



Examining racial disproportionality in child protective services case decisions

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ABSTRACT

Using a national sample of 1461 child protective services (CPS) investigations in the United States, we examine differences between black and white families with regard to caseworker ratings of risk and harm to the child, as well as the probability that a case is substantiated for maltreatment. We employ difference-in-difference methods to identify whether gaps in outcomes for black and white families are equivalent when black and white CPS workers conduct the investigation, and Blinder–Oaxaca decomposition methods to identify the portion of the black–white difference in outcomes that is attributable to differences in case characteristics (risk factors) versus differences in associations between these characteristics and the outcomes by race (differential treatment). We find no differences in outcomes by child race after adjusting for case characteristics. At the same time, we find that, relative to white caseworkers, black caseworkers are more likely to rate black children at subjectively higher risk of harm than white children and are also more likely to substantiate black families for maltreatment. The decomposition results suggest that—even after accounting for caseworker race—differences in outcomes for black and white children are primarily explained by differences in family and case circumstances rather than differential treatment. Thus, our analyses suggest that interventions addressing maltreatment-related risk factors that disproportionately affect black families may have greater utility for reducing racial disparities in CPS involvement than current emphases on cultural competence training.

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1. Introduction

Over-representation of black children and families in U.S. child protective services (CPS) systems, relative to their prevalence in the U.S. population as a whole, has generated widespread concern among scholars, policymakers, and advocates in recent decades. However, despite a number of national and local studies examining racial disproportionality in CPS involvement, consensus has not been reached with regard to its nature, extent, or causes, nor whether it is warranted given potential differences in underlying rates of maltreatment-related risk factors between racial groups. As such, the multiple mechanisms through which such disproportionality likely occurs—as well as its potential consequences for both black and white children and families—continue to be scrutinized and debated.

This paper uses data on 1461 CPS investigations in the United States, drawn from the second cohort of the National Survey of Child and Adolescent Well-Being (NSCAW-II), to examine differences between black and white families with regard to caseworker ratings of risk and harm to the child, as well as the probability that a case is substantiated or indicated for maltreatment. We first employ difference-in-difference methods to identify whether gaps in outcomes for black and white families are equivalent when black and white CPS workers conduct

the investigation. We then use Blinder–Oaxaca decomposition methods to identify the portion of the black–white difference in each outcome that is attributable to differences in case characteristics (risk factors) versus differences in associations between case characteristics and the outcomes by race (differential treatment).

Our analyses extend prior work in several ways. First, we focus on the interactive effect of caseworker race and child race, which has received scant attention in the existing literature (for exceptions, see Dettlaff & Rycraft, 2010; Rolock & Testa, 2005; Ryan, Garnier, Zyphur, & Zhai, 2006), but may have important implications regarding the utility of relying on cultural competence training for caseworkers as a means of reducing racial disproportionality in CPS. Second, we utilize multiple outcome measures to identify both potential differences in caseworkers' assessments of risk and harm to a given child—based on child race, caseworker race, and the interaction thereof—as well as their determinations of whether to substantiate or indicate a family for abuse or neglect. This has implications for understanding the extent to which, all else equal, case outcomes are driven by caseworkers' perceptions of risk and harm to a child, as well as how race may play a role in CPS assessments and decisions. Third, we adjust for a number of socio-demographic, case, caseworker, and geographic factors that have rarely been concurrently controlled in prior research, thereby potentially overcoming some of the omitted variable bias which has likely plagued many prior studies. Finally, our decomposition analyses explicitly estimate how much of the black–white difference in case outcomes is due to differences in case characteristics as opposed to differential

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treatment of black and white families. That is, we directly estimate the extent to which racial differences in assessments and case decisions are likely to reflect differential treatment within CPS.

1.1. Potential explanations for racial disparities (and bias) in CPS involvement

CPS in the United States is comprised of a variety of federal, state, and local efforts to respond to child abuse and neglect. These efforts manifest in a combination of public policies, funding mechanisms, and public and private agencies and services targeted at children and families who are at risk of child maltreatment or who have been identified as, or are suspected of, having experienced child abuse or neglect. Rather than constituting a single federal system, the form of these policies, mechanisms, agencies, and services varies considerably across states, counties, and locales. However, the multi-step process through which a family becomes involved with and moves through CPS is relatively consistent throughout the nation.

To begin with, a family must have contact with someone who will potentially report suspected abuse or neglect. In about 59% of all reports to CPS this is a professional (teacher, social worker, law enforcement or health care professional), who is generally a mandated reporter obligated by law to report suspected maltreatment; the other 41% of reports are made by non-professionals, many of whom are voluntary reporters, most frequently friends, neighbors, or family members (U.S. Department of Health and Human Services, 2011). Once a report is made, a CPS intake worker, generally after gathering information by telephone from the reporter and in consultation with a CPS supervisor, must decide whether the report includes adequate information to suggest that abuse or neglect may have occurred and whether CPS will be able to identify and locate the family to engage in an assessment or investigation. If both conditions are met, the family will be “screened in” and the CPS agency will further assess or investigate it. If the investigative worker then finds evidence of maltreatment, as outlined by law, the family will likely be substantiated or indicated for maltreatment. Once the decision to substantiate or indicate a family is made, the CPS agency and, in some cases, family court judges must decide what types of services to offer the family, whether to remove a child from home and, if so, at what point the child may be able to safely return home.

Each of these decisions has considerable implications for children, families, and society as a whole. Yet, at each stage, the individual(s) charged with making these crucial decisions must often do so in a context of incomplete information. As such, there is the potential for bias in general—defined here as differential treatment of a particular group of children and families based on factors (e.g. socioeconomic status, race, ethnicity) other than child safety (as outlined by law). We focus on a specific form of bias: racial bias, which is defined here as differential treatment of a particular racial or ethnic group based on factors other than differences in actual maltreatment, which may influence decision making throughout the CPS process. It is important to note that we do not equate disproportionality with bias. Disproportionality, or *differential rates* of involvement at various levels of CPS, may or may not be driven by bias, which connotes *differential treatment* conditional on identical information, behaviors, and presenting factors.

Racial disproportionality in CPS can be measured at many stages and by a variety of metrics. Most frequently, evidence of disproportionality has been presented by comparing a racial or ethnic group's prevalence in the general population to its prevalence at various stages of the CPS process (Children's Action Alliance, 2008; Drake, Lee, & Jonson-Reid, 2009; Hill, 2007; Kim, Chenot, & Ji, 2011; Miller, 2008; Morton, 1999). Whereas this strategy is useful for describing relative rates of CPS involvement, it is unlikely to inform whether particular groups may be appropriately represented in CPS based on their underlying maltreatment rates. That is, only if the prevalence of actual abuse and neglect is constant across racial groups will this strategy shed light on whether

there is likely to be differential treatment by reporters or CPS by race. However, there are reasons to suspect that underlying maltreatment rates may differ by race given evidence that the prevalence of maltreatment-related risk factors, such as poverty, births to young and unwed parents, low-birth-weight births, and adverse health and mental health conditions, differ across racial groups. Thus, more recent studies have attempted to assess prevalence rates at various stages of the CPS process by comparing them to proxies of underlying maltreatment rates for various groups (Ards, Myers, Chung, Malkis, & Hagerty, 2003; Drake et al., 2011). These proxies have included factors such as child mortality, homicide, accidents, and SIDS rates, as well as estimates from the four waves of the National Incidence Study of Child Abuse and Neglect (which is intended to capture the underlying prevalence of child maltreatment in the U.S. population). Yet, many of these measures may systematically misestimate the underlying maltreatment rate for particular groups and/or be influenced by the same types of bias that potentially influence reporting or CPS decision making; they may also be subject to other types of error or bias. In short, just as individuals must make reporting and CPS-case decisions based on incomplete information, researchers must attempt to estimate racial disproportionality in CPS involvement with incomplete knowledge of underlying maltreatment prevalence rates and whether they differ by race.

Several hypotheses have been proffered to explain racial disproportionality in CPS involvement, some of which suggest racial bias in reporting or within CPS, and some of which are linked to particular stages of the CPS process (see Berger, McDaniel, & Paxson, 2005). Because our work focuses on differences in CPS assessments and case outcomes between black and white families, we frame our discussion as such. However, these hypotheses are broadly applicable when considering disproportionality vis-à-vis other racial and ethnic groups.

A first hypothesis regarding the disproportionate prevalence of black families in CPS, relative to their prevalence in the general population, suggests that the disparity is the result of systemic institutional racism. This hypothesis posits that the overall social structure and context in which children and families, as well as potential reporters and CPS workers, function has a differential impact on social status and treatment in society by race and potentially, thereby, on family functioning. This tenet suggests that black and white families experience differential treatment in society, such that the policies or procedures that guide (mandated and voluntary) reporters, as well as CPS workers and family court judges, may have differential impacts by race (Ards, Myers, Malkis, Sugrue, & Zhou, 2003; Hill, 2004). It may also imply that black and white populations are likely to have different underlying rates of maltreatment given historical differences in social and economic experiences. The systemic institutional racism hypothesis is thus applicable at all stages of the CPS process. At the same time, however, it is generally untestable and cannot specifically be applied to the CPS process separately from the broader social structure.

A second hypothesis is that black families have higher rates of CPS involvement than white families because they have a higher underlying prevalence of abuse and neglect, potentially as a result of greater exposure to maltreatment-related risk factors (Hill, 2004). In this instance, disproportionality in CPS is attributed to the consequences of current and historical conditions in society, which have systematically led to disadvantage among black families (Bartholet, Wulczyn, Barth, & Lederman, 2011). Note that this hypothesis does not rule out the role of institutional racism in influencing differences in maltreatment rates, it simply assumes that black families face greater disadvantage than white families and that such disadvantage may manifest in a higher prevalence of abuse or neglect. Indeed, some scholars have specifically attributed disproportionality in CPS involvement to economic disadvantage such that impoverished families are more likely to come to the attention of CPS because of the risk factors associated with poverty and, in turn, black families are therefore disproportionately likely to

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