage Black

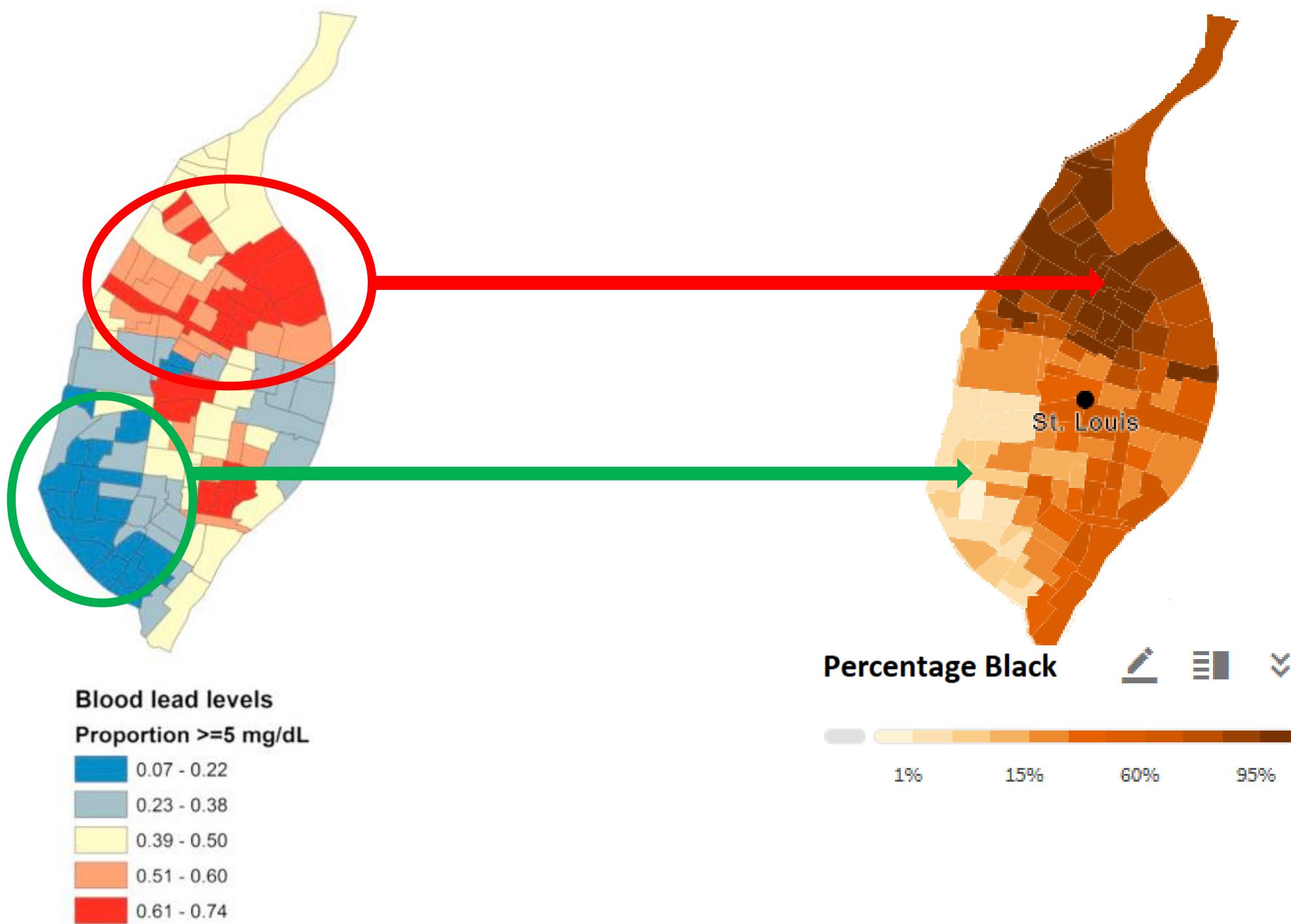


1%

15%

60%

95%



Looks like you're not doing very well after all.

Black people **are way more likely** to live in high lead areas than White people. Per person, they are much more likely to need your services.

But you are **no more likely** to serve Black people than White people – you serve them at the same rate.

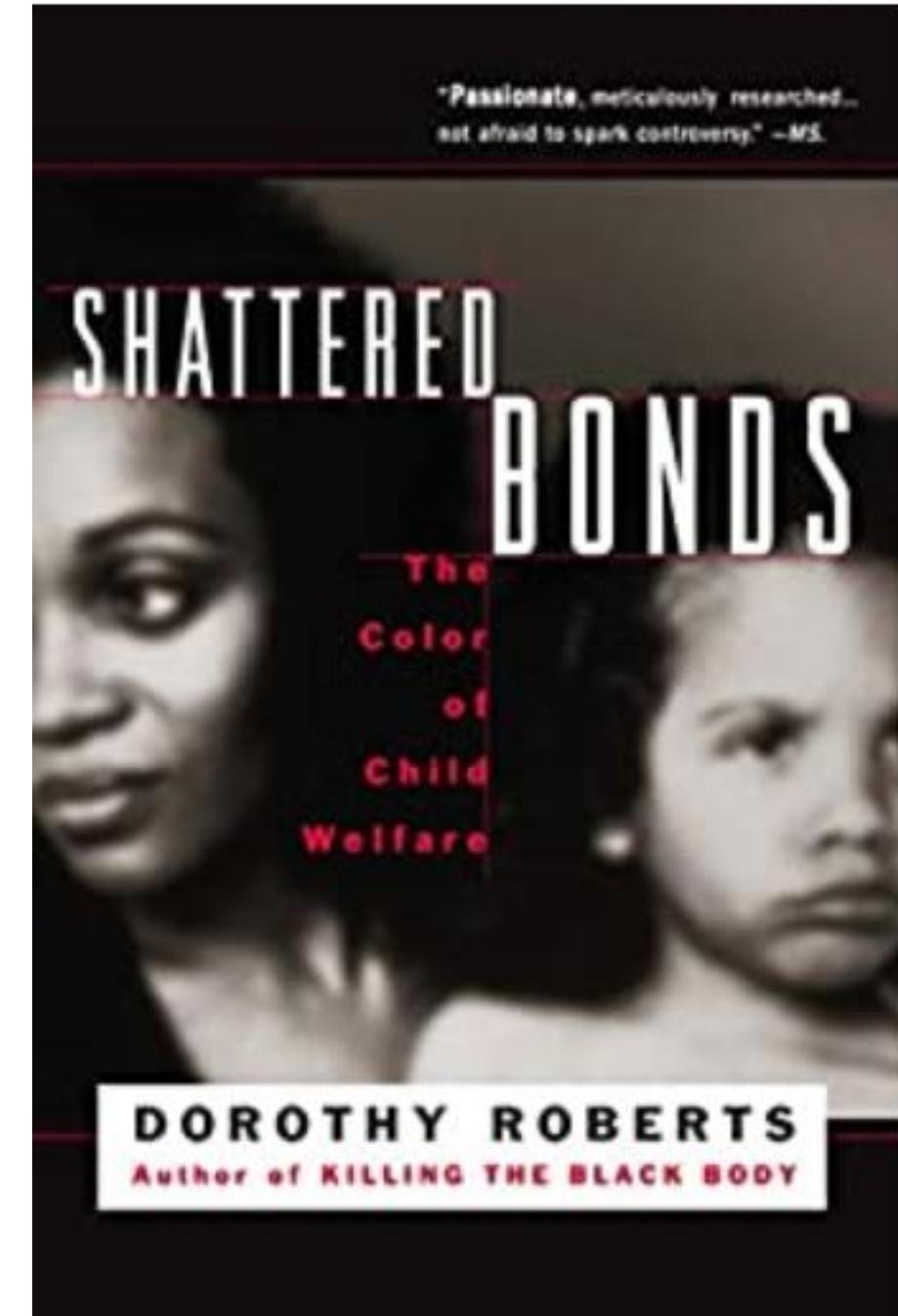
So even though you might say you are “serving them equally”, in reality, you aren’t.

You are in trouble. You are seriously underserving the Black Population.



**END
DETOUR**

The question of CPS involvement in Black Families has long been contentious, and has recently become much more so.





**some cops are
called caseworkers**

#AbolishNYCACS

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Special Section: Promoting Racial Equity in Child Welfare

It is not a broken system, it is a system that needs to be broken: the upEND movement to abolish the child welfare system

Alan J. Dettlaff , Kristen Weber, Maya Pendleton, Reiko Boyd, Bill Bettencourt & Leonard Burton

Pages 500-517 | Received 20 Aug 2020, Accepted 20 Aug 2020, Published online: 06 Sep 2020

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 <https://doi.org/10.1080/15548732.2020.1814542>



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ABSTRACT

The child welfare system disproportionately harms Black children and families through systemic over-surveillance, over-involvement, and the resulting adverse outcomes associated with foster care. Ending this harm will only be achieved when the forcible surveillance and separation of children from their parents is no longer viewed as an acceptable form of intervention. This paper describes the upEND

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The child welfare system disproportionately harms Black children and families through systemic over-surveillance, over-involvement, and the resulting adverse outcomes associated with foster care. Ending this harm will only be achieved when the forcible surveillance and separation of children from their parents is no longer viewed as an acceptable form of intervention. This paper describes the upEND

This article came out 3 weeks ago.



IDEAS • RACE

Black Families Are Outraged About Family Separation Within the U.S. It's Time to Listen to Them

BY CHRIS GOTTLIEB MARCH 17, 2021 9:00 AM EDT

Gottlieb is co-director of the NYU School of Law Family Defense Clinic

O utraged calls for racial justice have come to a new battleground: child welfare. In the reckoning on racism triggered by George Floyd's killing, decades of complaints from Black families hurt by the child welfare system are bubbling over into public protest. Though small compared to demonstrations against police abuses, these demands for justice are growing, in the streets, the press and social media. Around the country, communities that are targeted by child protective services are saying enough. The harms of the child welfare system are unconscionably and disproportionately imposed on families of color, particularly Black families, and these family separation practices have demonstrably bad outcomes for the children.

THE COLUMBIA JOURNAL OF RACE AND LAW ANNOUNCES ITS VOLUME 11 SYMPOSIUM

Posted on Feb 4, 2021



The Columbia Journal of Race and Law is thrilled to announce its upcoming Volume 11 Symposium, **Strengthened Bonds: Abolishing the Child Welfare System and Re-Envisioning Child Well-Being** in collaboration with Columbia Law School. The symposium marks the 20th anniversary of the groundbreaking book, *Shattered Bonds: The Color of Child Welfare* by law professor Dorothy Roberts. The virtual symposium will kick off with a keynote address by Professor Roberts, titled ***How I Became a Family Policing Abolitionist***, followed by a panel of responders, on the evening of March 25, 2021. Over the subsequent two days, March 26 and March 27, academics from multiple disciplines, as well as impacted parents and youth, community members, advocates, and activists, will present the papers that will comprise the two issues the *Columbia Journal of Race and Law* is devoting to this symposium.

So are these folks right? Are Black kids way overreported? Once inside the system, are Black kids over-substantiated and over-placed? How should we think about this?

There are lots of ways you could approach this question.

One way is to try to get a peek inside the “Black Box”*. By this I mean you can try to track individual instances of racial unfairness and see if it is happening, and if so, how much, by whom, when, etc... I think that's a great idea.

I'm not doing that.



*Sorry about that. Not trying to make a joke or a play on words – it's just that “Black Box” is the most appropriate metaphor..

I'm Doing This:



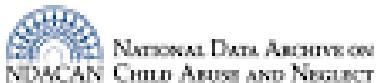
And I'm doing it using “Big Data”



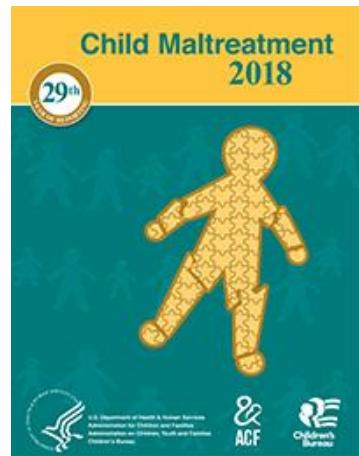
NATIONAL CHILD ABUSE AND NEGLECT
DATA SYSTEM (NCANDS)
CHILD FILE
FFY 2017

NDACAN Dataset Number 220

USER'S GUIDE



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Mass. Inst. Tech. - MIT
NYU
ndacan.cornell.edu
www.ndacan.org
NYSACR Version 2017-19, JDFP



ADOPTION AND FOSTER CARE ANALYSIS
AND REPORTING (AFCARS)

AFCARS FOSTER CARE ANNUAL FILE USER'S GUIDE

Revised November 27th, 2018



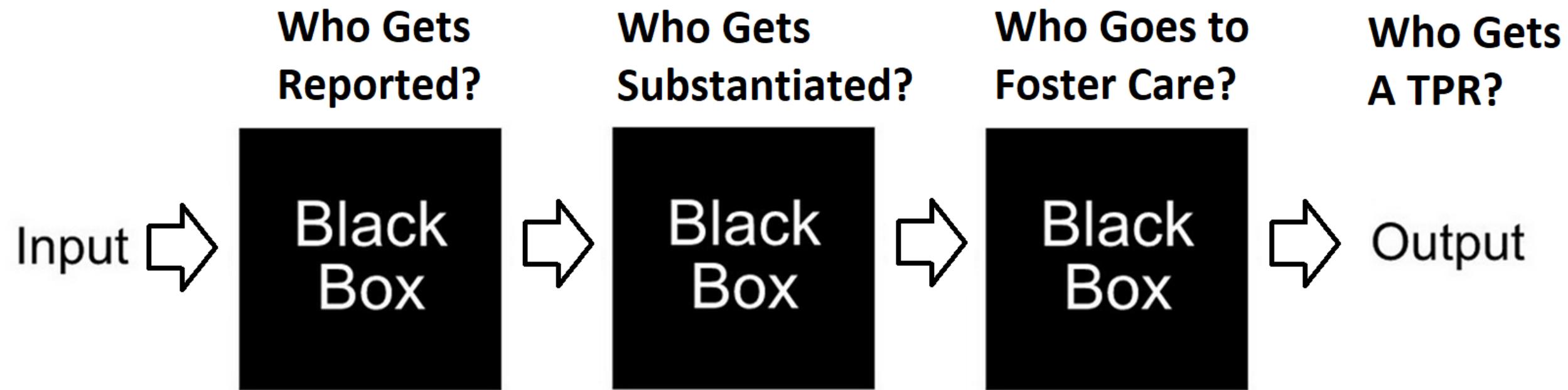
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The AFCARS Report					
Preliminary FFY 2018 Estimates as of August 22, 2019 - No. 26					
SOURCE: Adoption and Foster Care Analysis and Reporting System (AFCARS) FY 2018 data*					
Numbers at a Glance					
Fiscal Year	2014	2015	2016	2017	2018
Number in foster care on September 30 of the FFY	441,434	446,464	454,451	457,487	467,055
Number in foster care during the FFY	264,531	269,091	272,860	285,798	292,055
Number in foster care during the FFY	233,843	242,290	249,037	246,984	250,163
Number in foster care during the FFY	655,007	668,037	682,958	687,959	697,345
Number waiting to be adopted on December 31 of the FFY	108,636	105,951	116,854	123,754	125,422
Number in foster care during the FFY	61,198	62,268	68,474	69,719	71,254
Number adopted into permanent placement during the FFY	53,006	53,006	53,006	53,006	53,006
Number in foster care on September 30, 2018	470,226	473,283	476,186	478,055	482,055
Children in Foster Care on September 30, 2018 N 437,283					
Age as of September 30	Year	Male	Female	Percent	Number
Median	8.3	51,200	46,083	53%	238,183
Age as of September 30	Year	Male	Female	Percent	Number
1 Year	7%	31,414	27,570	37%	127,984
2 Years	9%	37,072	33,407	40%	146,763
3 Years	7%	32,730	29,033	40%	131,763
4 Years	6%	35,265	31,974	40%	138,239
5 Years	5%	33,073	29,400	40%	129,473
6 Years	5%	31,009	27,600	40%	124,609
7 Years	5%	21,009	18,900	40%	71,650
8 Years	4%	19,001	16,900	40%	67,600
9 Years	4%	17,001	14,900	40%	63,600
10 Years	4%	15,138	13,138	40%	59,556
11 Years	4%	13,138	11,138	40%	51,556
12 Years	4%	11,138	9,138	40%	43,556
13 Years	4%	17,204	14,204	40%	68,816
14 Years	4%	16,707	13,707	40%	66,816
15 Years	3%	14,707	11,707	40%	58,816
16 Years	3%	23,046	19,046	40%	96,000
17 Years	2%	11,000	8,000	40%	44,000
18 Years	1%	6,000	4,000	40%	24,000
19 Years	1%	3,000	2,000	40%	12,000
20 Years	1%	2,000	1,000	40%	8,000
Case Plan Status					
Ready with Parent(s) or Primary Caregiver(s)					
1 Year	27%	121,760	112,760	37%	470,226
2 Years	27%	116,268	106,268	37%	437,055
3 Years	27%	117,107	107,107	37%	442,055
4 Years	27%	117,307	107,307	37%	442,343
5 Years	27%	117,507	107,507	37%	442,643
6 Years	27%	117,707	107,707	37%	443,043
7 Years	27%	117,907	107,907	37%	443,443
8 Years	27%	118,107	108,107	37%	443,843
9 Years	27%	118,307	108,307	37%	444,243
10 Years	27%	118,507	108,507	37%	444,643
11 Years	27%	118,707	108,707	37%	445,043
12 Years	27%	118,907	108,907	37%	445,443
13 Years	27%	119,107	109,107	37%	445,843
14 Years	27%	119,307	109,307	37%	446,243
15 Years	27%	119,507	109,507	37%	446,643
16 Years	27%	119,707	109,707	37%	447,043
17 Years	27%	119,907	109,907	37%	447,443
18 Years	27%	120,107	110,107	37%	447,843
19 Years	27%	120,307	110,307	37%	448,243
20 Years	27%	120,507	110,507	37%	448,643

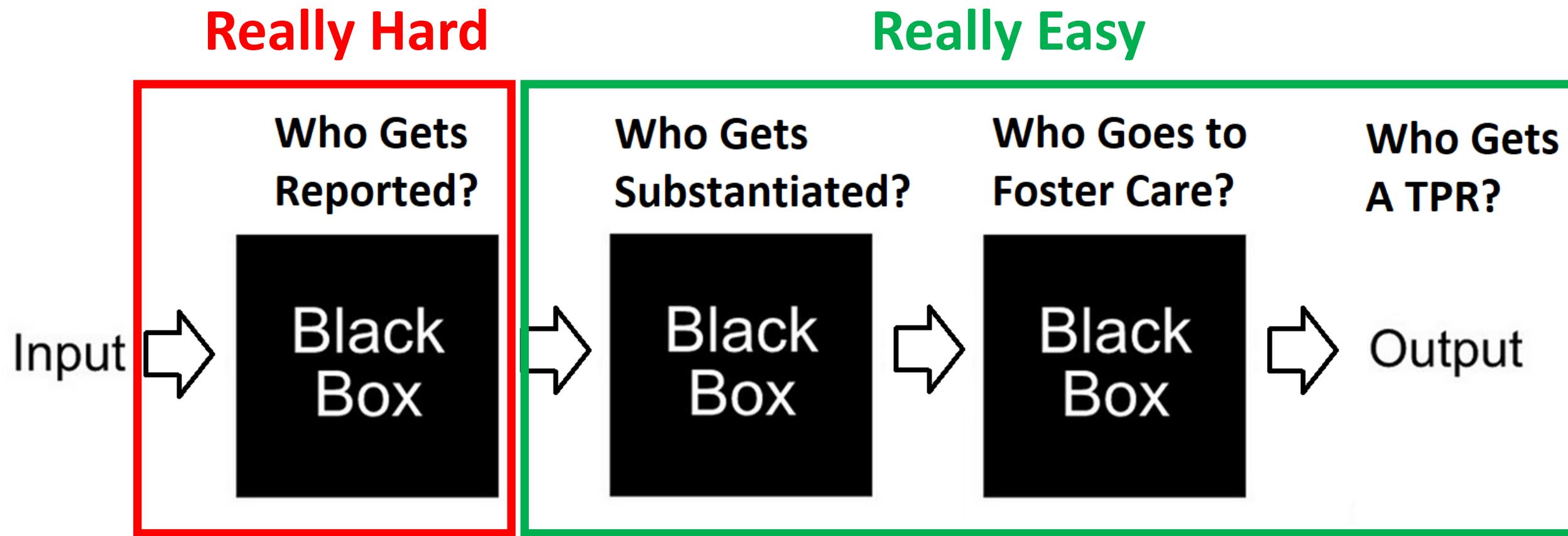
These datasets include all* accepted reports in the United States and all* children who spent time in foster care during 2018.

*Some exceptions exist, but they are few in number.

OK... Actually I'm doing this:



How hard is this to do from a science perspective?



So let's tackle the hard one first.

Methodology:

- 1) Download the 2018 NCANDS Child File, which includes all *accepted* reports (screened-out reports are, unfortunately, not included). We include 47 states and DC. Three states had problematic data.
- 2) Download population counts for the USA in 2018 so that we can change the *numbers* of kids reported by race to *rates* of kids reported by race.
- 3) Create Disparity Ratios.

So What's a Disparity Ratio? This is a number we use a lot in Child Welfare, and it works like this:

Let's say that 30 per 1000 people in Vermont get Lyme disease.

Let's say that 10 per 1000 people in West Virginia get Lyme disease.

The Lyme Disease Disparity Ratio for Vermont vs. West Virginia would be 3 (30/10).

A Disparity ratio under 1.0 would suggest lower risk for that group compared to the referent group. In the above example, the DR for West Virginia people compared to Vermont would be 10/30 or .33.

So I did those things, and here's what I found:

	Asian	Black	Hispanic	White
Population	3,671,530	10,051,876	18,631,271	37,022,801
Screened-In Reports	36,788	824,201	750,399	1,769,592
Reports/1K	10.02	81.99	40.28	47.80
Reports/1K DR	0.21	1.72	0.84	--

Here's the Disparity Ratio.

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Reports/1K	10.02	81.99	40.28	47.80
Reports/1K DR	0.21	1.72	0.84	--

$$81.99/47.80 = 1.72$$

Translation: Black children are (per person) 1.72 times as likely (72% more likely) to be reported.

So that's the easy part. DR=1.72. A known fact.
Not an estimate, not a guess. No “ $p \leq .05$ ”. Just
the actual number from the national counts. The
question, of course, is ***“What does it mean?”***

It could mean “Black Kids are **unfairly over-reported 72% more often**, because the numbers should be the same. I think only a 1:1 ratio is fair and equitable”.

Or it could mean “Black kids, being much more likely to be poor, are at much higher risk of maltreatment and **72% sounds about right**”.

Or it could mean “Black kids, being much more likely to be poor, are at much higher risk of maltreatment, and **72% seems too low**.”



What's all this about the poor being maltreated more? Isn't that just bias? Don't they just get reported more because they're poor?

No. It is settled science that poverty is powerfully associated with maltreatment. Poor children are 3-7 times more likely to be maltreated than wealthier children. This holds true if you ask the kids, if you ask the parents, if you check CPS records, if you ask adults about what happened to them when they were kids years ago, if you use hospital data, or any other way you want to check it out. The same thing plays out here, in Australia, in Korea, in the UK, in Canada... It is among the most robust findings in social science.

There is no credible evidence that poor children are over-reported to CPS.

The best available overview on this is Pelton, L. H. (2015). The continuing role of material factors in child maltreatment and placement. *Child Abuse & Neglect*, 41, 30-39. It's a good read. I recommend it. See also Kim&Drake, *Intl J Epi*, 2018.

I'd really love to get into this in detail (*my original slide deck had 20 minutes on it that I had to throw out* 😞) but we simply don't have the time. Trust me for now, at least for the purposes of the current discussion.



**END
DETOUR**

So is it reasonable that Black Children are reported, per person, 72% more than White Children? Or is that a cause for alarm?

Are there any objective measures we can use to benchmark the +72% risk against?

I thought about this a good deal. What child well-being outcomes are available nationally for Black and White children that might give us a frame of reference? I could only think of a few. Here they are:

COMPARISON INDICATORS

Late or No Prenatal Care



Low Birth Weight (<2500g)



Very Low Birth Weight (<1500g)



Preterm Birth (<34 wks)



Infant Mortality



Avoidable Deaths (1-4yo)



Avoidable Deaths (5-9yo)

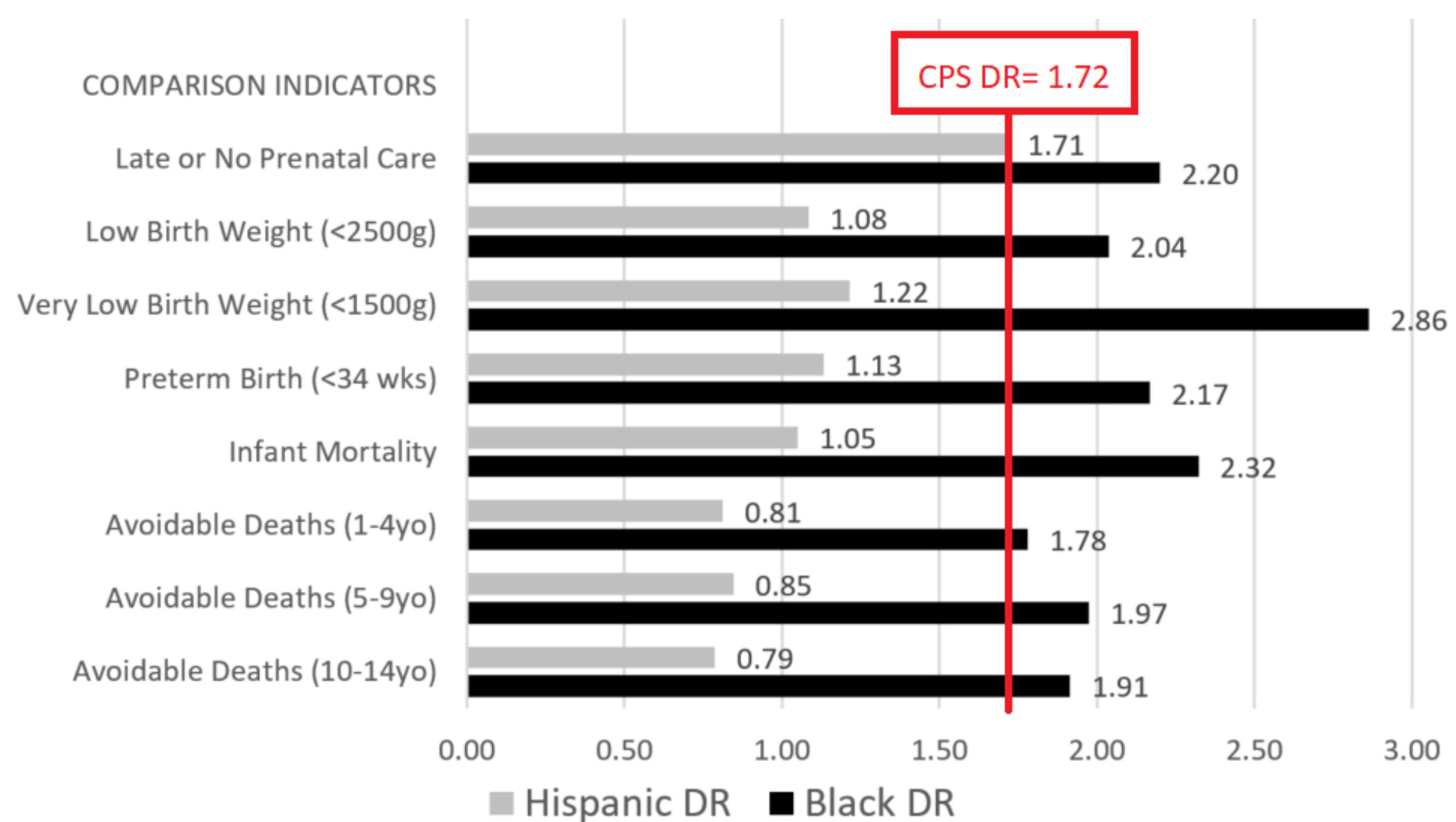


Avoidable Deaths (10-14yo)



0.00 0.50 1.00 1.50 2.00 2.50 3.00

■ Hispanic DR ■ Black DR



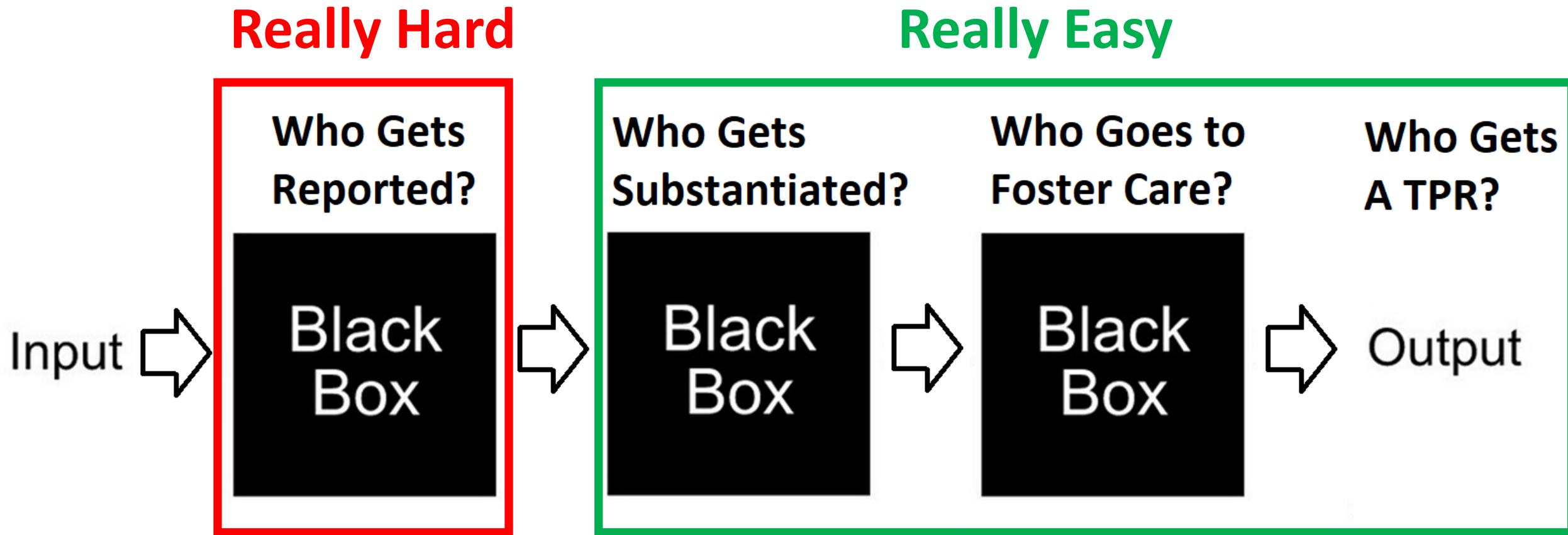
So what does that prove?

You might say “Well, it doesn’t matter. I don’t think that’s a fair comparison. I don’t like the comparison points”. Fair enough. ***If any of you have alternate points for comparison I might use, please put them in the comments.*** I am only interested in objective measures.

You might say “How can Black kids be overreported to CPS when their DR for going to CPS is ***lower*** than their DR for other child well-being issues?”

Or you might say something else entirely. Up to you.

Remember this slide? Time to do the *easy* part.



	Asian	Black	Hispanic	White
Child File % Substantiated	15.39%	15.67%	18.29%	16.88%
% Substantiated DR	0.79	0.89	1.05	--
Child File % to Foster Care	3.95%	5.10%	6.06%	5.69%
% to Foster Care DR	0.69	0.90	1.07	--
AFCARS TPR in Care	1,111	35,702	29,693	64,941
% AFCARS TPR	17.84%	19.25%	21.20%	21.02%
% AFCARS TPR DR	0.85	0.92	1.01	--
AFCARS Mean Length of Stay (Days)	588	668	610	539
AFCARS Mean Length of Stay DR	1.09	1.24	1.13	--

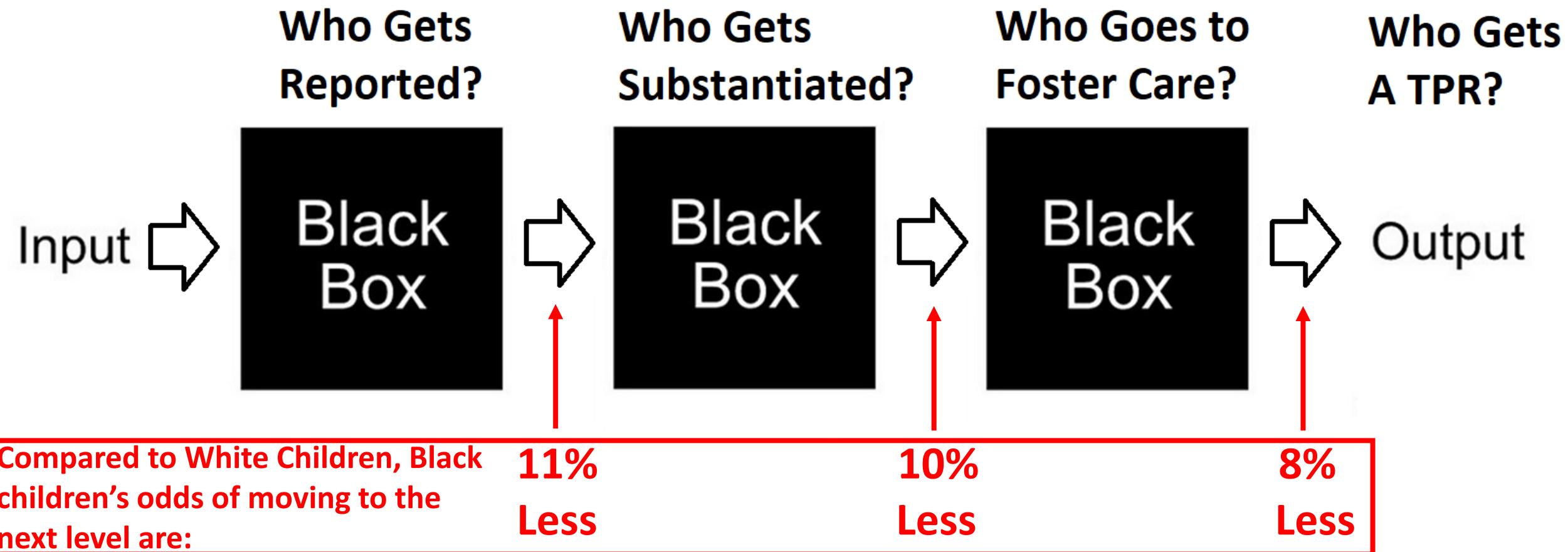
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So we're back to this slide – Now with numbers!



Other Work Using More Sophisticated Modeling:

These articles use advanced multivariate approaches to ask the same questions I asked.

They all found that Black overreporting either disappeared or reversed after controlling for economic factors:

Putnam-Hornstein, E., Needell, B., King, B., & Johnson-Motoyama, M. (2013). Racial and ethnic disparities: A population-based examination of risk factors for involvement with child protective services. *Child Abuse & Neglect*, 37(1), 33-46.

Maloney, T., Jiang, N., Putnam-Hornstein, E., Dalton, E., & Vaithianathan, R. (2017). Black–White differences in child maltreatment reports and foster care placements: A statistical decomposition using linked administrative data. *Maternal and child health journal*, 21(3), 414-420.

Kim, H., & Drake, B. (2018). Child maltreatment risk as a function of poverty and race/ethnicity in the USA. *International journal of epidemiology*, 47(3), 780-787.

Summary of Presentation:

- Black Children are reported to CPS 72% more than White children.
- This +72% difference is **lower** than found in objective measures of well-being.
- Once in the system, Black children are substantiated **a little less** often.
- Once in the system, Black children go to foster care **a little less** often.
- Once in the system, Black parents have rights terminated **a little less** often.
- Once in foster care, however, ***they stay in foster care about 25% longer, which is a problem***

My Take:

So is it racism?

To my mind, this is not a rational question. You don't get such vastly different report rates by random chance

The question is **where** the racism is.

This is vitally important because it tells us **what needs to change**.
There are two places where racism might be a powerful force.

It could be because Black people are much poorer than White people
and that causes any number of problems, including child maltreatment.
This poverty is not random, it is due to historical and current racism.

Or it could be that CPS is racist and is making racist decisions.

The data I have suggest that the first explanation is much more likely.

If that's true, we may have some problems.

Blaming CPS when CPS isn't the core problem not only is pointless, *but it diverts attention away from the core issue* – which is **the outrageous economic difference between races in our society.**

I am also concerned that if people (including CPS policy makers) believe that the CPS system over-surveills, over-substantiates and over-places Black children, that they may pull back some on protecting those kids. This could create a tragic situation where an attempt to be racially sensitive results in unprotected children.

So where do we go from here?

My data suggest that economic supports make a lot of sense as a way to fight maltreatment and reduce racial disproportionality. There is a recently emerging set of studies (see attached readings) which tells us that helping families economically can reduce maltreatment substantially. I think that's a good place to start.

Review of Recent Studies on Material Benefits and Child Maltreatment:

This section will review some recent studies addressing material supports and their impact on child maltreatment.

- Cancian, M. et. al. (2013). The effect of additional child support income on the risk of child maltreatment. *Social Service Review*, September. p.417-437. This study is a large scale Randomized Controlled Trial (RCT) and found that even modest changes in maternal income (through more efficient child support transfers) was associated with roughly a 10% drop in maltreatment.
- Berger, L. et. al. (2017). Income and Child Maltreatment in Unmarried Families: Evidence from the Earned Income Tax Credit. *Review of Economics and Households* 15(4), 1345-1372. Using an “instrumental variable” approach, a cutting-edge method which is felt by some researchers to confer levels of control similar to a Randomized Controlled Trial, this study found that increases of about \$1,000 in income may reduce child maltreatment between 3% and 10%,
- Rostad, W. et al. (2017). The influence of concrete support on child welfare program engagement, progress and recurrence. *Children and Youth Services Review*, 72, 26-33. This study used propensity scores (an advanced way to assure maximum similarity between nonrandomly assigned treatment and control participants) and found that when Child Protective Services workers were able to provide concrete (monetary) support to their clients, those clients were 17% less likely to have a repeat report.
- McCray, N. (2018). Child health care coverage and reductions in child physical abuse. *Heliyon*, 4. DOI:10.1016/j.heliyon.2018.e00945. Using data from all US states and DC (2000-15) this study found child physical abuse rates dropped markedly when more children had health care coverage.
- Klevens, J. et al. (2017). Effect of Earned Income Tax Credit on hospital admissions for pediatric abusive head trauma, 1995-2013. (2017). *Public Health Reports*, 132(4), 505-511. This study conducted analyses of children in 14 states with and 13 states based on EITC status of those states in those years. The study found that a refundable EITC program was associated with a decrease of 3.1 AHT cases per 100,000 children. Nonrefundable EITC programs showed no effect. It is important to notice that while 3/100,000 is a very small number, the AHT base rate is only about 30,100,000, so this shows a drop of about 10%.
- Yang, M. et. al. (2019). Child care subsidy and child maltreatment. *Child and Family Social Work*, <https://onlinelibrary.wiley.com/doi/abs/10.1111/cfs.12635> In Illinois, receiving child care subsidies resulted in fewer child maltreatment investigations. *Unexpectedly*, the effect was direct, and not mediated by stress. In other words, the money did not reduce maltreatment simply because it relieved maternal stress.
- McLaughlin, M (2017). Less money, more problems. How changes in disposable income affect child maltreatment. *Child Abuse and Neglect*, 67, p.315-321. This article found that across the states and timeframes studied, each \$1/gallon increase in gas cost was associated with an additional 6.42 child maltreatment referrals per 1,000 children per year (roughly in the +10% range). While it is impossible to determine any causal association, this article does suggest that financial stressors likely to differentially impact poorer people may be associated with increased maltreatment.
- Raissian, K. & Bullinger, L. (2017). Money Matters: Does Minimum wage affect child maltreatment rates?. *Children and Youth Services Review*, 72, 60-70. This study used state minimum wage levels from 2004 to 2013 and found that each \$1 increase in minimum wage reduced child maltreatment reports substantially, with neglect showing the largest drop at -9.6%. The effect is strongest with young children and not different by race. Again, a correlational study which cannot prove a causal path but provides evidence consistent with a poverty/maltreatment link.
- Conrad-Hiebner, A. (2018). The temporal impact of economic insecurity on Child Maltreatment: A systematic review. *Trauma, Violence and Abuse*, 1-22. This “study of studies” used a systematic review approach and “synthesized evidence from 26 longitudinal studies on the temporal relation between economic insecurity and child maltreatment. Income losses, cumulative material hardship, and housing hardship were the most reliable predictors of child maltreatment.” (quote from abstract).
- McLaughlin, M. (2018). The relationship between cigarette taxes and child maltreatment. *Child Abuse and Neglect*, 79, 339-349. This article looked at state level changes in cigarette taxes (a “regressive” tax with a high impact on poor people) and found that a \$1 increase in cigarette taxes could increase maltreatment rates by 12/1,000 children per year. Increases of 1% in state sales taxes were associated with an additional 6/1,000 child referrals per year.

Child Abuse Prevention Council Symposium
Santa Clara County CA
Child Abuse Prevention Council (CAPC)

**Why Black People ‘Catch ACS Cases’ More
Often Than White People**

Darcey Merritt. MSW, PhD
New York University, Silver School of Social Work
April 23, 2021

Objectives

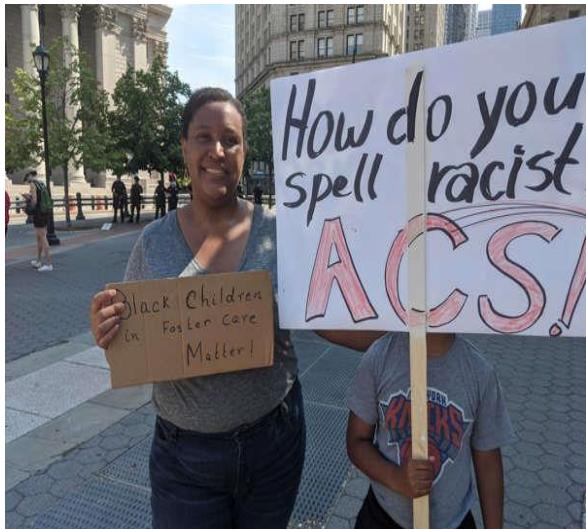


- ▶ Participants will be able to reflect on the notion that racial disparities are grounded and proliferate in systemically oppressive organizations.
- ▶ Participants will understand ways in which lower socioeconomic status cannot be disentangled with lived experiences of racism and oppression which results in pervasive systems oversight.
- ▶ Participants will understand the importance of acknowledging racism as the mechanism by which CWS racial disproportionality is evidenced through reporting and placement options.

Systems in the U.S. are Structurally Racist

- ▶ Structurally racist and oppressive societal and environmental contexts are the backdrop of all systems.
- ▶ Lived experiences and perceptions of racism amidst systems involvement are related to being among the lower echelons of our society with diminished access to power, knowledge, and optimal resources.
- ▶ Racism is manifests in all accompanying systems' processes, including within the child welfare system.
- ▶ Racial biases in CWS are unavoidable and the negative impact begins with the initial report and child maltreatment assessments.

Racism lives within the Child Welfare System



- ▶ Consider the ecological contexts in which child welfare system-involved families live and function:
 - historically oppressive structural systems
 - membership in minority populations
 - living in impoverished communities
- ▶ Black and Latinx people experience persistent inequities due to systemic racism and structural oppression
 - Exacerbated by involvement in human services organizations, and medical and educational settings.
- ▶ Minority CWS impacted families are subject to biases and misinterpretations regarding cultural and situational based behaviors
 - Some behaviors may be deemed troubling in assessments of Black families than for white families.

Racial Biases and CWS Surveillance

- ▶ Race related biases haven't been disentangled from specific decision-making points within CWS involvement.
- ▶ CWS is underscored by structural racism, causing socio-emotional and psychological traumas related to fears of negative consequences associated with maltreatment assessments, oversight processes, and placement decisions.
- ▶ The trauma persists as families are consistently surveilled by those with the power and authority to disrupt their families.
- ▶ Most child maltreatment reports (from professionals) = biased and accusatorial judgement.
 - Minus a contextual understanding parenting behavior
 - Minus an assessment of parental intentions



Systems Oversight, Low SES and Racism

- ▶ No one intends to experience poverty and racism, yet these factors are directly related to CWS oversight.
- ▶ Parenting behaviors should be assessed as a function of available resources and histories of structural discrimination in environmental contexts.
- ▶ CWS oversight is stigmatizing, and the conflated take home message is - ‘family surveillance is needed because you are a poor minority.’
- ▶ Parental behaviors related to poverty and oppression should not result in CWS oversight.
 - CWS was not intended to mitigate the impact of poverty.
 - CWS processes are by design oppressive.
 - CWS from initial contact and throughout the involvement experiences should adopt a nonjudgmental approach.
 - CWS surveillance is punitive by nature.

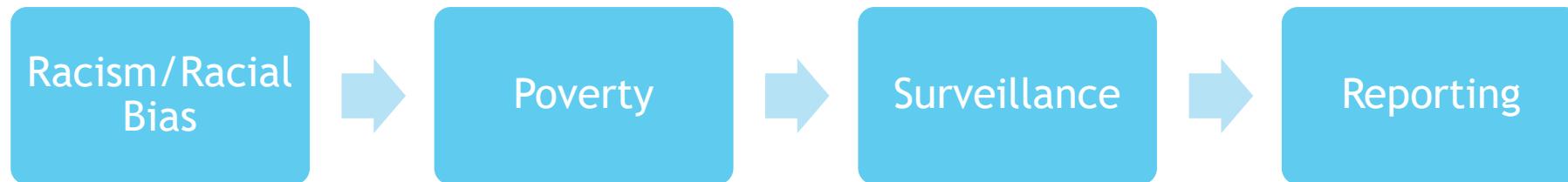
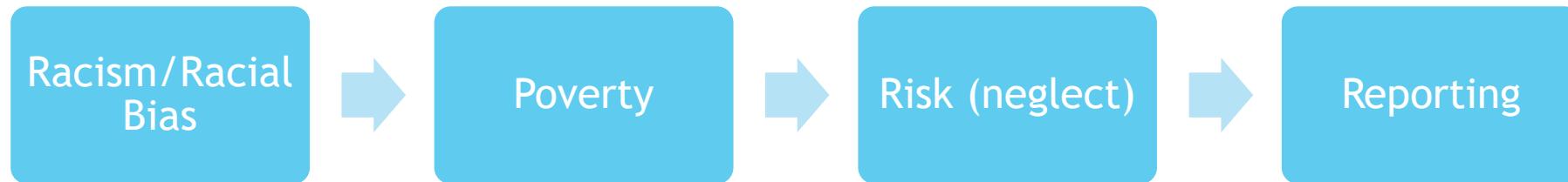
Why are Black kids more likely to be poor?

- ▶ Silly question - Why are Black people more likely to be poor in America?
- ▶ Numbers and data are SCIENCE, but so can be personal accounts of lived experiences.
- ▶ Qualitative accounts of lived experiences need to accompany quantitative data for a comprehensive understanding.
- ▶ Poverty is associated with racism FIRST, which then impacts risk factors and reporting trends.
- ▶ SO MANY BLACK KIDS ARE POOR
 - Consider the etiology of this notion/fact.



What Drives Racial Disproportionality?

- ▶ Consider racism as the driver of concentrated poverty (racialized poverty), subsequently increasing racial disproportionality.



Racialized Poverty and Child Maltreatment

- ▶ Poor children are much more likely to be maltreated than children with less economic hardship.
- ▶ Poverty is a form of chronic trauma.
- ▶ Black families experience poverty at greater rates, which is accompanied by inequities that subject them to myriad risk factors (e.g., poor living environments, fewer resources, lack of access to services and supports, fewer educational and employment opportunities), then compounded by the impact of CWS oversight.
- ▶ Conflicting views:
 - after controlling for poverty or other socioeconomic measures, *race is not a significant* explanatory factor
 - even after adjusting for socioeconomic measures, *race remains significant*, as an explanatory variable



Bias or Risk or Both?

- ▶ The Bias Model - racial bias manifests from those who report and investigate maltreatment → overrepresentation of Blacks and other minorities in the CWS.
 - Not an indication that minorities mistreat their children more often
 - Minority parents pathologized and labeled
- ▶ The Risk Model - Blacks and other minority groups do maltreat their children at higher rates due to personal and community-level risk factors.
 - Unemployment and poverty; inadequate supports and resources; diminished service access; parenting stress
- ▶ Perhaps both models are at play and vary widely based on nuanced circumstances.
 - Structurally supported racial bias impacts the ways in which CWS makes programmatic decisions.
 - Systemic racism places families in conditions characterized as real risk.

Some Qualitative Accounts: Racial Bias

“I don’t know. I don’t know. I just think if you’re a minority and you have an ACS case, they have a certain perception of you. It’s like a stereotype. . . . If you already have an ACS case, they think in their mind, y’all are the worst type of parent.”

Bianca, 28 years old, Latina (Hispanic). 1 child (Male 10 years old)

“Nope. They don’t give a damn. . . . Skin means a whole lot. If I was light enough, if I was white enough, bright enough. . . . They’d be a little nicer to me. . . . because I’m dark. The word was said [that I] look aggressive. This is how I talk. I can calm this is how I talk. . . . But this comes across as aggressive.”

Olivia, a 35-year-old, African American with six children (ages 9 to 27 years old; the older children are the biological children of Olivia’s husband, who is older than she is)

Some Qualitative Accounts: Poverty/Risk

“I don’t worry about being a parent, like my biggest worry if I did worry it would be just to be able to provide basically. Just providing for them, giving them what they deserve.”

“Like because I live in like in a low-income neighborhood where I feel like all the children... I mean I’m not singling out one child but I just feel like the children have issues because they don’t have the necessities or sometimes they don’t have the things that they need or maybe want... I just feel like if I had given myself the chance to further my education then I think that I could probably provide more or do more for them, definitely...”

Carla, 33 years old, African American, 1 child (Female, age 7)

“If you came with no preconceptions about the purpose of the child welfare system, you would have to conclude that it is an institution designed to monitor, regulate, and punish poor families of color.”

Prompts for Thought

Child Abuse and Child Neglect are Very Different

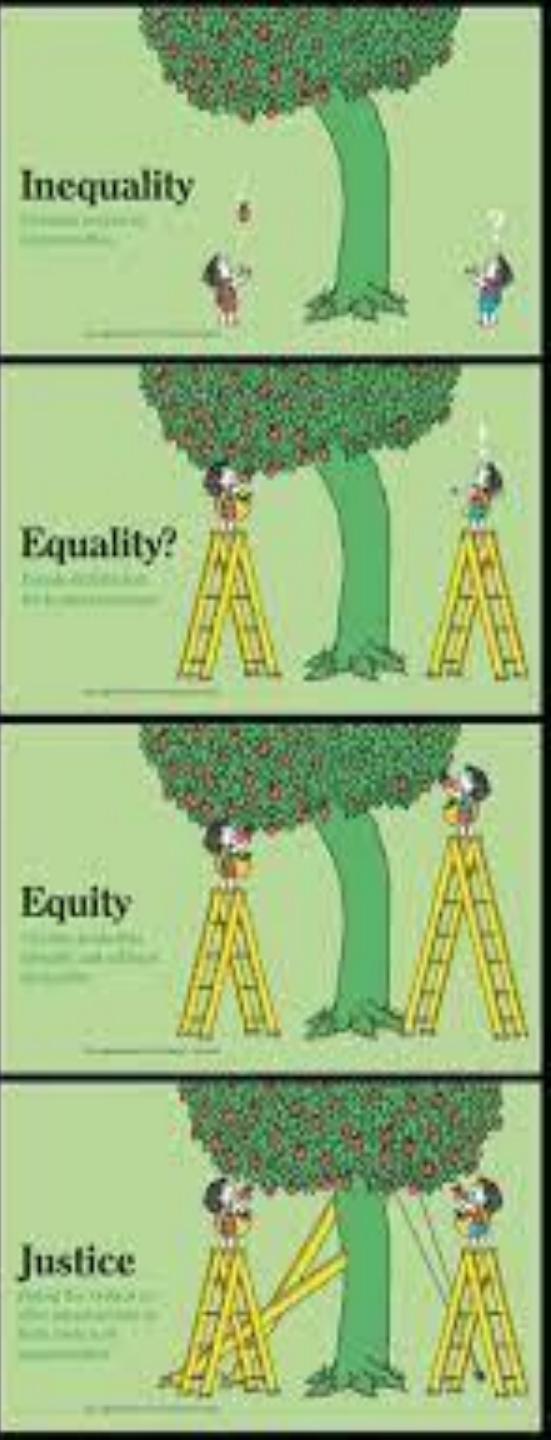
- ▶ Attention to disproportionality has not been prioritized over the goal of protecting children from abuse and neglect.
- ▶ The vast majority of child maltreatment cases are due to neglect, a proxy for poverty.
 - What are we really protecting children from? Poverty?
- ▶ Are we minimizing the nature, severity and impact of abuse and neglect or are we minimizing the impact of structural and systemic racism?
- ▶ Has formal CWS involvement truly helped?

Surveilling/Policing Families Historically Plagued by Racist Societal Ills

- ▶ Why is the pressure to divert families from system penetration a goal?
 - Consider the ‘trauma’ involved from ANY penetration?
 - There is trauma of initial contact (a risk factor for ongoing contact)
- ▶ Surveillance is a risk factor for child welfare involvement and CWS was not designed as a poverty program.
- ▶ Neglected children are rarely “invisible” to the system, yet their trauma persists.

Neglect Cannot be Disentangled from Race or Poverty

- ▶ Inequality is different from inequity.
- ▶ The threshold of neglect cannot be disentangled from race and poverty.
 - Again, abuse and neglect are different, so the thresholds are different in all ways including race, caste and class.
- ▶ Appropriate child protection from physical or sexual abuse requires a different approach than protection from racialized poverty and accompanied consequences.
- ▶ Associations with the ACE study are not nearly nuanced enough to capture the impact of CWS involvement (ACE findings are also rooted in racism).
- ▶ The term ‘minimally adequate care’ refers to economic conditions.
 - Is the CWS designed to address poverty OR harm from abuse, which has been totally conflated with neglect?
- ▶ Meeting the needs that mitigate reporting alerts or managing families in the aftermath of involvement?



No such thing as racially blind or neutral

What should you do?

- ▶ Consider and understand what problems you are protecting children from.
- ▶ Who or what is to blame for the problem?
- ▶ How has racism played a role in assessments and evaluations of these manifested problems?
- ▶ What are families healing and recovering from?
- ▶ Self reflection with consideration of your implicit biases is paramount.
- ▶ Self reflection with acknowledgement of the impact of racism in CWS policies and processes is critical.

Don't throw the idea of racism out with the bath water of big data



- ▶ There is no such thing as objectivity in parental behavior assessments - it's not a thing!
- ▶ Concern is needed about all the harm caused unnecessarily.
- ▶ Reports are traumatic, substantiations are more traumatic.
- ▶ The bias appears when the Black person appears, poverty is secondary and confirmatory in assessments of risk.
- ▶ Controlling for poverty can diminish the impact of race.

THANK YOU THOUGHTS AND COMMENTS



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