



COMMISSION TO ELIMINATE
CHILD ABUSE AND NEGLECT FATALITIES

**CHAPTER OUTLINE
DISPROPORTIONALITY**

Introduction/Themes

Child abuse and neglect fatality data available through NCANDS tell us that while African American children are approximately 15 percent of the child population nationally, they are 33 percent of the child abuse and neglect fatalities, which is approximately three times greater than white children (NCANDS 2013 data - confirm data and site source). It is important to note that these are the only available national data. As other sections of this report and related recommendations reflect, the accuracy of child and neglect fatality data needs to be improved. Being mindful of those data improvement needs, children disproportionately represented as child abuse and neglect fatality victims is an area of concern for the Commission, and the Commission feels it is imperative to put forward recommendations to address considerations around disproportionality.

The topics of disproportionality and disparities have been discussed and considered by the Commission as it has traveled around the country. There was some level of discussion at several CECANF meetings, as well as a focused discussion on disproportionality at the Commission's New York meeting in August 2015. As the Commissioners heard testimony, these discussions focused on data, assessing risk, and the impact of racism, poverty, and bias.

The Commission had the opportunity to hear about specific examples of efforts that had a focus on child abuse and neglect fatalities to address issues of disproportionality. While still somewhat early in these efforts, two examples illustrate focused work to address disproportionality related to child abuse and neglect fatalities:

Sacramento County, CA's focused work on addressing child fatalities of African American children was an example of a community working to identify why the problem of disproportionality for child fatalities of African American children persisted for some 21 years without being addressed. It was also an example of mobilizing a broad range of stakeholders to address the issue. This work illuminates the following:

- Use of data to identify neighborhood-specific considerations to focus the approach and strategies
- Importance of early intervention and prevention efforts to engage parents and community
- Importance of more effective data collection, along with assessment and screening tools that mitigate subjective decision-making

- Implementation of an increased focus on family development and building the capacity and standards within the workforce to work with families to support where the individual/family is and support and strengthen the family moving to where the individual/family wants/needs to be

Michigan's effort built an accountability and business case for addressing disproportionality and promoting equity as a social justice issue. Bringing a broad group of stakeholders together, demonstration projects were implemented to address disproportionality, with an emphasis on training the workforce, partners, and mandated reporters, and formulating policy and programs that promoted prevention and access to interventions that promote strength and resiliency in individuals and families.

One additional area of focus the Commission explored through testimony and discussion has been the issue of the impact of bias in decision-making. *Implicit bias* can impact decision-making related to children being overrepresented and possibly underrepresented in the child welfare system.

- Validated and normed tools, such as Structured Decision Making (SDM) tools, may not remove all discretionary decision-making, and most have override options.
- Research could be very useful about how the implicit biases of individuals and those embedded in agency policies and practices affect service delivery. One area of focus for this research might be looking at the impact on white families of how children with head trauma are assessed and how that might lead to an underreporting of child abuse and neglect.

In putting forward CECANF's National Strategy to reduce child abuse and neglect fatalities, it is critical to include recommendations that address the needs of populations disproportionately represented as fatality victims.

Lead Recommendations and Related Strategies

Quality Data - Related to addressing issues of disproportionality and disparities, the collection and reporting of quality (accurate and complete) data around (1) the characteristics of child abuse and neglect fatality victims and (2) the characteristics, needs, supports, and services provided to children and their families before children ever become fatality victims needs to be a priority at the federal, state, and local levels to inform approaches to reducing the number of African American children and other overrepresented groups being victims of child abuse and neglect and child abuse and neglect fatalities.

- At the federal, state, and local levels, promote examples such as the focused efforts in Sacramento County, CA, and Michigan in order to inform other communities and inform the replication of a data-informed approach to identify the extent of the problem and develop a community-informed and community-driven response to address the reduction of child abuse and neglect fatalities.
- Conduct focused research on how implicit biases impact assessment, access to services, and service delivery. "Abusive" head trauma might be an area for a specific study on how white children and nonwhite children are assessed and related services are identified and provided.

Quality Services - Quality services (effective, culturally appropriate, and targeted) are needed to support children and their families disproportionately represented in child welfare and other child-serving systems; efforts at the federal, state, and local levels need to address quality with the same emphasis as availability and accessibility.

- Funding mechanisms at the federal, state, and local levels should integrate assessments, metrics, and accountability structures to ensure that the quality of services is a fundamental component of any program/service approach that is serving disproportionality represented children and their families, with ongoing continuous quality improvement (CQI) strategies also integrated.
- At the federal, state, and local levels, promote examples from communities and/or fund demonstration projects that leverage community partnerships (i.e., neighborhood-based work, faith-based partners, and others) to provide supports and services to families to improve outcomes and reduce child abuse and neglect and child abuse and neglect fatalities for children and families disproportionately represented.

Racial Equity Lens/Assessment - To address issues of disproportionality and disparities, a racial equity lens and assessment process should be a part of developing service delivery models, the use of predictive analytics and other tools assessing risk, and specifically analyzing how to look at focused strategies for reducing the incidents of child abuse and neglect and child abuse and neglect fatalities.

- At the federal, state, and local levels, when utilizing predictive analytics to develop prevention and intervention strategies, conduct a racial equity impact assessment to address issues of disproportionality and disparities. A racial equity impact assessment is *a systematic examination of how different racial and ethnic groups will likely be affected by a proposed action or decision*. (Race Forward's definition - <https://www.raceforward.org/practice/tools/racial-equity-impact-assessment-toolkit>)
- At the federal, state, and local levels, promote examples, such as the National Council of Juvenile and Family Court Judges (NCJFCJ) Bench Card, to expose practitioners to decision-making tools that are focused on addressing bias directly.

Racial Equity Training - Racial equity training should be required across federal, state, and local child welfare agencies and other child-serving systems to ensure that families disproportionately represented are served and supported by a workforce that is trained, prepared, and mobilized around equitable decision-making and shared accountability.

- At the federal, state, and local levels, train and develop the child welfare workforce, partners, and mandated reporters to do the following:
 - Focus on family engagement, development, and strengthening
 - Understand distinct racial and ethnic cultures and racial and ethnic cultural norms and differences
 - Understand the historical context of racism
 - Understand and recognize biases and how biases can impact assessment of risk, access to services, and delivery of services

While these recommendations are intended to address issues of disproportionality and disparities, arguably putting these recommendations in place will likely benefit all children, and the Commission does not see that as a negative result to improve systems, promote good practice, and prevent child abuse and neglect and child abuse and neglect fatalities.

QUOTES FROM TESTIMONY (to integrate into chapter)

Chet Hewitt: *"[Related to Sacramento County's focused work on addressing child fatalities of African American children] the data shows that 80 percent of all African American child fatalities in these categories occurred in just six Sacramento County neighborhoods. The child death review team's [data] was then compared to the data from the Healthy Sacramento Coalition Health Needs' assessments and our 2012 County Health Profile. We found that these six neighborhoods share many of the same risk factors. Compared to Sacramento County as a whole, the six neighborhoods have higher rates for risk for violence, almost twice as high, and at least twice as many of its residents without high school diplomas."* (NY mtg transcript, p. 85)

Dr. Rita Cameron Wedding: *"[T]he differential standard for neglect and abuse of black and white families can actually push families, black families, further outside the safety net. And that's not what we want. One of the things that does that is a differential response of child welfare. We have oftentimes identical risk factors for black families and white families, but when the risk factors are identical, white families are more likely to get family and home support and black families are more likely to have their children removed."* (NY mtg transcript, p. 80)

Dr. Paul Elam: Regarding work in Michigan—*"Practitioners have worked for an average of 23 years and never had conversations about multicultural issues, didn't feel comfortable about it, so we had to change the culture."* (NY mtg transcript, p. 83)

Dr. Renee Canady: *"[S]ee poverty as a condition and not as a character flaw."* (NY mtg transcript, p. 90)

Dr. Renee Canady: *"...[Recommend] putting [the issue of disproportionality] forth, saying that this Commission recognizes that many of the challenges are based on race; even the science, when you control for poverty, socioeconomic status, there is still a variance that is unexplained, and we believe that it's because of racism."* (NY mtg transcript, p. 101)