Race, Poverty, and Child Maltreatment

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The aim of this article is to highlight the roles of race and poverty in child maltreatment and to offer recommendations for better practitioner response. Preventive services include activities such as family support services, family-based services, wraparound services, intensive family preservation services, and home-based services (Pecora, Whittaker, Maluccio, & Barth, 2000). The intention behind prevention services is to "strengthen family functioning" (p. 229) and to avoid out-of-home placement. Key components of effective preventive services are (1) early intervention, (2) home-based services, (3) sound relationships between professionals and families that provide regular interaction and serve as positive role models, (4) child-focused services that include fathers as active participants, (5) tailored services, (6) emphasis on family support, (7) flexible service duration available on a continuous basis, (8) behavioral parent training, and (9) strengthening support and community networks (Dawson & Berry, 2002; Pecora et al., 2000).

Race and Maltreatment

Discriminatory treatment in the child welfare system was first documented three decades ago (Billingsley & Giovannoni, 1972), and research examples continue to accumulate in the literature. For instance, race is a factor in the decision to report perceived neglect (Chipungu & Bent-Goodley, in press; Hill, 1997; Zellman, 1992). Health care professionals have differentially screened for abuse and reported parents of color for maltreatment compared with white families showing the same concerns (Lane, Rubin, Monteith, & Christian, 2002). African American women have been differentially reported for drug misuse and child maltreatment compared with white women under similar circumstances (Chasnoff, Landress, & Barrett, 1990). African Americans are also more likely to receive lower quality child welfare services than whites as evidenced by fewer casework contacts, poor follow-up, limited referrals, and poor working relationships with caseworkers, particularly those of a different race (Courtney et al.,1996; Everett, Chipungu, & Leashore, 1997; Pinderhughes, 1991).

Poverty and Maltreatment

The child welfare system has evolved into the safety net for poor children. Most of the children in foster care are poor and funded by Title IV-E. Poor children are 2 times as likely to have developmental delays and mental disabilities; 3 times as likely to be hospitalized for chronic illness; and 5 times more likely than nonpoor children to die from a physical illness (Golden, 1997; Lewit, Terman, & Behrman, 1997). "Long-term poverty [is] strongly linked to race, family structure, parental health, and location of residence" (Lewit, Terman, & Behrman, 1997, p. 8). African Americans are 3 times as likely as whites to "have incomes too low to meet even the adult's needs in the family" (Betson & Michael, 1997, p. 29). Today, 40% of Latino and African American children live below the poverty line.

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Coupled with poverty, unemployment is a presenting problem for nearly 34% of neglecting caregivers (U.S. DHHS, 1997). Families with some form of family income are more likely to be offered family preservation services; whereas, families showing no income are more likely to have a child placed in foster care (Dawson & Berry, 2002).

Implications for Practitioners and Administrators

A number of solutions are being used by practitioners and administrators to create change for children and families.

Culturally Competent Practice

Staff members representing the community's composition are needed on all service levels. Child welfare and prevention workers need to receive training in culturally competent practice. A system of measuring and monitoring one's application of cultural competence should be developed and tied with performance evaluations. Using a culturally competent approach, practitioners can discern whether an issue is related to poor housing, substance abuse, mental health, or a combination of these versus child maltreatment.

Coalition Building

Child welfare and prevention agencies need to conduct an analysis of services available in the communities from which most of their cases are drawn. Coalition building of formal and informal community networks should become a priority of administrators. Preferred strategies include lobbying for mutual concerns and increasing community linkages and services, such as child care and affordable housing.

Community Accountability

By establishing a community advisory board (CAB), with members selected by the community, agencies can move toward greater community accountability (Golden, 1997; Macdonald, 2001; Schorr, 2000).

Policy Advocacy

Policy advocacy needs to take place on local, state, and federal levels to promote (1) increased and targeted funding for culturally competent prevention and research; (2) increased funding for affordable housing; (3) increased funding for community-based, culturally competent mental health, substance abuse, and domestic violence services; and (4) increased economic development and investment in jobs in communities of color.

Race and poverty are so complexly integrated that one must be prepared to fully examine both when considering the quality of preventive care. The answer does not rest with any one entity; instead, the responsibility to change this system lies with all of us.

Why Are Children of Color Overrepresented in Reports to Child Protective Services?

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Alarming stories of black children tied to bedposts and left to starve (O'Donnell, 2003; Shogren, 2003) while under supervision of Child Protective Services (CPS) or of black children in foster care who are simply unaccounted for month after month (Canedy, 2002) remind us of a stark reality: African American and other minority children are disproportionately found in the official child welfare population. Effectiveness in preventing maltreatment among **all children** requires understanding why and how **some children** appear disproportionately at different stages in the official report and substantiation process.

The Roy Wilkins Center for Human Relations and Social Justice at the Hubert H. Humphrey Institute of Public Affairs, University of Minnesota, is in the middle of a 5-year, NIH-funded project attempting to understand racial disparities in child maltreatment reports and substantiations. In our studies, we investigate some statistical inconsistencies that experts in the field have been unable to resolve.

First and foremost is the inconsistency between the main findings of the National Incidence Studies (NIS)[1] and the National Child Abuse and Neglect Data Set (NCANDS).[2] For example, the NIS does not find meaningful statistical differences by race in child maltreatment, but the NCANDS and related studies find wide racial gaps. These two studies used different measures of child maltreatment. The NIS data measure known but unreported as well as reported child maltreatment, and the NCANDS data capture only reported and substantiated maltreatment. The logical places, then, to look for racial bias would be at the reporting and substantiation stages. To explain the findings of racial gaps in the NCANDS data but none in the NIS data, children of color would need to have higher report rates or higher substantiation rates than whites, or both.

Of course, bias is a strong word. Even if we could demonstrate that children of color have higher report rates or higher substantiation rates than whites, we would also need to show that these rates could not also be explained by legitimate factors, such as the type of maltreatment, the source of the report, the age or gender of the child, or the economic circumstances of the family. If, for example, neglect is found to be more prevalent among the poor, and blacks are more likely to be poor than whites, then higher reporting and substantiation rates among blacks would not establish racial bias. To establish racial bias, one must show that *identically situated* blacks and whites are treated differently (Myers, 1993).

References from "Race, Poverty, and Child Maltreatment", page 9

References

Betson, D. M., & Michael, R. T. (1997). Why so many children are poor. *The Future of Children, 7,* 25-39.

Billingsley, A., & Giovannoni, J. M. (1972). *Children of the storm: Black children and American child welfare.* New York: Harcourt, Brace, Jovanovich.

Chasnoff, I. J., Landress, H .J., & Barrett, M. E. (1990). The prevalence of illicit-drug or alcohol use during pregnancy and discrepancies in mandatory reporting in Pinellas County, FL. *New England Journal of Medicine, 322,* 1202-1206.

Chipungu, S. S., & Bent-Goodley, T. B. (in press). Challenges in contemporary foster care. *The Future of Children.*

Courtney, M. E., Barth, R. P., Berrick, J. D., Brooks, D., Needell, B., & Park, L. (1996). Race and child welfare services: Past research and future direction. *Child Welfare, 45,* 99-137.

Dawson, K., & Berry, M. (2002). Engaging families in child welfare services: An evidenced-based approach to best practice. *Child Welfare, 81,* 293-317.

Everett, J., Chipungu, S. S., & Leashore, B. (1997). *Child Welfare: An Africentric Perspective.* New Brunswick, NJ: Rutgers University Press.

Golden, R. (1997). *Disposable children: America's welfare system.* Belmont, CA: Wadsworth.

Hill, R. B. (1997). *The strengths of African American families: Twenty-five years later.* Washington, DC: R & B Publishers.

Lane, W. G., Rubin, D. M., Monteith, R., & Christian, C. W. (2002). Racial differences in the evaluation of pediatric fractures for physical abuse. *Journal of the American Medical Association, 288,* 1603-1609.

Lewit, E. M., Terman, D. L., & Behrman, R. E. (1997). Children and poverty: Analysis and recommendations. *The Future of Children, 7,* 4-24.

Macdonald, G. (2001). *Effective interventions for child abuse and neglect: An evidence-based approach to planning and evaluating interventions.* New York: Wiley.

Pecora, P. J., Whittaker, P. K., Maluccio, A. N., & Barth, R. P. (2000). *The child welfare challenge: Policy, practice, and research* (2nd ed.). New York: Aldine de Gruyter.

Pinderhughes, E. E. (1991). The delivery of child welfare services to African American clients. *American Journal of Orthopsychiatry, 61,* 599-605.

Schorr, A. L. (2000). The bleak prospect for public child welfare. *Social Service Review, 74,* 124-136.

U.S. Department of Health and Human Services. (1999). *Blending perspectives and building common ground: A report to Congress on substance abuse and child protection.* Washington, DC: Government Printing Office.

Zellman, G. L. (1992). The impact of case characteristics on child abuse reporting decisions. *Child Abuse and Neglect, 16,* 57-74.