

Boston College

Graduate School of Social Work

RACE, CHILD MALTREATMENT AND CHILD PROTECTIVE SERVICES:  
DIFFERENTIAL OUTCOMES FOR AFRICAN AMERICANS WHEN COMPARED TO  
CAUCASIAN AMERICANS

A Dissertation

by

VERNON BROOKS CARTER

Submitted in partial fulfillment of the requirements

for the degree of

Doctor of Philosophy

May, 2003

UMI Number: 3122114

Copyright 2003 by  
Carter, Vernon Brooks

All rights reserved.

### INFORMATION TO USERS

The quality of this reproduction is dependent upon the quality of the copy submitted. Broken or indistinct print, colored or poor quality illustrations and photographs, print bleed-through, substandard margins, and improper alignment can adversely affect reproduction.

In the unlikely event that the author did not send a complete manuscript and there are missing pages, these will be noted. Also, if unauthorized copyright material had to be removed, a note will indicate the deletion.

**UMI**<sup>®</sup>

---

UMI Microform 3122114

Copyright 2004 by ProQuest Information and Learning Company.

All rights reserved. This microform edition is protected against unauthorized copying under Title 17, United States Code.

ProQuest Information and Learning Company  
300 North Zeeb Road  
P.O. Box 1346  
Ann Arbor, MI 48106-1346

Boston College

Graduate School of Social Work

Copyright by VERNON BROOKS CARTER

2003

**BOSTON COLLEGE**

**GRADUATE SCHOOL OF SOCIAL WORK**

The Doctoral Candidate Named:

Vernon Brooks Carter

Wrote the Dissertation Entitled:

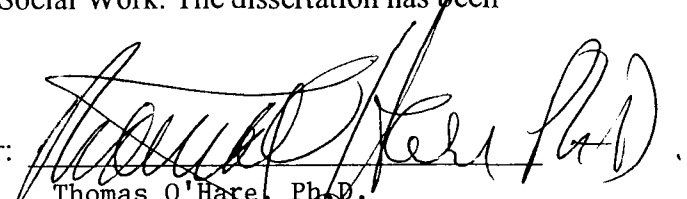
Race, Child Maltreatment and Child Protective Services: Differential Outcomes for African Americans When Compared to Caucasian Americans

Which is being submitted in partial fulfillment of the requirements for the degree of:

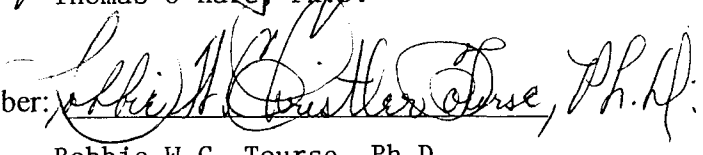
**Doctor of Philosophy**

within the Boston College Graduate School of Social Work. The dissertation has been read and approved by the Committee:

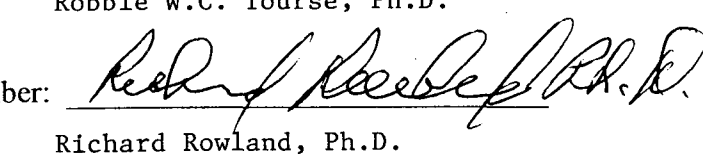
Chair:

  
Thomas O'Hare, Ph.D.

Member:

  
Robbie W.C. Tourse, Ph.D.

Member:

  
Richard Rowland, Ph.D.

Date:

5-14-2003

May 14, 2003



## Abstract

*Objectives:* To determine the effect of race as a predictor of child welfare outcomes.

*Methods:* A secondary analysis was conducted using data from the *National Study of Protective, Preventive, and Reunification Services Delivered to Children and their Families*

The final sample consisted of 2109 cases were selected through a stratified and random process.

The selected cases came from within public child welfare agencies providing protective, preventive and reunification services to children and their families. The cases represented families where child maltreatment had been investigated.

*Results:* Three of the four child welfare outcomes were found to have statistically significant differences at the .05 level when African American families were compared to Caucasian families. The odds ratios were 0.38 for child maltreatment substantiated; 1.06 for services; 1.41 for placement in out of home care; 2.18 for remaining in out of home care. Poverty was only statistically significant for one of the four child welfare outcomes: worker provided services. The odds ratios were 0.76 for child maltreatment substantiated; 0.69 for services; 0.84 for placement in out of home care and 0.81 for remaining in out of home care.

*Conclusion:* This study confirms the importance of race as a predictor of child welfare outcomes. African American families do experience different rates of child maltreatment substantiation; placements in out of home care and remain longer in out of home care.

## TABLE OF CONTENTS

## Chapter I

1. Purpose and Specific Aims	1
2. Theoretical Framework	54
3. Literature Review	66

## Chapter II

4. Methodology	96
A. Strategy	96
B. Sampling	97
C. Data Collection	98
D. Design	99
E. Measures	100
F. Data Analysis	106

## Chapter III

5. Results	115
------------	-----

## Chapter IV

6. Discussion	138
---------------	-----

## Chapter V

7. Summary	162
8. References	166
9. Appendix	199

## LIST OF TABLES

## Table

A1.	Selected Dependent Variables	199
A2.	Selected Independent Variables	200
A3.	Demographic Variables Used in Analysis	203
A4.	Description of Dependent and Independent Variable Labels	204
A5.	Dependent and Independent Variables	208
A6.	Comparison of African American and Caucasian Children by Selected Var.	210
A7.	Comparison of African American and Caucasian Children by Dependent Var.	212
A8.	Effects of Race on Rates of Substantiated Child Maltreatment by Selected Var.	213
A9.	The Effects of Race on Rates of Children Placed by Independent Var.	214
A10.	The Effects of Race on Length of Time in Placement (Short Stayer)	215
A11.	The Effects of Race on Length of Time in Placement (Long Stayer)	216
A12.	The Effects of Race on Number of Services by Selected Variables	217
A13.	Results of Logistic Models Predicting Child Maltreatment	218
A14.	Logistic Models Predicting Number of Services Worker Provided	220
A15.	Logistic Models Predicting Child Placed in Out of Home Care Place	222
A16.	Logistic Models Predicting a CPS case opened for 3 months	224
A17.	Logistic Models Predicting a CPS case opened for 18 months	226
A18.	Comparison of Analyses of Incomplete Data and Complete Data	228

## CHAPTER I

## Statement of Research Problem

*Purpose*

The purpose of this dissertation was to examine the effect race had upon the differential delivery of child protective services (CPS) to families who have become involved in the CPS system because of allegations of child maltreatment. This author was concerned with testing the effect race had on the rates of substantiation of child maltreatment and the subsequent services offered to families. In addition, this paper analyzed the effects race had on the children placed in out of home care and the length of time those children and their families remain involved with the CPS system. A secondary data analysis of variables selected from the *1994 National Study of Protective, Preventive and Reunification Services Delivered to Children and Their Families* (U.S. Department of Health and Human Services, Children's Bureau, 1997) (U.S. D.H.H.S, C. B., 1997) was conducted to test the effect race, child, family and agency related variables had upon the differential delivery of services to African American families when compared to Caucasian families.

The dissertation will assist the CPS system in developing policy and practice guidelines that will help workers in ensuring more equitable outcomes for African American families when compared to Caucasian families. Efforts to ensure equity for African American families may result in two positive outcomes. First, African American families and their children may receive needed equity and see their numbers in the CPS system decrease. Second, this decrease would serve to lessen the workload of CPS workers, reduce burnout and worker turnover.

The research problem was one of disentangling the effects of race from other more popular predictor variables by looking at the interactions between race and those variables: e.g.

poverty, family, child and systemic attributes when examining differential outcomes for African American families compared to Caucasian families.

*Research Question*

Does race predict outcomes in child welfare?

*Hypotheses*

The specific hypotheses that were explored follow:

*Hypothesis:* Children who come from African American families are at a greater risk of having a child maltreatment referral substantiated when compared to children who come from Caucasian families.

*Hypothesis:* Social workers will provide fewer services to African American families in comparison to the amount of services Caucasian families will receive.

*Hypothesis:* Children who come from African American families are at a greater risk of being placed into out of home care when compared to children who come from Caucasian families.

*Hypothesis:* Children who come from African American families are less likely to have a case open with CPS for 3 months or less when compared to children who come from Caucasian families.

*Hypothesis:* Children who came from African American families were more likely to have a case open with CPS for 18 months or more when compared to children who come from Caucasian families.

The empirical exploration and testing of race and other predictor variables in effecting differential outcomes for African American families when compared to Caucasian families will determine whether theories of racism have any explanatory power.

### *Definitions*

#### *Race*

It is generally accepted amongst U.S. social science researchers that race is socially constructed and not biologically determined (Davis & Proctor, 1989). Takaki (1994) implied that in the U.S. race was socially constructed in an effort to keep separate persons of color from persons of European descent (Takaki, 1994). Omi and Winant (2001) agree that race is a construct. They see it being utilized by social, economic and political forces to categorically attribute value and meanings for the purpose of gain. Allport (1954 as cited in Davis & Proctor, 1989) asserted that race and color were important in the U.S. and that perceived skin color differences had categorical significance. Black – White differences were translated into differences in attitudes, values, beliefs and social status. Race and its importance in American society are reflected in the worker – client relationship, when the two are of dissimilar races. Caucasian workers prefer to work with Caucasian clients and often are uncomfortable working with non-Caucasian clients (Davis & Proctor, 1989). Race in the U.S. speaks to inequality and inequality is reflected in discriminatory practices that are manifested in racism.

#### *Racism*

Harold Seldon (2000), Boston College professor and community activist, said racism is about outcomes or results and not about intent. For example, African American families and their children had historically been denied services through the child welfare system because of

discrimination. Once the public sector was opened to African Americans there has been a long pattern of overrepresentation (Billingsley & Giovannoni, 1972).

Thomas and Sillen (1972) critiqued scientific racism in their book *Racism and Psychiatry*. They examined the relationship between racial bias and psychology and reported theories and research that buttressed biased views of African Americans. In the foreword of that book, Kenneth B. Clark, past president of the American Psychological Association, noted that social science researchers and practitioners in spite of their years of training and education are no less likely to be affected by American racism than is the common man (Sue, 1999).

Racism as a concept may be simply described as a system of advantage based on race (Tatum, 2001). Feagin and Feagin (1996) discussed how ideological racism was linked with certain physical characteristics being associated with psychological and intellectual characteristics and on that basis distinguished between allegedly inferior and superior racial groups (p.6). Harris (1999) is graphic in his description of racism.

Racism is a polymorphous agent of death, premature births, shortened lives, starving children, debilitating theft, abusive larceny, degrading insults, and insulting stereotypes forcibly imposed. The ability of a population to accumulate wealth and transfer assets to their progeny is stunted by racism. As the bane of honor, respect, and a sense of self-worth, racism surreptitiously stereotypes. It stereotypes its victims as persons inherently bereft of virtues and incapable of growth. Racism is the agent that creates and sustains a virulent pessimism in its victims. The subtle nuances that encourage granting unmerited and undue status to a racial social kind are the tropes of racism. Racism creates criminals, cruel punishments, and crippling confinements, while the representatives of

virtue profit from sustaining the conditions that ferment crime. Systemic denial of a population's humanity is the hallmark of racism (p.437).

Bowser & Hunt (1996) highlight the three major parts of the system that define racism: individual, institutional and cultural racism. It is this triumvirate that has enabled a more powerful group to subordinate a less powerful group through financial resources as well as social and psychological means and subsequently, the more powerful therefore has created the justification for "producing systematic unequal outcomes for people of different races" (p.3).

#### *Institutional racism*

Institutional racism is a system of laws, customs and practices that produces racial inequalities in American society regardless of the intent of specific individuals who may or may not be racist (Jones, 1972 as cited in Bower & Hunt, 1996). A clear indication of institutional racism is a disparity in the circumstances of Caucasians and people of color, which continues from the past to the present (Rothenberg, 2001; Bowser & Hunt, 1996). Morton (2000) gave an example of such racism when he described the out of home care system in Cleveland, Ohio from 1859-1998: as a system that has been characterized by racism and discrimination against its African American clientele.

#### *Cultural racism*

Cultural racism is the belief that the Eurocentric or Caucasian economics, religious beliefs, traditions, language and stories, and so forth are superior to those belonging to persons of color (African American, Latino/a, Asian and Native persons) (Everett, 1991). An example of this category of racism is the CPS system that holds on to a culturally racist belief system and a model of thinking that most directly causes harm to African American families. The use of the Caucasian middle class yardstick has resulted in inappropriate and even destructive



service delivery to persons of certain backgrounds. Persons who operate from this belief when working with persons of color not only show a cultural insensitivity, but will then instinctively create a treatment plan that meets the need of the worker and not the client (Draguns, 1981; Leighton, 1982; Sue, 1978 as cited in Pinderhughes, 1989).

### *Individual racism*

Individual racism denotes that the physical attributes of a group (skin color of African Americans or other persons of color) makes those persons inferior to that group of persons who have different physical attributes (skin color of Caucasians). Furthermore, certain physical attributes are determinants of one's social, moral and intellectual capabilities. Based on the belief with this category of racism, Caucasian persons as a group possess higher social, moral and intellectual capabilities (Davis & Proctor, 1989; Jones, 1972 as cited in Bower & Hunt, 1996). For instance, CPS workers are practicing racism, when they maintain certain stereotypes and beliefs about African Americans and act upon them in a manner such that African Americans experience differential outcomes compared to Caucasians.

### *Power*

“Power can be defined as the capacity to produce desired effects on others; it can be perceived in terms of mastery over self as well as over nature and other people” (Heller, 1985 as cited in Pinderhughes, 1989, p. 109). It is the power to effect outcomes that is so important in the CPS system. It is also power that makes racism such a dynamic system. As practitioners, CPS workers have most of the power in their relationships with their clients. “Power is a systematic phenomenon” (Pinderhughes, 1989, p. 110) that affects all of us. The scale and the possibility of most African American aspirations are defined by the psychological power of Caucasians (Chafe, 2001, p. 537). “Power is an inextricably enmeshed and complex dynamic

embodied in cultural difference” (Tourse, In press, p. 7). It is this cultural difference that comes into play when examining CPS worker (practitioner) and client interactions. The historical attitudes and power imbalances that are embodied in the cultural differences (Tourse, in press) affect the interactions between CPS worker (practitioner) and client.

### *White Privilege*

White privilege can simply be defined as the “systematic advantages of being White” (Tatum, 2001, p. 103). White privilege must be understood as the benefits that Whites receive from living in a racist society (Tatum, 2001, p.104). The concept of racism was once defined as being equal to prejudice plus power. To this equation has been added privilege (Seldon, 2000). In the United States, if African Americans are put at a disadvantage (possessing less power) by virtue of their race, the advantage Caucasians receive (more power) by virtue of their race can be described as white privilege. A Caucasian born in the U.S. is entitled to more power and privilege by virtue of birth (McIntosh, 2001).

### *Ethnocentrism*

Ethnocentrism can be defined as that “dynamic of a pseudospecies that prompts perceptions of one’s own group as better than others” (Pinderhughes, 1989, p. 22). It is based upon a value system that one group is inherently superior to the other (Pinderhughes, 1989). For example, Caucasians may feel they are superior to African Americans. One may not be aware that one’s belief system is racist. Many of us are ethnocentric and believe that our worldview is the correct one. When confronted by persons of different cultures, people often revert to ethnocentrism because it is what they know and it is comfortable (Rycus & Hughes, 1998; Pinderhughes, 1988). This worldview, this comfort zone becomes the touchstone against which we measure others. In the United States that worldview is predominately Eurocentric.

Therefore, the touchstone for child protective services is most often Caucasian and middle class.

### *Physical Abuse*

The definition of physical abuse varies. Children who are physically abused fall within a continuum that starts with no injury but the child was the victim of unacceptable modes of physical discipline or aggression that endangered his or her well-being but did not result in physical injury (e.g. Spanking or shaking an infant). Mild injuries include welts, cuts, abrasions, and bruises. Moderate injuries include sprains, mild concussions, broken teeth, cuts requiring sutures, second-degree burns, cigarette burns, and broken bones. Severe injuries include third-degree burns, brain and spinal cord injury, eye injuries, fractures of bones other than fingers or toes, severe concussions, deep wounds or puncture wounds, and internal injuries (Zuravin & DePanfilis, 1997).

### *Child Neglect*

Child neglect is the failure (by omission or intentionally) of the primary caregiver to provide a child with the basic necessities of life, such as food, shelter, clothing, medical and mental health care, education and supervision of the child's activities (Zuravin & DePanfilis, 1997).

Physical neglect can be broken down into two subtypes: failure to provide, which encompasses a family's ability to meet a child's basic needs and lack of supervision. The former was previously described. Lack of supervision can be defined as leaving a child unattended (Barnett, Manly & Cicchetti, 1993). One problem with the above definition, is the absence of a standard age where a child can or cannot be left alone. In addition, there is a history in this country of "latch key children" being left along without their parents being

labeled neglectful. Also, the definitions of neglect seem to be evolving. Under the lack of supervision category there is a section labeled environment. A child shall not be exposed to an unsafe environment inside or outside of the home: i.e. broken glass, toxic chemicals, guns, and etc. (p.36).

### *Out of Home Care*

Out of home care is defined as substitute care for children who have been removed from their caretakers because of child maltreatment. Out of home care has always been viewed as a temporary service that was offered to families, until the initial presenting problem that brought the child into the system was resolved (Mass & Engler, 1959). It is also known as foster care or placement. Out of home care encompasses family foster care and group care services. Family foster care is that substitute care where children are removed from their caretakers and placed in a family who has contracted with CPS to provide foster care for the child until the child is returned home or some other permanent plan can be realized. Group care services are also known as residential group care services where children receive therapeutic and educational services in a group setting. It can also be a group home in the community where the therapeutic component remains intact, but the educational services are obtained in the community where the group home is located (Pecora, Whittaker, Maluccio & Barth, 2000).

*Practice Rationale*

African American families have in the past and currently experience a myriad of social, economic and political problems because of institutional, cultural and individual racism in this country. These problems are also reflected in their experiences of inequality when compared with Caucasians in the health care system, (United States Commission on Civil Rights, September 1999; Byrd & Clayton, 2002) the criminal justice system (Higginbotham, 2002; Arroyo & McMiller, 2001) and the child protective services system in America (Kadushin & Martin, 1988). Byrd and Clayton (2002) state in *An American Health Dilemma* described at length the inequalities African Americans have experienced in the health care system. Byrd and Clayton explored the origins and persistence of racism in the health care system; the racial health and healthcare disparities; and the racially differential treatment African Americans have experienced during the 20<sup>th</sup> century. In addition, the Institute of Medicine, an independent research institution that advises Congress, reported in 2002 that minorities when compared to Caucasians with similar insurance plans receive poorer quality health care (Stolberg, 2002). African Americans also experience differential treatment at the hands of the criminal justice system. Arroyo & McMiller (2001) described the biased decision making process and the differential treatment African Americans have received in comparison to Caucasians. The result is African Americans receive unequal services when compared to Caucasians and are over represented in the correctional system. Similar findings were reported for juveniles in an Amicus Brief (2002) filed before the Californian State Supreme Court. The brief reported that minority children when compared to Caucasian children who had committed the same offense

received unequal dispositions that led to them being placed in residential placements 3.6 times more often.

James (1988 as cited in Gotham, 2000) while writing about institutional racism describes the difference between a "liberal democratic state" and the "racial state." The liberal democratic state enables all of its citizens to have access to the political process without regard to one's race, class or gender. On the other hand, the racial state utilizes race for a touchstone to deprive nonwhites of equal access to the political system to mete out rewards and punishments according to one's race. Therefore, as a consequence in a racial state, as asserted in the Amicus Brief (2002), Caucasians will receive different more lenient dispositions for the same criminal offense.

The aforementioned writers found race to be a significant factor when examining the causes for the inequality and differential treatment African Americans experience in this society. Similarly, I examined the role race has played in the differential treatment African Americans have experienced in the CPS system.

#### *African Americans in CPS system*

African American families and their children are over represented in the CPS system in the United States (Jenkins, Diamond, Flanzraich, Gibson, Hendricks & Marshwood, 1983; Seaberg & Tolley, 1986; Kluger, Fein, & Maluccio, 1988; Pelton, 1990; Fein, et. al., 1990; McMurty & Lie, 1992; Davis, English & Landsverk, 1995; Brissett-Chapman, 1997). As we enter the 21st century, there are over a half million children in out of home care and 38% of those children are African Americans (AFCARS, 2001). The problem of over representation of African Americans in this type of care is not new. Maas and Engler (1959) who in the course of their research of children in out of home care noted the phenomenon of African American

children being disproportionately represented in this type of care. Jeter's (1963 as cited in Billingsley & Giovannoni, 1972) study of child welfare services revealed a pattern that has continued up until this present day. Jeter reported that in 1945, 14 % of a child welfare caseload was comprised of children of color and by 1961 that number had increased to 27%. Shyne & Schroeder (1978 as cited in Downs 1986) stated there were 390,000 children in placement in 1978 and 117,000 or 30 % of those children were African American.

During the past 11 years, there has been a steady increase in the number of children in out of home care. Their numbers have increased from the 405,743 children in care at the end of the reporting period for 1990 to 588,000 children in foster care on March 31, 2000(AFCARS, 2001). The percentages by race have also changed during this time period: from 1990 to 2001 the Caucasian Non-Hispanic population decreased from 40 % to 35%, African American non-Hispanic decreased from 41 % to 38%, and the Hispanic population increased from 8% to 15%. The 11 % other or unknown races/ethnic origins remained stable (National Clearing House on Child Abuse and Neglect Information, 2001; U.S. Department of Health and Human Services, 1998). While national figures show that African Americans represent 15% of the children 18 and under and 38% of the children in out of home care (U.S. Census Bureau, 2000), in some cities and states the over representation of African Americans is much greater. For example, a Minnesota newspaper, The Star Tribune in an editorial (2001) reported that the African American population in Minnesota was approximately 4%. Yet, African American children represented almost 25% of the out of home care population. Initially, the official response was poverty. But poverty does not explain everything. Prof. Nancy Rodenborg of Augsburg College in Minnesota conducted a research that looked at Caucasian and African American families with similar backgrounds and allegations and still found disparities. The reason for the

disparities she explained was "Widespread, systematic, institutional discrimination" (Editorial, 2001). One of the most segregated foster care systems in the country exists in Cook County, Illinois. The Chicago Reporter (1999) cited in fiscal 1999 that 88.6 percent of the foster children were African American. In the 2000 census African Americans represented 26.1% of the population while Caucasians were 56.3% of the population (U.S. Census Bureau, 2000a).

In New York City, the out of home care rates are as follows: African Americans 73%; Latinos 24%; and Whites and Asians account for 3%. Or put another way, the proportion of children in out of home care is one in every 22 African Americans; one in every 59 Latino children; and one out of every 385 white children (Child Welfare Watch, 1998). In spite of a declining crime rate and drug use in the city, the number of children who were placed in out of home care increased by 52 percent between 1995 and 1997 (Child Welfare Watch, 1998).

In summary, the over representation of African American children in the CPS system is not a new problem (Jeter, 1963 as cited in Billingsley & Giovannoni, 1972), but it is a persistent problem (Morton, 1999). It is not a problem related just to large communities like New York, New York and Chicago, Illinois, but is also evident in more rural states like Minnesota (Editorial, 2001). One of the possible causes of the over representation African American children may be related to socioeconomic status.

Many researchers and practitioners have attributed this significant increase in the number of African American children in out of home care to growing poverty and the continued effects of the crack epidemic and AIDS (Curtis, 1999). In 1993, the time period represented in the author's data set, African American children in families were nearly three times as likely as Caucasian children (46 percent versus 17 percent) to live in poverty. That same year, African Americans represented approximately 13% of the U.S. total population and



their children represented approximately 15% of the total who were 18 and under (U.S. Census Bureau, 2000).

### *Poverty*

The connection between poverty and child maltreatment has long been touted. Pelton (1978 as cited in Drake & Zuravin, 1998) discussed the concentration of child maltreatment among the poor. Other researchers (Gil, 1970; Zuravin & DePanfilis, 1997) examined the context in which abuse occurs and the impact of such socioenvironmental factors as unemployment, cultural norms, financial difficulties, poverty, family size and housing, and so forth. From this perspective, it is the over representation of African Americans amongst the poor that explains the relationship with child protective services. The author finds missing from this model the factors that contribute to a person experiencing poverty. Jones (2000) asserts that the association between poverty and race in the U.S. exists because of several historical events and the current persistent racism that is supported by structural racism.

Poor, single women of color and their children now represent the key factors for predicting which children will be placed in out of home care (Krane & Davies, 2000). Those characteristics are salient variables in many studies that discuss the correlation between poverty and child maltreatment (Courtney et al., 1996; Sedlak & Broadhurst, 1996). In spite of that, we should always remember that correlation does not equal causation.

In 1995, of the 14.7 million children living in poverty, 41.5% of them lived in households headed by single African American mothers (Baugher & Lamison-White, 1995 as cited in Curtis & Kendall, 1999, p.8). Racism, institutional racism, makes it more likely that a poor, single African American woman and her child will be confined to a high unemployment,

high crime area, where substance abuse is more prevalent and where they will be living in segregated, substandard housing (Saunders & Nelson, 1993).

Though African American families are poorer than Caucasian families, that does not necessarily mean they abuse and neglect their children more frequently than Caucasian families do. The relationship between poverty and African Americans persists and therefore, it is popular to assume that African American families would abuse and neglect their children more often than Caucasian families. The reasons for this disparity are sometimes attributed to the propensity for African American families to allegedly use physical discipline more often than Caucasian families. The Third National Incidence Study of Child Abuse and Neglect (NIS-3) (Sedlak & Broadhurst, 1996) discussed the potential racial differences in the incidence of child maltreatment.

*The effects of race on poverty in the NIS-3 report.* Sedlak and Broadhurst (1996) principal investigators for the Third National Incidence Study of Child Abuse and Neglect (NIS-3) found no race differences in the incidence of child maltreatment. The NIS-3 reiterates the findings of the earlier national incidence studies in this regard. That is, the NIS-1 and the NIS-2 also found no significant racial differences in the incidence of child maltreatment (Sedlak & Broadhurst, 1996). When Sedlak and Broadhurst did tease out differences among the various types of abuse, it was found that Caucasian children were more prevalent among those who were physically abused by their parents. Caucasian children were also a larger majority of those who suffered serious injury, whereas the representation of children of color was strongest among those who experienced moderate injuries. Incidences of neglect by their parents were more prevalent for African American children. Finally, the NIS-3 reported significant correlation between incidences of neglect and levels of annual income. In comparison to

families who earned \$30,000 per year or more, those in families with annual incomes below \$15,000 per year were more than 44 times more likely to experience some form of neglect (Sedlak & Broadhurst, 1996).

In conclusion, Sedlak and Broadhurst (1996) were aware of the over representation of African American families in the CPS system and commented:

The NIS findings suggest that the different races receive differential attention somewhere during the process of referral, investigation, and service allocation, and that the differential representation of minorities in the child welfare population does not derive from inherent differences in the rates at which they are abused or neglected (Sedlak & Broadhurst, 1996).

The dissertation examined the possible relationship between race and the differential attention the NIS findings suggested might exist in the CPS system.

#### *Race and Racism in the CPS System*

Racism continues to play a significant role in the U.S. Omi & Winant (1986 as cited in Rothenberg, 2000, p.13) noted that in the early 1980s, a Caucasian woman Susie Guillory Phipps found out she was “Black” according to the state of Louisiana laws. Caucasian parents had raised her and she had Caucasian grandparents. But, she found out when she obtained her birth certificate that she had a “Black” forebear because her birth certificate said she was “Black.” She attempted to reclaim her Whiteness and void the Louisiana law “ that declared anyone who possessed 1/32 ‘Negro blood’ was Black.” Her appeals made it to the Louisiana State Supreme Court where they were turned down. This “one drop of blood” perspective is based on the concept of hypo-descent. “Hypo-descent means affiliation with the subordinate rather than the superordinate group in order to avoid the ambiguity of intermediate identity”

(Omi & Winant, 1986 as cited in Rothenberg, 2000, p.13). The Caucasian race is based on a classification of purity. Any racial mixture denotes impurity and non-Whiteness (Omi & Winant). Another example of the significance race still plays occurred in Mississippi. On February 15, 2002, a suit that was to be heard by the Mississippi State Supreme Court, alleged the higher educational system in the state of Mississippi had practiced systematic institutional discrimination against African Americans was settled out of court. In compensation for those discriminatory practices, the state of Mississippi agreed to pay 500 million dollars to Historically Black Colleges in Mississippi (Hochberg, 2002).

It is difficult to operationalize racism and to measure it. Therefore, positivists would say, if it cannot be observed or measured, one cannot make a case for causation. For example, Courtney et al. (1996) asserted that it is extremely difficult to separate the effects of racism on child welfare from the effects of poverty and single motherhood on child welfare. In response, the author would say that the African American experience in this country would beg a different interpretation of the facts. First, it is incontrovertible that African Americans in this country have historically suffered grievously from a myriad of egregious acts of racism beginning with slavery. Second, the effects of racism have led African Americans to experience inequality in every imaginable facet of American society. Courtney et al. (1996) state that “collectively our social institutions may have failed children of color and their families” (p.130), which has led to an over representation of children of color in the child welfare system. Yet, Courtney et al. refuse to attribute any of those aforementioned failures to the CPS system. It is as if CPS is somehow immune to the racism that has permeated the rest of society. Third, racism is not a historical artifact, but is virulent and current as previously noted in the Mississippi lawsuit settled in 2002. Perhaps, racism should be assumed to be the cause of

negative outcomes (discriminatory practices against) for African Americans (Seldon, 2000) unless positivists can make an incontrovertible case for alternate hypotheses.

*The CPS system.* In the CPS system, the significance of race starts with the initial child maltreatment report. The child protective services' intake receives a disproportionate number of child maltreatment reports on children who come from African American families (Everett, 1991). As previously mentioned, this reporting difference is frequently attributed to the disproportionate number of African American families who are more likely to be found in the lower levels of the socioeconomic realms in our society (Hampton & Newberger, 1985; Courtney, Barth, Berrick, Brooks, Needell, & Park, 1996). Harris (1999) puts forth another perspective in his book *Racism*. Harris attributed institutional racism to be the main reason that African American families continue to be over represented amongst our poorest citizens. For example, the Federal Housing Administration (FHA) from the 1930s through the early 1960's reinforced racial inequalities in the housing market by refusing to grant loans to minority or mixed race communities because such groups allegedly have a negative influence on housing values. While such racial housing covenants are now illegal, the affects of policies that once were government sanctioned continue to be felt (Gotham, 2000). Many communities are as segregated now, as they were 80 years ago. For example, in the cities of New York and Chicago, African American and Caucasians live in communities that are no more integrated today than they were in the 1920s - when African Americans began immigrating from the South in large numbers (Christian Science Monitor, March 14, 2001).

The effects of race on past and current decision making continue to affect African Americans in many areas; such as housing, medicine, criminal justice and CPS. In the next

section, the issues of CPS decision making and its affect on differential outcomes for African American will be addressed.

#### *CPS Decision Making Process*

In many agencies, CPS workers, because of the lack of resources, under-funding, lack of staff, high staff turnover, poorly trained workers with little experience and/or supervision, find themselves in the unenviable position of making extremely difficult child protective decisions about the child and her/his family (Pecora, Whittaker & Maluccio, 1992). A report issued by Chapin Hall (1966 as cited in Baird, 1997) stated,

Most decisions are based upon individual worker bias, expertise, education, and intuition. As a result, actions taken by workers were often inappropriate and sometimes completely indefensible. Until decisions are based upon the best available information consistently applied to all cases, families that could have been saved will be split up and children that should have been removed will be left at home to be abused or neglected again (p.1).

This author asserts that it is this CPS decision making that frequently contributes to the differential outcomes that African Americans experience in the CPS system. Though it is an extremely important area that needs to be examined when comparing differential CPS outcomes for African American and Caucasian families, it will not be explored in this study because of data limitations. *The National Study of Protective, Preventive, and Reunification Services Delivered to Children and their Families, 1994* (U.S. D.H.H.S, C. B., 1997) does not provide data that would be useful in examining the decision making process of CPS workers.

*Implications for Social Work*

The role that race plays in the social work arena is especially important as we enter the 21<sup>st</sup> century still tied to a child protective services system that is predicated upon the hegemony of a worldview that utilizes the Caucasian middle class as the touch stone for normality in this country (Pinderhughes, 1989; Pinderhughes, 1999; Chipungu, 1991). If race does effect child protective services and as a result there are policies that affect African American children differentially when compared to Caucasian children they should be changed. Especially, when the services needed to address child protective concerns are not readily available to parents, e.g. substance abuse treatment services (Alexander & Alexander, 1995). Finally, the perspective put forth by Lum (1986) and others (Montiel & Wang, 1983; Spencer, Brookings & Allen, 1985) is that the child protective services system promulgates policies that support racism and oppression of African American and other children of color which results in their receiving differential and unequal treatment. For example, the CPS system asserts that a parent is neglectful of a child's safety, because the family lives in substandard housing. This author would argue that African Americans because of the effects of historical and current racism have often been confined to communities where there are serious environmental problems. Therefore to label the parents neglectful is an example of the power of the gatekeepers of social control agencies (CPS) to label others deviant. Labeling theorists assert that certain behaviors are not inherently deviant. It is the power of the labeler (CPS worker) to successfully apply the label to those behaviors that make them deviant (Gelles, 1975).

This dissertation tested the effects of race on CPS and the differential treatment African Americans receive in comparison to Caucasians. If the dissertation's hypotheses are confirmed,

and the results acknowledged, it could lead to an improvement in the decision-making processes that have contributed to the over representation of African American children in CPS.

Historically, African American children have suffered disproportionately in comparison to Caucasian children ever since African Americans were brought in chains to the United States. At the turn of the century the very poorest dependent Caucasian children were accepted into a CPS like system while African American children were turned away and left to fend for themselves (Morton, 2000; Rosner & Markovitz, 1997). One hundred years later, this author proposes that race continues to be responsible for the disparate treatment African American children receive from CPS in comparison to Caucasian children.

This author feels the effects of race affect all Americans but there is a denial by many to accept any personal involvement or responsibility. “De Tocqueville argued that race was intertwined with the American imagination of the future”(Stafford, 1996, p.136). Race maintains its prominent role in American discourse and any effort to reduce its effect are “constrained by the rationalizing away of racial and class inequalities by politicians, economic leaders, and academicians” (Stafford, 1996, p.136). The author feels it is this continued rationalizing of the effects of race and poverty that paralyzes the research field, while African American families continue to be broken up by CPS in an effort to protect African American children from their families. Almost thirty years ago, Mnookin (1979 as cited in Yelaja & Latimer, 1985) suggested several legal standards that the decision making process should follow:

- 1) Removal should be the last resort, used only when the child can not be protected in the home.
- 2) The decision to require foster care placement should be based on legal



standards that can be applied in a consistent and even handed way and should not be profoundly influenced by the values of the particular deciding judge (p. 189).

This dissertation tested whether the above two standards were being observed. Maluccio and Sinnanoglu (1981 as cited in Lindsey, 1991) observed

Standards and statues for the removal of a child from his or her parents are broad, vague, and inconsistent. There are no clear definitions of 'neglected' children and 'fit' or 'unfit' parents. Hence, parents, children and foster parents are subject to a rule of wide discretion and subjective determination (p.11).

Finally, the child neglect report received most frequently by CPS is lack of supervision of the child. [U.S. Department of Health and Human Services (USDHHS), Children's Bureau, 1997]. Neglect is also the primary reason most African American children are in out of home care (Everett, 1991).

### Conceptualization of the Problem in the Larger Context

The problem of race and its effect on differential outcomes for African Americans and Caucasians in CPS must be embedded in the history of child welfare services and race in the United States. The significant influence race had in this country in the past and continues to have today will be briefly discussed. The effect of race and the impact it had upon African Americans receiving differential treatment by CPS will be reviewed in the cities of Cleveland, Ohio and New York, New York. The interrelationships among race, CPS and child welfare policies will be explored. In addition an analysis of race, child maltreatment and policies as well as race and institutional programs that foster racist outcomes will be provided. Finally, the funding sources for CPS will be reviewed.

#### *Background on Racism and CPS*

An overview of race relations between African Americans and Caucasians in the U.S. needs to be conducted to set the background for understanding the effects race and racism in this country have had on CPS. The societal norms in the US are set by the dominant culture, which are Caucasian and middle class (Pinderhughes, 1989; Pinderhughes, 1999; Chipungu, 1991). According to Williams (1997), culture “is an integrated way of thinking, doing and believing that persists with a group for at least four generations” (p.10).

Utilizing the above definition of culture, the average Caucasian child welfare worker is effected by race relations in this country that stretches back four generations. The author would extrapolate that this time period would encompass over 100 years. The worker’s great-grandparents might have been born in the 1890s. Slavery had just been abolished 30 years prior. A grandparent may have been or have known someone intimately who had been a member of the Ku Klux Klan. Or, maybe they were witness to the torture, murder of the Mr.

and Mrs. Holbert in Vicksburg, Mississippi in 1904 as described by Harris (1999). The Holberts were an African American couple whose crime was to defend themselves against a pair of Caucasian intruders. Since they had no rights and were not members of the Caucasian community, other African Americans had to be shown what could happen if they did not stay in their place. The Holberts were publicly maimed and then their bodies were burned by a mob composed of Caucasian men, women and children. Their fingers were cut off one at a time and thrown into the crowd as souvenirs. While they were alive, a large corkscrew was turned into their bodies. The flesh that was cork screwed out was also thrown into the crowd as trophies. Pictures were taken of the crowd and the bodies and proudly displayed by community members (Harris, 1999, p.438).

The above type of atrocity was endemic in the U.S. but not limited to the south. Bennett (1982) reported that through out the US the lynching of African Americans was common. Between 1901 and 1925 there were 1394 recorded lynchings in the United States. In the middle of this atmosphere, President Wilson's administration began government-wide segregation of work places, rest rooms and lunchrooms in 1914. Billingsley and Giovannoni (1972) found that child welfare services for African Americans reflected the times. Historically, African American children have been denied services by the various child welfare institutions that tended to be private, sectarian and segregated. It was not until the state governments became involved with child welfare that African American children started to receive services from the general community at large. In some communities, there existed private Black supported child welfare services. General foster family and residential programs did not become widely accessible to African American children until almost the second half of the 20<sup>th</sup> century (Billingsley & Giovannoni, 1972).

The tenuous position African Americans held in American society, this author feels, could be measured by the level of conflict that existed between Caucasian and African Americans. Staples (1999) reported that from 1863 until 1950, there were a number of race riots between African Americans and Caucasians in northern, western and southern communities that almost always ended up with many more African Americans than Caucasians dying. Earlier in the 19<sup>th</sup> century, New York City had its worst racial disturbance in 1863. Caucasians protesting against the draft conscription into the Civil War took out their anger upon African Americans and started a race riot that lasted 4 days. Several hundred African Americans were killed before the disturbance was quelled. The worst race riot in the first half of the 20th century was in Tulsa, Oklahoma. In 1921, a local African American man allegedly raped a Caucasian woman. The local newspaper called for him to be lynched. When a group of African Americans attempted to intervene on his behalf, a riot ensued. When it was over the African American section of Tulsa had been burned to the ground and more than 300 persons were dead. It was surmised that over 90% of the deceased were African American (Staples, 1999). In 1943, there were race riots in Detroit, Michigan, Los Angeles, California, Beaumont, Texas and Mobile, Alabama (Detroit Race Riots 1943, 1999). The 1960s were punctuated by racial disturbances in Newark, New Jersey; Rochester, New York; Cleveland, Ohio; Cincinnati, Ohio; and Chicago, Illinois. The most widely covered racial disturbances were the Harlem Riot of 1964, the Watts Riot of 1965, and the Detroit Riot of 1967 (Shapiro, 2001).

Boskin (1969) described some common patterns of race riots in the US. They started with rumors that an African American has committed a crime against a Caucasian person and on that basis a Caucasian mob is formed. In many instances such riots usually started after the Caucasian mob began attacking African Americans. Finally, the police force was almost

invariably involved as a major precipitating or perpetuating factor in the riots. In the majority of riots, the police were always supportive of the Caucasian mob by actually participating or failing to intervene on behalf of the African American populace.

The police in this country have always been instrumental in enforcing the mores and the status quo in this country. It is unfortunate that the police have also reflected the discriminatory practices of a country that has not treated its African American citizens as equals to its Caucasian citizens.

*Police.* The police in the US play a major role in the lives of many African Americans. The last major riot in the US was in Los Angeles, California after the Rodney King verdict. The action of the police and a Caucasian jury's support of that action sparked the riot (Shapiro, 2001). In 1999, Amadou Diallo a person of color was shot 19 times by four undercover New York City police. The trial for the four policemen was moved from New York City to Albany, New York where a more conservative Caucasian jury pool existed. The police were acquitted. African Americans were outraged. Many Caucasians discussed how there were legal technicalities that most (African) Americans did not understand. This line of reason asserted that this was a situation that might seem unjust, but in general, the police force needed to be supported (Reaves, 2000). It was in the historical context of the aforementioned incidents and/or similar innumerable incidents that led most African Americans to embrace the outcome of the O.J. Simpson trial. A 1995 Associated Press poll found 90% of African Americans and 33% of Caucasians thought the verdict was fair (The Associated Press, 1997).

Fear of the police in the African American community has become so pervasive that the Public Defender's office, in Harlem, New York a predominately African American community, hands out cards giving instructions to African Americans. These cards instruct the

holder not to talk to the police except to reveal their name, date of birth and ask to call the Public Defender whose telephone number is on the card (D. Steinberg, Personal Communication, May 15, 2001). The police force in many communities has very close relationships with CPS. The police frequently work in tandem with CPS during investigations of child maltreatment. CPS workers frequently obtain police assistance to remove children from the homes of their caretakers (F. Carter, personal communication, March 14, 2000).

The interrelationships between race and child maltreatment need to be explored from a policy perspective. The effects of race from an institutional perspective will be examined as it effects differential outcomes for African American children and their families in the CPS system.

*Race, child maltreatment, and policies effecting differential outcomes for African Americans.* Policies that currently impact African American children have their roots in the early days of child welfare in the United States. Those early policies will be reviewed to examine the effect they had on differential outcomes for African Americans. Next, will be an examination of more modern policies starting with the permanency planning philosophy of the 1970s and with the subsequent laws which have continually sought to address those original concerns during the last 30 years. Specifically, these major laws will be reviewed: The Adoption and Assistance and Child Welfare Act of 1980, which first promulgated in a national law the principles of permanency planning. The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 will be examined because of its impact on persons who receive AFDC. These are persons who are overly represented in the CPS system. Finally, the Adoption and Safe Families Act of 1997 which this author feels impacts African Americans unfairly by shortening the length of time before parental rights are terminated.

In the 1890s as the government began to accept the idea of abused and neglected children, it was clearly articulated that the main problem was poverty. The early child-savers felt families who did not properly provide for their children were not fit to raise those children. Therefore, it was in society's best interest to remove these children from such homes. The majority of these neglectful families were guilty of being poor (Smith & Merkel-Holguin, 1996). Similarly, poverty equated as neglect was the main reason for many African American families becoming involved with the CPS system (Pelton, 1989).

In 1909 after the successful lobbying of the social worker Lillian Wald, President Theodore Roosevelt called the first White House conference for the care of dependent children. One result of this conference was the rejection of the institutionalization and placing out of poor children. Instead, President Roosevelt recommended supporting destitute mothers through mother's pensions. Children belonged in their homes and the government should support mothers staying at home to take care of their children (Hempstead, 2002). There was however, a caveat attached to receiving the mother's aid. One's family had to be investigated. In keeping with the Elizabethan poor laws mentality, only the deserving poor should receive unearned money. It was felt that social workers possessed the expertise to decide who was deserving and who was not (Smith & Merkel-Holguin, 1996). If the investigator found the mother to be unworthy of receiving aid, the child could be removed from the home. In general, families who were investigated were more likely to have their children removed than to receive aid from the state (Pelton, 1989 as cited in Smith & Merkel-Holguin, 1996). A similar dilemma seems to exist even today for African American children according to some researchers (Close, 1983; Jenkins, et. al., 1983). The mothers' pensions were a predecessor to the Aid to Dependent Children (ADC). It was to be renamed AFDC in the 1960s and TANF in the 1990s.

The effects of race on differential outcomes for African American and Caucasians were evident in the implementation of ADC throughout the country. African American mothers were generally denied benefits in the south by Southern Congressmen who insisted upon states rights when it came to determining eligibility criteria (Abramovits, 1988 as cited in Frame, 1999). In other states, workers utilized good moral character to determine eligibility. With no official standards, workers tended to use class and color as the dividing line for character (Bell, 1965 as cited in Frame, 1999). As a consequence, a review of ADC programs in 16 states by the Bureau of Public Assistance found that discrimination was endemic (Bell, 1965). In the 1930s only 3% of African American families were receiving ADC benefits (Smith & Merkel-Holguin, 1996). In 1940, rules were instituted regarding the suitability of the home and other restrictions that were part of the criteria for receiving ADC (Lawrence-Webb, 1997). The homes of African American families were rarely found to be suitable so African American families were not eligible for ADC. The other restrictions that existed were a man in the house and illegitimate child rules. Therefore, anyone who had an unmarried person living with them or had a child out of wedlock was found to be ineligible for ADC. The rules of unsuitability were uniformly applied to persons of color. Caucasian families found themselves generally exempt from such scrutiny. Prior to 1955 very few African American families had ever received ADC benefits in the south (Lawrence-Webb, 1997). There was also a dire consequence to applying for ADC benefits. If in the course of being investigated and your home was found to be unsuitable, your child could be court ordered into a foster home (Bell, 1965 as cited in Frame, 1999).

In the late 1950s and in 1960, several southern states in an effort to save money, removed the majority of their African American families from the rolls: Mississippi, Florida and in 1960 Louisiana expelled 23,000 children from its AFDC rolls. It was not just in the



south that such policies were enacted. In 1961, the city manager of Newburgh, NY a small town on the Hudson River, resurrected the suitable homes requirement in an effort to reduce his burgeoning welfare budget and to address the changing demographics in his community. He said,

Prior to certifying or continuing anymore Aid to Dependent Children cases, a determination shall be made as to the home environment. If the home environment is not satisfactory, the children in that home shall be placed in foster care in lieu of welfare aid to the family adults (New York Times, June 24, 1961 as cited in Frame, 1999, p.728).

The Flemming Rule was adopted in response to these most egregious actions. The Flemming Rule was so named because the then Secretary of Health, Education and Welfare Dr. Arthur Flemming felt all children who were in need deserved assistance. The Flemming Rule said that states could no longer arbitrarily remove persons from their AFDC rolls. Persons were to be allowed due process and if they were found to be unsuitable, then it would be required that they receive some intervention services, which did not include being removed from the rolls (Lawrence-Webb, 1997).

In response to the Fleming Rule, states changed from evaluating a family's home for suitability to assessing the family and their home as a place where a child's needs were being met. In other words, was the family being neglectful of their child. A 1962 amendment to the Social Security Act mandated that services be offered to assist families in remedying their problems that led to their child being neglected. The home conditions could be improved or the child removed to ensure the child's safety (Lawrence-Webb, 1997). It would seem that many states have chosen to remove African American children from their families rather than try to

assist those same African American families in correcting the conditions that led to their child being removed. Most African American children who are in out of home care were there because of neglect (Sedlak & Broadhurst, 1996; Brissett-Chapman, 1997).

The author found that an unintended consequence of the Flemming Rule was that the same system, which had practiced discrimination by finding the homes of African American families to be unsuitable, now had the power to declare these families neglectful and remove their children. In addition, in 1961 the federal funding mechanism changed so that the federal government had in effect provided an incentive for local governments to remove poor children from their homes instead of providing preventive services (Guggenheim, 2002). Nineteen-sixty-one marked a critical juncture for CPS funding in this country. Up until 1961, CPS received Federal funding under Title IV-B of the Social Security Act. The amount of money received depended upon the number of children living in the state. The states were free to provide a variety of services to families without any restrictions. In 1961, for the first time under Title IV-A of the Social Security Act, states were allowed to use Federal funding to pay for children who had been court ordered into out of home care (Smith & Merkel-Holguin, 1996). Significantly, funds received through Title IV-A were considered as an entitlement program with no ceiling. Because of the differing payment systems for IV-A (out of home care – unlimited federal funding) versus IV-B (child and family related services – limited federal funding), the CPS system was now biased towards out of home care. In addition, the out of home care system was not tied to any child welfare or social work related policies. The only requirement was that the family be eligible for AFDC benefits (U.S. Department of Health and Human Services, Children's Bureau, 1997). Simultaneously, this time period in American history was marked by civil unrest that caused Caucasian Americans to battle with African

Americans, who were striving to attain their civil rights in this country (Africa 2000 Media Group, 2002). As a consequence, this author believes there was a great deal of animus nationally between the races. This animus could have effected the decision making process for workers who had to decide whether to offer limited resources to African American and Caucasian families equally. This is significant, since the history of child welfare services had been marked by inequity when it came to dispensing needed services to African American and Caucasian families (Close, 1983; Jenkins, et. al., 1983). Finally, this was the beginning of a time period that began in 1961 and lasted through 1977 that saw the out of home care population more than double. During those years, the foster care population increased from 245,000 to approximately 500,000 and equally significant, the percentage of children living in poverty decreased during this same time period (Pelton, 1990).

Fifteen years later, in 1976 the Children's Bureau reported two significant problems for children receiving CPS in the United States. First, their numbers had increased so that almost 1.8 million children were now involved with CPS. In addition, the demographics of the CPS system had also changed. In 1961, 27% of the children were African American and in 1976, 38% of the children were African American. Second, it was noted that the average length of time for children in out of home care was now two and a half years (U.S. DHHS, CB, 1997). The length of time that children spent in foster care had been previously noted by Maas and Engler (1958) who used the phrase "foster care drift" to describe children who remained in foster care for long periods of time with no plan for reunification or adoption. Twenty years later, Fanshel and Shinn (1978) reported in their study of foster children in New York City, a significant percentage of whom were African American, that children seemed to be languishing

in foster care. The child welfare response to children languishing in foster care was permanency planning (Maluccio & Fein, 1985).

*Permanency planning.* Foster care drift engendered in the 1970s the child welfare community a need to develop policies to address the problem. Pike, Downs, Emlen, Downs and Casea (1977) felt that if reunification was not possible, an alternate plan should be in place for the child to be placed permanently with a guardian or to be adopted. Children who were just drifting along were said to be without a permanent plan. Policies were developed to address the problem of permanency and that process was called permanency planning. The policies recommended that when a child and his or her family became involved with the foster care system a plan should be made to maintain the child safely in his or her home. If that was not possible, then the child should be placed in foster care temporarily with a plan for safe reunification with the birth family. When reunification was not possible, a permanent plan should be in place so the child could be freed for adoption or guardianship (Ahart, Bruer, Rutsch, Schmidt & Zaro, 1992).

The goals of permanency planning were created to reduce the number of children who entered into out of home care and to reduce foster care drift. Federal legislation was sought to codify the permanency planning guidelines. The author feels that if such plans had been implemented equitably it would have reduced the amount of time African American children spent in foster care. It had already been recognized that African American children spent a disproportionate amount of time in out of home care when compared to Caucasian children (Fanshel & Shinn, 1978).

*Adoption and Assistance and Child Welfare Act of 1980.* The principle goals of permanency planning became the centerpiece of The Adoption and Assistance and Child

Welfare Act of 1980, also known as Public Law 96-272 (Pecora, et al., 2000) that was passed to address the problem of children lingering in foster care. This law also addressed whether or not too much focus in the child welfare system was on placement in foster care and not on home-based preventative services offered to families and children (Pecora, Whittaker & Maluccio, 1992).

The major change brought about by the passage of Public Law 96-272 was that child protection services agencies were now being held accountable for what happened to the children who were in their care. This accountability was to be measured by how states were able to meet the goals or the group of protections that permanency planning policies had recommended for all children in foster care. These goals mandated that children were to be placed within their home communities if at all possible; children were to remain within the same school system if at all possible; siblings were to be placed together; and all children's cases were to be reviewed every six months (Lifting the Veil: Reasonable Efforts II, 2000). In addition, states had to document that they had made "reasonable efforts" prior to the child being placed to keep the child safely in the home. After the child entered into placement, reasonable efforts had to be made to have the child reunified with the original caretakers. If these efforts were not successful, efforts had to be made to find a permanent home through adoption or some other "permanent" situation: guardianship or long term foster care (Pecora, et al., 2000).

In summary, if "reasonable efforts" were made on behalf of children and families all along the continuum from prevention to adoption, fewer children would be placed and none should be in out of home care without a permanent plan. If P.L. 96-272 had been properly implemented African American children would ideally receive more home based services and fewer of these children would be in out of home care. It does not seem to have happened. Many

researchers have cited the inequitable distribution of services to African American children when compared to Caucasian children (Close, 1983; Jenkins, et. al., 1983; Kluger, Fein, & Maluccio, 1988; Pelton, 1990; Fein, et. al., 1990; Courtney et al., 1996). In addition, the whole concept of reasonable efforts as practiced by the CPS system in this country has been questioned. In 1990 testimony before a congressional subcommittee, the Select Committee on Children, Youth and Families, revealed that 45 lawsuits had been won by child advocates based on violations of the Adoption Assistance and Child Welfare Act. Furthermore, as of February of 1996, 11 more lawsuits were pending against child welfare administrations around the country (Dana Mack, 1997 as cited in *Lifting the Veil: The Reasonable Efforts Requirements*, 2000). The District of Columbia, and the following states have all had legal challenges brought against them because of their failures to live up to the reasonable efforts requirements outlined in P.L. 96-272: Alabama, Missouri, Connecticut, Arkansas, Milwaukee, Kansas City, Louisiana, Pennsylvania, Arizona, New Mexico, Kentucky, North Carolina, Massachusetts, Illinois and New York to name a few. A Contra Costa County, California, Grand Jury determined Caucasian children's records were handled differently than files of children of color. The Caucasian children's files more often contained appropriate documentation and clear case planning that was required in the permanency planning process and therefore met the standard for reasonable efforts that was not present in the files of the children of color (Hallissy, 1995 as cited in *Lifting the Veil: The Reasonable Efforts Requirements*, 2000).

As the number of African American children has increased in the out of home care system, there has not been a proportionate increase in the number of African American foster/adoptive parents in the system. Almost thirty years ago, the National Association of Black Social Workers (NABSW) identified this as a problem. In 1972, the NABSW decried the

placement of African American foster children in Caucasian foster/adoptive homes and issued a statement saying, "black children should only be placed with black families" (Merrit, 1972 as cited in Simon & Alstein, 1996, p.5). In addition, they decried the practice of Caucasian families adopting African American children. Shortly after that, the numbers of African American children adopted by Caucasian families dropped precipitously (Merrit, 1972 as cited in Simon & Alstein, 1996). The NABSW and others since then have stressed the importance of placing children of color with same race families (Kadushin, & Martin, 1988; Kluger, Fein, & Maluccio, 1988).

The problem of race, foster parents/adoptive parents, and differential delivery of services are all inter-related from a policy perspective. The importance of race and its effect upon African American children in out of home care have been demonstrated in the arena of transracial adoption. The NABSW declaration had effectively stopped transracial adoption in the 1970s (Merrit, 1972 as cited in Simon & Alstein, 1996). Ten years later, Caucasian adoption advocates beginning in the early 1980s spearheaded the rise in opposition to same-race adoption policies (Hollingsworth, 1998). Opponents were concerned about possible discrimination against Caucasian families and the lack of empirical support for same-race policies (Bartholet, 1991; Simon & Alstein, 1996). Several highly publicized lawsuits were filed that asserted same-race policies were discriminatory (McRoy, 1989) and transracial adoptions increased once more.

The federal government showed its support of transracial adoptions with the passage of The Multiethnic Placement act and Interethnic Placement Provisions of 1994 (MEPA, 1994). This provision established that same race policies discriminated unfairly against Caucasian families and were made illegal. The provision also formally sanctioned same race policies by

threatening to withhold funding for any agency found to be promoting same race adoption policies. At the same time this act encouraged transracial adoptions as a way to release the backlog of African American children awaiting adoption.

In the meantime, the NABSW was continuing its efforts on behalf of African American families and children by trying to draw attention to the difficulties these families were experiencing once they came into contact with the CPS system (Hollingsworth, 1999). They pointed out three circumstances that have had negative impacts upon African American children in the child welfare system. The "reasonable efforts" that had been mandated by PL 96-272 were not being met because: (1) African American families received very little in the form of family preservation services and children frequently were being removed from their families because of neglect; (2) insufficient efforts were being put forth to reunite African American children with their families; and (3) third, the implication that African Americans did not adopt in large enough numbers to resolve the crisis of African American children in the foster care system (Hollingsworth, 1999, p. 3). Richard Barth (1997) argued that the NABSW was wrong in their assertions that there were a sufficient number of African American families who were available to adopt the number of African American children who were eligible for adoption. He stated that even if all barriers (e.g. easing requirements for single less affluent African American parents) were removed, there was such a large back log of African American children who were eligible for adoption that it would take years to reduce those numbers.

In 1996, a major piece of legislation was passed, when Public Law 104-193 or the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PWORA) became law. This legislation may have a dramatic effect upon the number of abused and neglected African American children who become involved with CPS. Poverty has long been associated



as a predictor of abuse and neglect of children and subsequently a child's presence in foster care (Fanshel & Shinn, 1978). The passage of this act could lead to more children becoming impoverished, being placed into out of home care.

*Personal Responsibility and Work Opportunity Reconciliation Act of 1996.* The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PWORA) was intended to discourage welfare recipients, promote work and marriage, and reduce out-of-wedlock births and teen pregnancies. Frame (1999) found that in effect it changed the nation's welfare system-from a Federal entitlement assistance program to one that requires work in exchange for time-limited assistance. This act created Temporary Assistance for Needy Families (TANF), which canceled the Aid to Families with Dependent Children (AFDC), the Job Opportunities and Basic Skills Training (JOBS), the Emergency Assistance (EA) programs, and many state waiver programs (Frame, 1999).

Frame (1999) hypothesized that persons who were not able to conform to the requirements of the act will find themselves and their children homeless with no assistance. Therefore, one of the unintended consequences of the PWORA legislation would be an increase in the number of children who were placed in out of home care. Furthermore, parents would have limited resources and none of the financial support needed to maintain a safe home. Child protective service workers were less likely to reunify children with parents who were homeless and unemployed (Department of Health & Human Services, Administration for Children and Families, 2001).

The Welfare Law Center (1999 as cited in Frame, 1999) reported that one of the most egregious consequences of PWORA is the formation of a bridge between CPS and TANF workers. California, for example, has implemented eligibility criteria that forces a recipient or a

potential recipient to open the doors of one's home to a TANF investigator who will be empowered to inspect the whole home for suitability: this could entail an interview with the recipient and an inspection of all rooms, closets, drawers, cupboards and containers (Welfare Law Center, 1999 as cited in Frame, 1999). The TANF investigator is a mandated reporter and therefore, the recipient is open to scrutiny a wealthier person would not have to face (Frame, 1999).

Permanency planning and most of the basic tenets of P.L. 96-272 continued to be the driving force for the child welfare field for most of the 1990s. The continued effects of the crack epidemic and AIDS, along with growing poverty and social dislocations in urban areas has had a profound effect upon the foster care system at the end of the 20<sup>th</sup> century (Curtis, 1999). The foster care numbers have steadily increased during the last ten years. As of March 31, 1998, there were 560,000 children in foster care in the U.S. (AFCARS, 1999). Looking at duration (length of time) as a key variable, new legislation was passed to shorten the time a child should spend in foster care.

*Adoption and Safe Families Act of 1997.* Seventeen years after the passage of P.L. 96-272, the Adoption and Safe Families Act of 1997 (ASFA) (1999) was passed because child welfare critics felt the child protection system was still not being responsive enough to the needs of the children in its care. ASFA was passed to address the weaknesses that existed in P.L. 96-272. Safety was to be stressed and the amount of time children could be maintained in foster care without a permanent plan was reduced from 18 to 12 months. Children were to be reunified with their original caretakers or a new permanent plan was to take effect after the child had been in placement for 12 months. If a parent could not be reunified with their child

within 12 months, procedures to terminate that parent's rights over that child were to begin. If the termination process was successful, the child would be freed for adoption.

The goal of ASFA to reduce the amount of time a foster child spends in out of home care may be beneficial for Caucasian families but may be a disaster for African American children and their families who on average spend over 18 months in care (Guggenheim, 2002). Some children may be reunified too quickly and as a consequence may reenter the foster care system, because the families were not ready (Courtney, 2001). Other children for example, the majority African American, whose parents were found to be neglectful, may have their familial relationships terminated too quickly in the name of permanency planning (Roberts, 2001).

Quirmach (2002) reported that the combination of TANF and ASFA might have dramatic affects upon African American families headed by poor, single women. In 1996, three fourths of the cases that were substantiated for neglect involved female caretakers, a disproportionate number of whom were African American (NCANDS, 1998). Since TANF speeds up the time frame before single mothers are severed from welfare roles and ASFA accelerates the process of terminating parental rights, the laws are on a collision course destined to victimize impoverished children (Quirmach, 2002).

More recent federal legislation, the Strengthening Abuse and Neglect Courts Act of 2000, seeks to enforce and expedite the more punitive parts of ASFA. Five million dollars is to be appropriated to make the state courts more efficient in meeting the 12-month deadline for permanency. Specifically, it discusses termination of parental rights and number of children adopted. Nowhere in the legislation are the phrases "reasonable efforts," reunification with families or pre-placement services mentioned (U.S. Department of Health and Human Services, Children's Bureau, 2002). This author asserts that the law will have a disproportionate negative

impact upon African American children because the parental rights of African Americans are terminated more frequently than Caucasians (Kapp, 2001). One final issue must be addressed in regard to foster care and that is the funding sources.

### *Funding Sources*

The author has found that it has been the policy of the federal government to enact policies like ASFA (1999) but to leave it up to the individual states to decide how they want to implement policies. If states do not follow the federal guidelines they face the loss of federal matching funds. Below are five funding streams that influence CPS work and effect the service delivery that African Americans receive.

*Managed care.* Many states have turned to managed care plans as a way to put a cap on the ever increasing cost of health care (Rosenbach, 2001). They have used the same model to curtail the expense of child welfare services. The foster care population must be examined separately. It should be recognized that though foster children only represent 1-2% of the persons covered by Medicaid, they represent 3-4% of the Medicaid expenses. As a consequence of coming from homes where they were abused and neglected, these children bring with them a host of physical and mental health problems. Rosenbach reported that it would be financially short sighted not to design managed care programs to take into consideration the special needs of foster children. Finally, the inequality that African American foster care children face when attempting to access medical and psychological needs has been previously noted (Saunders & Nelson, 1993). This unmet need was specifically mentioned in ASFA (1999). A closer look at the child welfare funding sources and the policies that effect them are needed.

*Title IV-E foster care.* The Title IV-E Foster Care program provides funds to States to assist with: the costs of foster care maintenance for eligible children; administrative costs to

manage the program; and training for staff, for foster parents and for private agency staff. The purpose of the program is to help States provide proper care for children who need placement outside their homes, in a foster family home or an institution. In particular, it is important for child protective services staff and foster parents to receive training to enable them to work more effectively with African American children and their families (Tatara, 1991).

The federal government regulates all Title IV-E funding. It also grants waivers of these regulations for those states who wish to conduct a demonstration project that may benefit foster care children and their families using IV-E dollars. One use of the waiver has been to allocate funds to create subsidized guardianship programs for children who are living in kinship care (Courtney, 1999). Children who enter into these guardianship programs are no longer in the foster care system. This is in contrast to those children who remain in relative care whose placement status is more tenuous. The instability arises, because CPS is required to reunify children in out of home care or to free the children for adoption. Relatives and grandparents in particular are not always comfortable with the idea of adopting their grandchildren (F. Carter, personal communication, September 2, 2001). Therefore, these children could be removed from their kinship home and adopted by a non-relative.

The majority of children who have been placed in kinship care are African American children. These placements grew dramatically during the 1990s. For instance, New York saw its number of kinship care placements grow from a few hundred to over 14,000. California now places 50% of its foster children into kinship care homes. A two tiered system has been developed in some states, (Maryland, Michigan, Missouri, North Carolina, Ohio, Oklahoma, Texas, Washington, and Wisconsin) where relative kinship providers receive less money than do non-relative foster care parents if they do not meet state licensing standards (Anderson &

Righton, 2001). As a consequence, African American children are more likely to be placed in homes where the caretakers are impoverished and who receive less money from the state. In addition, kinship care homes are less well supervised than are non-relative homes (Smith & Merkel-Holguin, 1996).

*Title IV-B services.* Title IV-B services are federally funded Child Welfare Services that can be directed toward family preservation. Preventive services are available to eliminate, if possible, children being removed from their homes. For children who have been taken from their families, reunification services are available to encourage safe return home. If this is not possible, placements and permanent homes through foster care or adoption can be made (Department of Health & Human Services, Administration for Children and Families, 2001b). These funds are especially important when utilized to safely maintain children in their homes. These monies can also be used to support foster care services. According to Gustavsson and Segal (1994), the majority of Title IV-B funding goes to foster care. When a disproportionate amount of funds go to foster care, the author feels that all families but especially African American families suffer when funds that could have been used to prevent a child from being placed are funneled into support of the out of home care system.

*Title XX - social services block grant.* The Child Welfare League of America (2002) reported that the Social Services Block Grant (SSBG) is another significant child welfare funding source. Historically, states have been able to use the grant to fund many services that would impact children and their families in the child protective system from prevention through adoption. Successful utilization of these funds would reduce the number of African American children who are placed in out of home care. Some of these services are case management, counseling, day care, education and training, employment services, family planning, home-

based services and housing services, which can benefit families who have children at home. The aforementioned services are tremendously important for children and their families. Unfortunately, the funding has not been stable for these grant monies.

The SSBG was first implemented in 1981 when Federal matching funds for social services and funding for social service staff training were combined into a block grant to states. The federal government created the SSBG as a cost saving effort. As with most block grants to the states, the recipients are given a great deal of latitude in dispensing the funds. The initial funding was set at \$2.9 billion in 1981. In 1982 the funding was reduced to \$2.8 billion. The current level of funding stands at \$1.725 billion (Child Welfare League of Americas, 2002).

The following section examines the effect race and racism has had on the CPS system in two major metropolitan areas: Cleveland, Ohio and New York, New York.

*Previous Works Examining the Effects of Race and Racism on CPS System*

Two works will be discussed that specifically examined the role race played in the CPS outcomes that has led to the over representation of African Americans in the CPS systems. The authors of the Cleveland (Morton, 2000) and New York (Rosner & Markovitz, 1997) studies found race and racism to be the cause of the over representation of African Americans in their systems.

*Cleveland.* Morton (2000) reported that in the late 19<sup>th</sup> century, there were 353 orphanages in the US that took in dependent children. Eighty percent of these facilities *excluded* African American children. The remaining 20% only admitted a handful of African American children. There were nine institutions that only served African American children. The situation did not improve for African American children in the next century (Billingsley & Giovannoni, 1972). In fact, access into out of home care services for dependent African

American children began to deteriorate and just about disappeared during the Depression. The Depression hurt African American families more severely than it did Caucasians.

Unemployment rates in some African American communities reached 90%. The number of dependent African American children climbed dramatically. The orphanages that were mostly sectarian became even more segregated. Cleveland was no different. Most of its businesses, health and social services, including its settlement houses, excluded African Americans (Morton, 2000).

By 1908, Morton (2000) said Cleveland had begun creating a two tiered system for Caucasian and African American children. While many Caucasian children who could not return home went into orphanages, other Caucasian children went to newly created detention centers. All African American children who could not return home went into the detention centers. By 1929, the orphanages were still segregated but the detention centers were now 18 % African American (Morton, 2000).

It must be pointed out at this time, that the aforementioned systems of orphanages and detention centers are the early examples of the CPS system at work. It is clear that all of the institutions openly discriminated against African Americans (institutional racism) (Billingsley & Giovannoni, 1972). The Caucasian society had the power to decide which facilities were appropriate for which racial groups (cultural racism). Social workers excluded African Americans from access to the settlement houses. And it was the decision making of those first workers that led to the Caucasian children going to orphanages and African American children going into detention centers (individual racism). Finally, the differential treatment of African Americans compared to Caucasians is a clear example of White privilege. The Caucasian children were more than likely the poorest of the poor and came into out of home care from



difficult situations. The African American children on the other hand were no less poor and probably came from homes where deprivation was even greater. But, it was White privilege, the birthright of being born with white skin that enabled Caucasian children to be placed in orphanages while African American children went into detention centers (Morton, 2000).

During the 1930s, Morton (2000) reported that the Cuyahoga County Child Welfare Board (CCCWB) took over responsibility of all wards of the county, but conditions did not improve for African American children. There were children who were determined to need short term and long term services. The short-term children (Caucasian) went into the segregated orphanages and the others (Caucasian and African American children) went to the long-term facilities. By 1941, Morton reported that 33% of the children in the long-term facilities were African American. County run non-sectarian facilities were created for Caucasian and African American children. Still, access to these facilities was not equitable. There were fewer beds than there were children, so dependent children were frequently housed with the delinquent children in the detention centers. The length of stay awaiting transfer from the detention center to the dependent children's facility was different for African American children when compared to Caucasian children. So different, Morton (2000) reported that

In 1945, the Child Welfare League of America (CWLA) publicly criticized the racial inequities of Cleveland's child welfare system: Protestant and nonsectarian agencies did not shelter black children; Catholic institutions sheltered only a tiny few; black children were more likely than white to stay longer than a month in the Detention Home (p.9).

Despite the CWLA's earlier criticisms, in 1953 the Cuyahoga County Child Welfare Board (CCCWB) continued to support the private child care agencies whose census of African Americans for whom they provided care stood at .026 %. African American children now

totaled 27.8 % of the children in public and private care. The non-sectarian county run facilities had now become 43% African American (Morton, 2000).

Official discrimination ended in Cleveland in 1960, after a successful lawsuit was filed and won by the NAACP (Morton, 2000). This did not end the inequities African American children continued to experience. By 1977, 62% of the children under county custody were children of color, but they represented only 41 percent of the children who were placed in expensive residential treatment centers. An official report, that took note of the situation, stated clearly that race was a factor in the CPS outcomes in regard to whom would be placed in residential treatment facilities. It said that African American children were under represented in these facilities (Morton, p.11). The Ohio legislature passed a law that said dependent and delinquents could no longer to be housed together. In response, Cleveland built a new temporary facility for children awaiting placement into a foster home. In 1980, Morton reported that 59% of the population was African American. The time periods for children awaiting placement were exceedingly long. Three African American children had been there over 300 days and one boy was there 437 days waiting for a foster care placement. The temporary facility was not closed until 1994 (Morton, 2000). The legacy of almost a century of discrimination and unequal treatment will be felt by African American children and their families for generations to come.

*New York.* New York City was different from many other urban communities because it did not serve its dependent children in public institutions (Rosner & Markovitz, 1997). In fact, a 19<sup>th</sup> century law forbade the city from providing services to its dependent children. While the city could provide services for delinquent youth in public institutions, it was required to service dependent youth based upon their religion through sectarian facilities. These sectarian agencies

were to be responsible for providing care for all of New York's neglected and homeless children. As a consequence, the African American children of New York City endured the same discriminatory practices that the Cleveland children had suffered. The majority of African American children in New York City were Protestant. Therefore, Jewish and Catholic agencies were not required to consider Protestant African American children. The Protestant agencies maintained policies that excluded African American children or had very small quotas (Rosner & Markovitz, 1997).

The African American population in New York City grew significantly in the first half of the 20<sup>th</sup> century and also did the number of African American dependent children who needed services (Rosner & Markovitz, 1997). In 1910 there were 23,000 African Americans in New York City. By 1930, there were 204,000 African Americans. The city saw its African American population grow again with the influx of southerners that came north because of the progress in agricultural mechanization that left many African American southerners unemployed. In the face of these new demands upon the child welfare system, the sectarian community remained steadfast and refused to admit African American children into their ranks. The city, acknowledging a crisis in its foster care system, required that at least the Protestant agencies must integrate. Many of the agencies refused and lost New York City funding. Others closed their doors and moved to the suburbs. The crisis for African American children still existed (Rosner & Markovitz, 1997).

New York City found another way to address the needs of its African American children. It labeled them delinquent. Since it could not access the sectarian system, it could obtain placement for its African American children by labeling them delinquent instead of neglected. Rosner and Markovitz (1997) found such inappropriate placements could affect a

child's whole life in regards to admission into the armed services, future employment and self-image. The other option was to place African American children in temporary shelters to wait for a foster care placement that might never open up. In 1943 it was said that the conditions in the shelters were deplorable. After an investigation of all of the shelters that New York City used for its children, they were all ordered to be closed. These closings put pressure on the state school systems for delinquent children (Rosner & Markovitz, 1997). There was no more room. New York City reacted by amending its law that forbade putting children into prison. From 1942 through 1945, Rosner and Markovitz reported that New York City routinely placed children in its jails and the city prison. The utilization of this type of care for dependent children ended when word from Europe about the Nazis inhumane treatment of persons in concentration camps became widely known. In 1945, the passage of a New York State law forbidding children from being placed in prison, effectively ended the city's experiment with putting dependent children in its jails.

Conditions for African American children did not improve much over the next two decades (Rosner & Markovitz, 1997). The children were forced to return to newly created shelters that were quickly bursting with over capacity. Once they entered the shelters, many children waited for extremely long periods of time for a bed. One count documented 94 children who had been in a temporary shelter for over one year and up to three and a half years. By 1957, Rosner and Markovitz reported that the New York City Welfare Commissioner said of the almost 900 Protestant children awaiting placement in the city's shelters, 87% were African American. And outside of New York City, a child caring facility that was supported by New York City funding had a capacity for 205 children. Of that number one was African American and one was Puerto Rican.

In the 1960s, Rosner and Markovitz (1997) found that the sectarian agencies sought to transform themselves from foster care facilities to mental health facilities and/or private referral agencies for the suburbs. The advent of the civil rights movement and federal legislation outlawing outright discrimination had caused the sectarian sector to change their methods of interacting with New York City and its predominately minority foster care system. The agencies continued to discriminate, but now adopted methods that could be perceived to be even more harmful to children of color. They developed long and detailed interview processes that enabled them to cull from the mainly African American clientele, those persons who possessed racial characteristics most Caucasian like. For example, children who had straight hair, fair skinned, and more Caucasian like nose and lips would be accepted into a program, while others would be rejected. Caucasian children of course would routinely be accepted into the same programs regardless of their behavioral or emotional profile. Rosner and Markovitz found that CPS workers began referring Caucasian children to the Caucasian mental health facilities and referring African American children into the foster care system. African American children suffered further discrimination when darker skinned children tended to be labeled delinquent, while foster homes were more often found for lighter skinned African American children (Allport, 1954 as cited in Davis & Proctor, 1989).

In 1966, Rosner and Markovitz (1997) reported that Justice Justine Polier a New York City judge sent a confidential report to the then New York City Welfare Commissioner accusing the City and its welfare bureaucracy of working hand and hand with agencies that discriminated against African American children. She reported instances of which she had first hand knowledge of children being denied entry into programs because of their skin color and or the texture of their hair. The city responded by saying it was powerless to effect change with

volunteer agencies even if they did accept City funding. Five years later Judge Polier was still documenting the discriminatory practices by the city and its workers against African American children. Rosner and Markovitz reported that Judge Polier overheard a worker describing an African American child's skin color while making a referral to a foster agency. Judge Polier told the worker she had been assured these discriminatory practices had ceased to exist two years ago. The worker responded that it was still standard operating procedure if you wanted to get an African American placed. As a consequence of many Caucasian children receiving outpatient services, while most African American children were being placed in foster care, the New York City foster care system by the mid 1970s had become 76% African American and Puerto Rican (p. 1847).

Judge Polier frustrated with the on going discrimination African American children were experiencing in the foster care system began discussing the situation and her options with others including the eminent African American social psychologist Kenneth B. Clark. This last discussion led to Judge Polier initiating a class action suit on behalf of Shirley Wilder, a young African American Protestant girl in need of a foster placement. Judge Polier had been thwarted in her efforts to place the girl with appropriate agencies (Rosner & Markovitz, 1997). The *Wilder v. Sugarman* case began in 1974 and it charged that New York City and the sectarian agencies responsible for foster care services with unconstitutionally discriminating on the basis of religion and race. The case dragged on in the courts for ten years, until the New York Civil Liberties Union won an agreement from New York City that children would be placed in foster care on a first come first serve basis, regardless of race. Judge Polier died in 1988. In 1990, Marcia Lowry, Director of Civil Liberties Union (CLU) followed in Judge Polier's footsteps and brought the City back into court because it was not living up to the terms of the agreement.

The CLU alleged that the City was practicing new forms of discrimination based on shades of skin color and hair types (Rosner & Markovitz, 1997, p.1848). Five years later, it was found that New York City was still in violation of the terms of the original settlement. Marcia Lowry, now as part of a children's advocacy group, filed a new class action suit against New York City called *Marisol v. Giuliani*. A settlement was reached in 1998 that was to expire in December of 2000. Part of the settlement was that a nationally known advisory board would monitor the New York City foster care system. One of the national foster care experts on the board was from Cleveland. A former Director of Cuyahoga County Department of Children and Family Services in Cleveland, which had formally been known as Cuyahoga County Child Welfare Board (CCCWB)(Children Rights, 2001). The CCCWB was the same group that oversaw the city of Cleveland's foster care system that was found to discriminate against African American children. In 2001 the Children Rights group still considered returning to court because the state of New York still failed to properly monitor the New York City foster care system (Children Rights, 2001).

In summary this chapter has described the background of the problem stretching back over one hundred years. An attempt was made to look back at past and present policies and to examine the effects these policies have had on African American families and their children. It concluded with a look at CPS in two major metropolitan areas and the way African Americans have been treated in those communities. The purpose of this review was to examine the problem in the larger context. Next, theory on the macro, micro-macro and micro levels will be explored in an effort to explain the intransigent presence of racism in our society and in child protective services. The theories to be explored are functional theory, rational choice theory and symbolic interactionism.

### Theoretical Framework

Researchers have discussed race and ethnicity in an effort to explain what role these characteristics serve in our modern child protective service system (Close, 1983; Jenkins, et. al., 1983; Kluger, Fein, & Maluccio, 1988; Pelton, 1990; Fein, et. al., 1990; Courtney et al., 1996). In 1944, Myrdal's book *An American Dilemma: The Negro Problem and Modern Democracy* was published. Throughout the book he discussed the impact that the presence of African Americans have had on the country's psyche. In an effort to look at our current American dilemma, functional theory, rational choice theory and symbolic interactionism were utilized to explain the role race may have had in the CPS outcomes. The effects of race may have caused African American families and children to experience differential outcomes in the child protective services system when compared to Caucasians. While it is difficult to measure the effects of race in the CPS system, proportional differential outcomes for African Americans and Caucasians can be analyzed. Courtney et al. (1996) have refuted the effects of race as a variable that predicts differential CPS outcomes for African Americans when compared to Caucasians. Instead, the authors see poverty as the important defining variable for differential CPS outcomes except when it came to services provided. They provided no answer for the disparity in the services offered to African Americans compared to Caucasians. The theories that follow were utilized to develop a framework for understanding the overall inequalities found in the delivery of services to African American families. Three theories were reviewed. The first was Talcott Parsons' functional theory that was a grand level theory. Second was Coleman's rational choice theory that was a mid-level theory. Third and last was symbolic interactionism an example of a micro level theory.



*Functional Theory -Talcott Parsons' Analytical Approach to the Social System*

Talcott Parsons' functional theory viewed society as a self-regulating system, regulated by the norms which are guided by a value system (Ritzer, 1996). In the United States, the norms which guide our current value system are represented by the Caucasian middle class (Pinderhughes, 1989). Parsons (Ritzer, 1996) perceived persons to be oriented towards situations by their motives and values. Three types of motives emerged: cognitive, cathartic, and evaluative. Together motives and values create an action for a person to execute. There are three types of actions: 1) instrumental action (action oriented for realizing explicit goals efficiently), 2) expressive action (action directed at realizing emotional satisfaction), 3) Moral (action concerned with realizing standards of right and wrong.). The ultimate purpose for these actions is to maintain a stable society (Ritzer, 1996, p. 30). The CPS system evolved from society's need for social control and a desire to maintain a stable society (Smith & Merkel-Holguin, 1996).

Parsons's (Ritzer, 1996) action theories are dependent upon persons internalizing values through socialization. A social system is created by the intersection of personality and cultural systems. An important foundational concept that reflected cultural values and status related norms was the dichotomy called achievement/ascription (Ritzer, 1996). The author feels that it is here where there is a framework for explaining the effects of race. The achievement/ascription dichotomy addresses how a person will be defined. Should a person be judged by ascriptive qualities: sex, age, race or family status or by one's achievements based upon performance? It was clear that Parsons felt that ascriptive features were to be valued over achievement in functional theory (Ritzer, p.32, 1996).

Parsons felt that societies evolved on the basis of ascriptive qualities related to kinship, ethnic solidarity, primary groups, and territorial grouping. In modern societies, the strength of these ascriptive qualities may have decreased on the surface, but they are so fundamental to social functioning, that they are never completely eliminated (Mayhew, 2002).

Functional theory does have explanatory power when one sees that all societies develop a mechanism or a means to distribute wealth, power and opportunity. Often these resources are shared inequitably. One way to ensure one group benefits over other groups is to establish a system of privilege. In feudal societies a hierarchy was established with a male leader, the king at the top. In the U.S., the constitution that was created after the revolution was anti-royalist, so privilege was given to Caucasian, wealthy males. Only they could vote and make the rules (Rothenberg, 2001). In the U.S. therefore, one's race, gender, and status prevailed in the establishment of its social systems.

Currently, in the U.S. the dominant race is Caucasian and persons of this group hold the privilege. Race is a construct in America that has been dichotomized into Caucasian and non-Caucasian (Rosenblum & Travis, 2000). The differences among all persons of color are negated when they are described homogeneously as non-Caucasian. These non-Caucasians are perceived by the dominant race as less than when compared to the Caucasian race. This ascription of values creates a society where Caucasians are more valued than non-Caucasians and therefore, entitled to more privilege. There is a connection between privilege and racism. The process of stressing the qualitative difference between Caucasians and non-Caucasians is the basis of racism (Rothenberg, 2001). Feagin and Feagin (1996) discussed how ideological racism inextricably linked certain physical characteristics to be associated with psychological

and intellectual characteristics and on that basis distinguished between allegedly inferior and superior racial groups (p.6).

*Criticism of functional theory.* Leydesdorff (2000) questioned the validity of Parsons' functional theory on three key points. First, Parsons concentrated on the ends and not the means for creating a stable society. Parsons mentions the importance of groups being able to adapt. Part of that adaptation is mobility. He failed to understand that the poor and minority persons are frequently trapped in the cities with little chance of attaining mobility (Wilson, 1987). Second, Parsons emphasized the strong role the actions of the aggregate played in creating society. He ignored the vital importance of individuals interacting with each other. Third, Parsons's functional theory is based on actions and not communication. Leydesdorff (2000) felt that communication is much more important means for socialization than is action.

*Summary.* In spite of the aforementioned criticisms, as a Grand theory Parsons' writings make it understandable how the effects of race and racism continue to flourish. There seems to be a need for a people to dichotomize processes. It is this same need to dichotomize that has led to race in America being dichotomized into Caucasian and non-Caucasian (Rosenblum & Travis, 2000). As mentioned previously, Parsons saw the motives for ascription as being one of the key foundations for a stable society. And the CPS system was created in an effort to maintain a stable society (Smith & Merkel-Holguin, 1996). This author asserts that in the process of maintaining a stable society, CPS workers distribute scarce resources inequitably. Therefore, the privileged Caucasian families receive more services than the less valued African American families.

Why would a people or a group of persons continue to maintain a system that was not equitable to all of its members? What follows is a mid-level theoretical rationale for the system

that currently exists in the U.S. Coleman's understanding of Rational choice theory gives some explanatory power to the reason a CPS system has consciously or unconsciously treated African American families and their children differentially.

### *Rational Choice Theory*

Coleman used rational choice theory (RCT) to explain the development and persistence of meso level organizations and institutions. He was specifically interested in the question "Why do rational actors create obligations?" (Frank, 2002, p. 1). He sought to answer this question by building on Parsons' ideas that actors are motivated by a goal, an end. The actor's values and norms shape the means to that end (Frank, 2002).

Coleman (1990 as cited in Ritzer, 1996) utilized rational control theory to explain the functioning of society. Coleman said,

A minimal basis for a social system of action is two actors. Each was having control over resources of interest to each other. It is each one's interest in resources under the other's control that leads the two, as purposive actors, to engage in actions that involve each other.... a system of action .... It is this structure with the fact that the actors are purposive, each having the goal of maximizing his interests that give the interdependence or systemic character to their actions (p.29).

The author comes to understand from his reading of Coleman, that privilege, Caucasian privilege, is sustained and maximized by rational choice theory. Therefore, racism exists so one actor can maximize his or her interests. But, Coleman also suggests that there is some reciprocity. The Africentric perspective could exemplify an example of that reciprocity. African American interests could be maximized by CPS workers "developing the capacity to look into the lives of Black Americans and *not* at the lives of Black Americans" (Leigh 1983 as cited in

Gould, 1991). This perspective is rarely adopted and we are left with Caucasian middle class norms guiding the CPS system.

This author feels these Caucasian middle class norms have a profound affect upon the CPS outcomes in the US. Norms affect the choices we make in an effort to reach an end: child protection. Coleman (1990 as cited in Ritzer, 1996) argues

that norms are initiated and maintained by some people who see benefits resulting from the observation of norms and harm stemming from the violations of norms. People are willing to give up some control over their own behavior, but in the process they gain some control (through norms) over the behavior of others (p.430).

Throughout the history of the United States deviation from Eurocentric norms has been the “basis for differential access to socioeconomic opportunities and privileges” (Dilworth-Anderson, Burton & Johnson, 1993, p. 628). Therefore, this author asserts that it would only be natural for Caucasian CPS workers to distribute scarce services in an inequitable manner.

Furthermore, Coleman has determined that norms are internalized as part of the self-regulating affect that Parsons had previously noted. Coleman (1990 as cited in Ritzer, 1996) saw the purpose of norms was for one actor or actors “endeavoring to control others by having norms internalized in them. Thus, it is in the interests of one set of actors to have another set of actors internalize norms and be controlled by them” (p. 431). One of the most pernicious affects of racism is the effect it has upon the other, the supposed lesser group of persons. Members of a racial group are often affected by the racist ideologies that have contributed to the formation of racial groups. Tatum (2001) described this concept as “internalized oppression.” In conclusion, the author sees the utilization of norms as the basis for developing a framework that will predict differential outcomes. African American families who are seen to deviate from the norm will be

treated differentially when compared to Caucasian families. African American families will receive less services than Caucasian families.

*Critique of rational choice theory.* Scott (1999) criticizes rational choice theory because it posits that all actions are based on rational decisions and that actors do a cost benefit analysis to guide them in their decision making. What sets RCT theorists apart from other theory builders is their rigidity when explaining both rational and irrational actions. They strictly adhere to the idea that all actions are rational and calculated even if some appear to be irrational. Scott asserts there are two problems that are not easily explained by RCT. The first problem has to do with collective action. If actors only perform actions that benefit themselves, why would organizations or communities ever be created? The second problem is related to social norms. Why would actors perform actions that would not directly benefit themselves like paying taxes or joining unions (p. 6)?

*Summary.* This author contends that in spite of the criticisms, RCT provides a framework for explaining the affects of race and racism in the CPS system. It echoes the Elizabethan Poor Laws perspective that only the deserving poor should receive the benefits. Those persons (African American) who deviate from the norm are undeserving. In addition, it provides a positive cost benefit analysis for the Caucasian CPS organization. Scott (1999) indicated that under RCT the "aggregations of individual preferences sustain order because they provide, more than occasionally, for "the greatest amount of good at the least (private) cost" (308).

Coleman asserted that it is the actions of goal motivated individuals on the micro level that cause norms to be created on the macro level. Once established, norms are sustained through coercion or the threat of coercion (Ritzer, 1999). In this country racism was created by

and for the benefit of certain Caucasian individuals (the founding fathers) and then became institutionalized (the constitution) to benefit all Caucasian (male) persons (Rothenberg, 2001). While Grand and mid-level theories set the stage for understanding race and racism in this country. What theory or theories explain its everyday application on the micro level? One such theory is called symbolic interactionism.

### *Symbolic Interactionism*

Symbolic interactionism starts with the premise that people are created by societies and that people can create new societies (Deegan, 1987 as cited in LaRossa & Reitzes, 1993). If individuals have the power to create a society, how do they decide what the society should look like? George Herbert Mead (1934/1956 as cited in LaRossa & Reitzes, 1993) claimed that a person is first socialized through the communication of shared meanings of the physical, cultural and social worlds of norms, values and roles. The next step is for an individual is to take that knowledge and to comprehend there are agreed upon meanings or symbols that exist among a people. Subsequently, the individual will learn that their actions have consequences and they will learn to anticipate the actions of others in certain situations. These lessons are derived from interacting with others: sharing meanings or symbols. The final step in society building arrives when an individual can take the interpersonal interactions and generalize them to a group of persons. At this point an individual can “interpret the responses of others from the vantage point of societal norms and so more completely and accurately anticipate the responses of others to self behaviors” (Mead, 1934/1956 as cited in LaRossa & Reitzes, 1993, p.139). The author will utilize Mead’s behavioral model to explain the CPS worker – client interactions and subsequent outcomes.

Interactions are important not only for defining self and society but situations (LaRossa & Reitzes, 1993). The author interprets the CPS outcomes to be based on the interactions between client and worker. The CPS worker client interaction is core to the way a situation is defined. Especially, since African American and Caucasian differences are frequently translated into differences in attitudes, values beliefs and social status. Add to this situation that Caucasian workers prefer to work with Caucasian clients and often are uncomfortable working with non-Caucasian clients (Davis & Proctor, 1989). Acknowledging that race has an affect upon the worker-client relationship suggests that the interaction will also be effected. This sets up the possibility of laying out a framework for worker – client interactions.

One of the cornerstones of symbolic interactionism theory is the subjective nature of the shared symbols and created meanings (Lal, 1995). This author believes that based on this subjective concept a CPS worker's personal beliefs intersect with societal influences and effects the CPS outcomes when the race of the client is a factor. First, the CPS worker utilizes his or her understanding of societal norms to assess the situation. The CPS workers are predominately female, Caucasian and middle class. The clients are predominately female, African American and lower class (Krane & Davies, 2000). Second, the CPS worker has the ability to define by giving meaning to a specific situation. This is especially true for defining situations of neglect, which are often confounded by conditions marked by poverty. The CPS worker may assess a "neglectful situation" differently for Caucasian families compared to African American families. They may substantiate a "neglect situation" for a Caucasian family because it is not in the norm for Caucasian families. While the same situation may not be investigated for African American families because it may be seen as normal for them (Saunders & Nelson, 1993). Third, in addition, there is the "Vocabulary of motives" (Mills, 1940 as cited in LaRossa &



Reitzes, 1993). This describes the verbal strategies the CPS worker and the client utilize when interacting with each other. A Caucasian person talking to a Caucasian CPS worker will be able to communicate more easily and develop more successful strategies than will an African American person. The Caucasian CPS worker may threaten and cajole a parent to agree to keep the child safe. The African American parent may react defensively to being coerced and react angrily and seem non cooperative (Pelton, 1989). It is at this point that the Caucasian CPS worker must now decide to offer the African American family services in the home, or place the child in out of home care for his or her own safety.

Lal (1995) utilizes symbolic interactionism's underlying subjective qualities to examine the "theory of collective definition." The theory of collective definition describes the process that starts when racial groups elect to understand themselves, and the way they interact with other racial groups. Symbolic interactionism nests the racial group's collective actions towards another racial group in a historical context. Blumer and Duster (1980 as cited in Lal, 1995) "point out, the process of collective definition itself takes place in the context of a historically validated relationship of White dominance and Black subordination and the inequitable distribution of resources this implies" (p.7). While racial prejudice and discrimination is not immutable, the racial interactions between groups is strongly influenced by historical contexts (Lal, 1995).

Symbolic interactionism has provided a framework for examining the effect of race on the CPS outcomes of CPS workers. While it supplies an explanation of the social worker – client interaction, its theoretical perspective has critics.

*Criticisms.* Goffman (1974 as cited in LaRossa & Reitzes, 1993) believed that symbolic interactionism overstated the ability of individual persons to create their own reality. He

questioned the degree to which one's subjective perspective could really effect the way one saw the world: in a grocery store you must have real vegetables for sale. The author interprets this perspective through the eyes of the CPS worker who is asked to be culturally sensitive when assessing an incidence of physical abuse. The worker's response would be to say that a broken arm is a broken arm. Another criticism of symbolic interactionism has been its failure to consider the effect biology has upon human behavior. An individual's emotional makeup must be factored into the decision making process (Manis & Meltzer, 1978 as cited in LaRossa & Reitzes, 1993). Finally, symbolic interactionism has been criticized for being preoccupied with the micro issues while ignoring macro problems. Therefore, symbolic interactionism could not be utilized to investigate large scale problems (Manis & Meltzer, 1978 as cited in LaRossa & Reitzes, 1993).

While the above mentioned criticisms have some validity, research is being conducted in an effort to rebut the critics. LaRossa and Reitzes (1993) responded that in regard to the value of the subjective perspective, a balance must be struck between subjective definitions and concrete situation. Looking at emotional self, LaRossa and Reitzes found a paucity of information in that dimension to be provided by the supporters of symbolic interactionism. Still, one must acknowledge that the symbolic interactionism proponent Cooley (1902/1956 as cited in LaRossa & Reitzes, 1993) did examine emotion when looking at self. Finally, the weakness of symbolic interactionism in addressing macro issues has been challenged by several who can see a link between symbolic interactionism and larger structural systems (Stryker, 1980; Dill, 1979 as cited in LaRossa & Reitzes, 1993). Stryker found sociodemographic variables like race did influence symbolic interactions and linkage could be made to larger social systems.

Connecting symbolic interactionism and the macro system of Talcott Parsons was a concern of Luhmann's (1984 as cited in Leydesdorff, 2000). Luhmann felt "the analysis of social structure should not be based on (the aggregate of) action, but on the interactions between actions" (p.1). By making the inserting interactions into Parsons's system theory he sought to find the linkage between functional theory and symbolic interactionism.

*Summary.* The explanatory strength of symbolic interactionism for the CPS system is its ability to marry subjectivity with personal interactions to define a situation (LaRossa & Reitzel, 1993). In addition, the CPS system is understandable if one accepts Lal's (1995) utilization of symbolic interactionism to explain White and Black racial interactions being historically characterized by White dominance and a corresponding unequal allocation of resources.

*Conclusion.* The basis of the interconnections among functional theory, rational choice theory and symbolic interactionism is the allocation of scarce resources. It is on the macro level that Parsons's functional theory finds it necessary for ascriptive qualities to be utilized as a practical way to allocate needed resources (Ritzer, 1996). At the micro-macro level of rational choice theory persons are seen to be driven by their preferences, which are shaped by their values. Rational choice theory has taken many of its principles from economic and social exchange theories. Therefore the allocation of scarce resources is an integral element of rational choice theory (Scott, 1999). Finally, it is on the micro level that symbolic interactionism is able to provide a framework for understanding the individual interactions between CPS worker and the client. Next, the problem area must be analyzed in a review of the literature related to the effects of race and differential outcomes.

### Literature Review

Child Protective Services have been plagued by the problem of over representation of African American children in its system, since Maas and Engler (1959) pointed it out over forty years ago. While the over representation of African American children has been acknowledged by researchers ranging from Fanshel and Shinn (1978) to Courtney et al. (1996), the causes of this consistent over representation has not reached any consensus. One potentially salient factor, race has been cited by many researchers, starting with Jeter (1963 as cited in Billingsley & Giovannoni, 1972) who pointed out the disproportionate growth of African American children in out of home care. More recently, Morton (1999) has written about the crisis of the over representation of children of color in out of home care. Jonson-Reid and Barth (2000) disagree that there is a crisis. They contend that for many African American children out of home care might be a better option than staying in homes where they may be abused and neglected. This analytical review will examine literature related to the effects of race on differential outcomes for African American families compared to Caucasian families involved with the CPS system.

The review will start with a look at the effects of race on the incidences of child maltreatment. It is important to preface the analytical review of differential CPS outcomes among African American and Caucasian families with a child maltreatment section because it is where the misconceptions about the African American families begin. In one of the author's classes a Caucasian student said that issues around physical abuse for African American families have to do with different cultural methods of disciplining (J. Champoux, Personal communication, December 8, 2001). She inferred that compared to Caucasians, African Americans physically abuse their children more because of cultural differences. If this premise

were true, it would only make sense that African Americans who beat their children more severely than Caucasian families would be disproportionately represented in the CPS system. But, the premise was false as will be explicated shortly. Subsequently, the review will examine the effect race has had on the rates of substantiated child maltreatment, the proportion of African American compared to Caucasian children in out of home care, the length of time a child spends in out of home care and the number of services offered to a family.

### *Child Maltreatment*

The most recent national study by Sedlak and Broadhurst (1996) (Third National Incidence Study of Child Abuse And Neglect) (NIS-3) compared rates of child maltreatment between African American and Caucasian families and found no difference when looking at the incidences of child maltreatment. The study analyzed 50,729 cases. The data was collected from both CPS and non-CPS agencies. The study estimated that 1,221,800 children were abused and 1,961,300 were neglected. It must be mentioned that the standards used in the NIS-3 are less strict than the ones used by CPS. Therefore, nationally, the numbers reported by CPS will be smaller (Sedlak & Broadhurst, 1996). A breakdown of the abuse and neglect statistics did find a difference among the two child maltreatment categories. Caucasian children were more likely to be abused than neglected, while African American children were more likely to be neglected than abused (Sedlak & Broadhurst, 1996). Sedlak and Broadhurst did report significant differences in child maltreatment associated with age and income. The NIS-3 study reported that child maltreatment had decreased in the 0 to 5 age category and increased in the 6 to 11 age group. The most significant correlate for child maltreatment was income. Children from families with incomes under \$15,000 a year were 22 times more likely to experience child maltreatment when compared to families who made over \$30,000 a year. This data supports the

argument that the over representation of African Americans is related to poverty and not racial bias because of the income discrepancy between African Americans and Caucasians in this country: 11.6% of Caucasian families have incomes below \$15,000 compared to 30.4% of African American families (U.S. Bureau of the Census, 1997). Morton (1999) Child Welfare Institute President, disputes that inference by citing Sedlak (1999) whose analysis of the NIS-3 data found income to account for only 9% of the variance in the incidence of child maltreatment. Furthermore, Morton found that 30.4 % of Hispanics in the U.S. had family incomes below \$15,000, the same percentage for African Americans, but the percentage of Hispanics in the CPS system was underrepresented when compared to African American.

Ards, Myers, Chung, Malkis and Hagerty (2001) challenge the NIS-3 results by citing the data in the National Child Abuse and Neglect Data System (NCANDS) which has consistently found African American children to be over represented amongst those reported and substantiated for child maltreatment. The U.S. Department of Health and Human Services established the NCANDS as a voluntary national reporting system for States. The 1999 NCANDS reported significant racial differences among the estimated 826,000 children who were victims of child maltreatment in 1999. The rates of child maltreatment per every thousand children was as follows: 25.2 per thousand for African-American victims; 20.1 per thousand for American Indian/Alaska Natives victims; 12.6 per thousand for Hispanic victims; and 10.6 per thousand Caucasian victims (The National Child Abuse and Neglect Data System Fact Sheet, 2001). In addition, NCANDS reported that the highest incidences of neglect were to be found in the 0 to 3 age group: 10.8 per thousand for boys and 10.6 per thousand for girls. Physical abuse for boys was highest in the 4 to 7 year-olds and 8 to 11 year-old age groups (2.6 per thousand); for girls it was the 12 to 15-year-old age group (3.0 per thousand). In addition,

NCANDS reported that the majority of the child maltreatment was related to neglect (58.4 %); physical abuse (21.3%); sexual abuse (11.3%).

Race was found to be significant in the Lee and George (1999) study that examined child maltreatment among the 1982-1988 birth cohorts in Illinois. Utilizing a sample of 59,062 cases Lee and George examined the effects of poverty and early childbearing on child maltreatment. They used multinomial logit regression to examine the effects of seven independent variables: mother's age at birth, community child poverty rate, birth year, region, sex of child, birth order and race or ethnicity. After controlling for the other sociodemographic variables maternal age and poverty were found to be predictive of substantiated child maltreatment reports. Children who lived in the poorest communities were six times more likely to be indicated for neglect. In addition, all seven variables were examined for their effect on child maltreatment. When race was examined and maternal age and poverty were controlled, African American children were found to be over represented in all categories of child maltreatment, but especially for neglect. When compared to Caucasian children, African American children were five times more likely to be indicated for neglect. They attributed the over representation to possible racial bias.

In summary, a comparison of the results from the two national data sets is equivocal. As mentioned above the NIS-3 and NCANDS have two different standards for child maltreatment. As a consequence the NIS-3 reports significantly higher incidences of child maltreatment. The collection of the data also makes direct comparisons difficult. The NIS-3 utilized a multistage cluster sample design to collect its data. Therefore, specialized software was needed to analyze its data. Ards, et al. (2001) assert that the software utilized to analyze the NIS-3 data was not as accurate as some current software and that is why the NIS-3 results differed from the NCANDS

data. The quality of the NCANDS data on the other hand varied from state to state. Some states used computers to enter data and supplemented it with hand counted data. Other states only utilized computers. In addition, the different states have different definitions and levels of proof for substantiating child maltreatment (The National Child Abuse and Neglect Data System Fact Sheet, 2001).

In spite of the criticism by Ards et al. (2001) of the NIS-3 data, the author finds their methodological rigor to be vastly superior to the methodology utilized by NCANDS to collect data from the states, which have no nationally agreed upon standards for defining child maltreatment (The National Child Abuse and Neglect Data System Fact Sheet, 2001). In addition, Sedlak, Bruce and Schultz (2001) rebut the Ards et al. criticism with further analysis of the NIS-3 data. Sedlak et al. asserted

that once they controlled for family income, family size, the interaction of race with those two factors, there was substantial racial differences in the maltreatment rates – with Black children maltreated at significantly lower rates than White children were. In the context of the present discussion, note that this is exactly the opposite of an incidence distribution that could explain the over representation of Black children in the child welfare system. (p.5).

Finally, the Lee and George (1999) study is statistically much more informative than either of the national studies because it is able to utilize multivariate techniques to estimate the effects of an independent variable on allegation specific child maltreatment. This is in contrast to the NCANDS and NIS-3 studies that reported mainly descriptive and correlative information (The National Child Abuse and Neglect Data System Fact Sheet, 2001; Sedlak & Broadhurst, 1996).



Poverty and child maltreatment are frequently said to be highly correlated (Drake & Zuravin, 1998; Gil, 1970; Pelton, 1970). Hampton and Newberger (1985) acknowledge the correlation, but infer that reporters of child maltreatment may possess class and racial bias that result in poor persons of color being reported more frequently for child maltreatment. The next section reviews both perspectives.

### *Poverty and Child Maltreatment*

Drake and Pandey (1996) examined the relationship between neighborhood poverty and specific types of child maltreatment. The sample contained approximately 50,000 families who were divided into low, moderate and high poverty areas. There were 185 areas and the units of analyses were zip codes. In the high poverty group, 40% of the residents were below the poverty line. The researchers found a relationship between incidences of child maltreatment and the degree of poverty in a community. The poorest communities had the highest rates of neglect. The rates of incidences of neglect ranged from 4.98 per thousand for the least poor, 27.3 for moderate and 88.04 for the poorest communities. The rates for substantiated neglect were even more marked: 0.6 per thousand for the least poor, 5.43 moderate and 46 for the most poor. Though the authors were able to confirm their hypotheses, the dramatic differences between least poor and moderate; and moderate and most poor troubled them. If child maltreatment is associated with poverty due to the acute stressors that are associated with poverty, then there should not be such dramatic differences between least poor and moderate poor. They hypothesized that there must be other factors at work in the communities of the poor that are individual or family oriented. "Therefore, they felt the relationship between child maltreatment and poverty to be somewhat spurious" (p.1016).

In contrast, the Drake and Zuravin (1998) comprehensive review of the literature made a strong case for the association between child maltreatment and poverty. The NIS-3 (Sedlak & Broadhurst, 1996) study found that families with incomes below \$15,000 a year were 22 times more likely to experience an incidence of child maltreatment. Courtney et al. (1996) reviewed the literature and found that economic deprivation and its connection to child maltreatment explained the presence of most of the children in out of home care. This author disagrees with such explanations and sides with Morton (1999) who has problems with income and substance abuse use being offered as reasons for the over representation of African Americans in CPS. He argues that if income explains the over representation of African Americans why did the NIS-3 (Sedlak & Broadhurst, 1996) miss the relationship in their study of the incidences of child maltreatment. Sedlak and Broadhurst while finding the relationship between poverty and child maltreatment, said that child maltreatment rates were equal for African Americans and Caucasians. In addition, as cited previously, Morton found that 30.4 % of Hispanics in the U.S. had family incomes below \$15,000, the same percentage for African Americans, but the percentage of Hispanics in the CPS system was underrepresented when compared to African Americans. Finally, Morton (1999) asserted that poverty is not necessarily a correlate for child maltreatment. Historically, in this country, the greatest increase in the out of home care population was from 1961 through 1977: the population more than doubled. During those years, the foster care population increased from 245,000 to approximately 500,000; and equally significant, the percentage of children living in poverty decreased during this same time period (Pelton, 1990). Therefore, the relationship between African American over representation in foster care and poverty must be examined closely.

The next section builds upon the overall CPS system that has not reached a national consensus for defining child maltreatment; defining the standard for state intervention; and defining the standard for minimal level of parenting (Pecora, Whittaker, Maluccio & Barth, 2000). The author sees the decision making process of the individual workers reflecting the idiosyncrasies of the individual states.

### *Substantiation of Child Maltreatment*

African Americans have been reported to be overrepresented in the rates of substantiated reports of child maltreatment when compared to Caucasians (Corby, 2000; Eckenrode, Levine-Powers, Doris, Munsch, & Bolger, 1988; Saunders and Nelson, 1993; U.S. Department of Health and Human Services, National Center on Child Abuse and Neglect (NCCAN), 2001). National Center on Child Abuse and Neglect (2001) reported that while African Americans represented 12% of the national population, they represented 25% of the substantiated cases of child maltreatment in the U.S. The over representation of African Americans among those with cases of substantiated child maltreatment may be attributed to the bias, ethnocentrism, and possibly lack of cultural sensitivity (Pinderhughes, 1991, Everett, Chipungu & Leashore, 1991; Rubin, 1992). Poverty was also given as the reason over representation of African Americans amongst those with substantiated cases of child maltreatment (Pelton, 1978).

Sun, Shillington, Hohman and Jones (2001) studied the impact of alcohol and other drug problems (AOD) on caregiver use and its effect on CPS substantiation rates. From June 1, 1998 to December 31, 1999, data was collected from a subset of a computerized database of CPS referrals in a Nevada county. The racial makeup of final sample of 2,756 was 49.2% Caucasian; 19% African American; Hispanic or Latino(a) 26.2%; Asian American/Pacific

Islander, Native American/Alaskan Native and other represented the rest of the sample. Sun et al. utilized logistic regressions to examine the impact of AOD on substantiation rates. The data analyses revealed that among non AOD users, African Americans had a higher substantiation rate of neglect when compared to Caucasian families. Among AOD users substantiation rates for African Americans and Caucasians were similar. The authors implied that substance abuse might be a stronger predictor than race when it is part of presenting problem. Still, it was recommended that CPS practitioners be sensitive to the role that race may play in the decision making process.

Saunders and Nelson (1993) examined a sample of 182 families referred for child neglect to a metropolitan child protection agency to see if there were any racial differences after controlling for SES. Between October 1986 and August 1989, a longitudinal cohort case study was conducted in Allegheny County (Pittsburgh), Pennsylvania. The results reported that African Americans were no more likely to be substantiated for neglect than were Caucasians. Chi-square analyses were used to compare African Americans with Caucasians. While substantiation rates were similar for African American and Caucasian families, CPS workers handled the referral types differently. Compared to African American families, Caucasian families whose referrals alleged poor hygiene would more often have their referrals substantiated. African American families would usually only have a poor hygiene referral substantiated if it was perceived to be a chronic problem. The reluctance of CPS workers to substantiate neglect for African American families may reflect racial bias.

Levine, Doucek, Freeman, & Compaan (1996) examined a western New York county that investigates over 8,000 cases of child maltreatment every year. Levine et al. randomly selected a sample of cases that were investigated between July 1 and December 31, 1993. The

racial makeup of the final sample of 270 was 53% Caucasian and 47% African American. Levine et al. utilized chi-square analysis to detect differences in the rates of substantiation between African Americans and Caucasians and found the rates of substantiation to be similar for African American and Caucasian families. There were no direct variables in the data that would enable one to control for SES, but county statistics revealed that African Americans were disproportionately represented among the poor members of the county. Though the SES information supported the poverty correlation with child maltreatment, Levine et al. did not believe that was the answer. Rather, there were other unknown conditions associated with poverty that might contribute to child maltreatment.

#### *Out of Home Care*

Maas and Engler (1959) conducted the first significant study to mention the overrepresentation of African American children in out of home care. Subsequently, Fanshel and Shinn (1978) in their landmark study of the New York City foster care system documented the over representation of African American children in out of home care. It was a longitudinal study that for five years followed a sample of 324 children who in 1966 entered into out of home care for the first time in New York City. The children ranged in age from 0 to 12. The ethnic make up of the sample was 45% African American, 32% Caucasian and 23% Puerto Rican. Fanshel and Shinn reported that the prevalence of African American and Puerto Rican children in the New York City foster care system was three times their population in the general census.

Garland, Ellis-McAllen, Landsverk, Ganger & Johnson (1998) examined the visibility hypothesis that purports that minorities are at a higher risk of being placed in out of home care when they are living in communities where their numbers are relatively low. This hypothesis

was first put forth and confirmed by Jenkins and Diamond (1985). The sample of 1,332 children came from a longitudinal study of a cohort of minors in the CPS system in an ethnically diverse San Diego county in southern California. The minority population represented 34.6% of the county and 61% of the children in out of home care. The ethnic percentage in the sample was 39% Caucasian, 35.4% African American, 20.1% Latino/a and 5.5% Asian or other. The results of this study did not support the visibility hypothesis for minorities except for African American children. African American children represent 58% of the total amount of children in out of home care. African American children were found to be placed at a higher rate when their numbers were smaller in the census: e.g. in Central San Diego County African Americans represented 14.4% of the population but were placed in out of home care at the Census but were placed in out of home care at a ratio of 3.27 times their census population. While in East Suburban San Diego County African Americans represented 3.0% of the population compared to placement ratio of 6.07 or twice the placement rate of Central San Diego County. SES was not considered to be a factor since the number of families below the poverty line was similar: 30% African American and 28% Latino. While race was a factor for African Americans, the authors noted the study was not predictive, so the significance of relationships could not be tested.

Zuravin and DePanfilis (1997) who reported no evidence that CPS decision making was racially biased reached the opposite conclusion. Their study researched placement predictors for 1,035 children who had been reported to be abused and neglected in a large mid-Atlantic city. African Americans represented 78.9% of the total population and 64.7% of that group was receiving AFDC. The sample was randomly selected and the unit of analysis was family and not child. In this study they discussed validity and reliability. The authors utilized logistic

regression analyses to examine the likelihood of race being a factor. They found no differences between African American families and Caucasian families when examining out of home placement rates.

### *Length of Stay*

Kadushin and Martin (1988) noted that African American children experienced differential outcomes when compared to Caucasian children. He reported that African American children when compared to Caucasian children were reunified more slowly with their caretakers. As a consequence, African American children spent more time in out of home care. Kadushin and Martin came close to identifying the prime factor when they said "If, as it is suspected, the child welfare system is treating African American children and their families differently than it does White children and their families, is it perpetuating institutional racism" (p.425).

There has been much written in the literature noting that African American children on average spent a longer length of time in out of home care (Fanshel & Shinn, 1978; Olsen, 1982; Jenkins & Diamond, 1985; Kluger, Fein, & Maluccio, 1988; McMurty & Lie, 1992; Pecora, Whittaker, Maluccio & Barth, 2000; Wulczyn, Brunner, Dilts & Goerge, 2000). Close (1983) and Stehno (1982,1990) reported that disparity between African Americans and Caucasians still existed after controlling for income.

Seaberg and Tolley (1986) utilized a national probability sample to examine the predictors of the length of stay in out of home care. The researchers conducted a secondary analysis of the data collected by Shyne and Schroder (1977). There were 9,597 cases in the sample and the racial makeup of the sample was 56% Caucasian, 31.6% African American, 5.3% Hispanic, 2.1% Asian, .9% Native American and 2.8% other. SPSS was used to conduct

the multivariate data analyses. The child who spent the most time in out of home care was an older, African American child with a disability who had been abandoned.

A study by Courtney (1994) and one by Fernandez (1999) utilized event-history analysis. These two studies reported that the rates of minority children reunifying with their families were significantly slower than the rates of Caucasian children were. Consequently, minority children spent a longer amount of time in out of home care. Event-history analysis is able to incorporate incomplete data into the analysis and to utilize regression techniques to explain multiple factors in a model. Courtney (1994) analyzed administrative data on children who entered into foster care for the first time in California between 1988 and 1991. A random sample of 8,748 was selected for a longitudinal analysis. The goal was to find factors associated with the reunification of children in out of home care with their families. Courtney reported that African American children, especially infants, spent a longer amount of time in care than did Caucasian members of their cohort. Courtney could not explain the differential outcomes. He speculated that perhaps because a larger amount of African American foster children are placed in kinship care in California, that this fact might effect the outcomes. Courtney found that children who are placed in kinship care spend more time in out of home care. Fernandez (1999) examined the issue of duration of care experienced by children and examined factors associated with particular substitute care outcomes: restoration, replacement, and continuance in care. Her research, carried out in Australia, examined the placement careers of 201 children (aged 5 to 18 yr.) using event history analysis to express statistically the changing likelihood that children will be reunited with biological parents. Fernandez reported that Aboriginal children had much slower rates of reunification when compared to Caucasian children. Fernandez attributed the inequities experienced by the Aboriginal children to ethnocentric bias by CPS workers.



In contrast to the above findings there is the study of Benedict and White (1991) who explored factors associated with length of stay in out of home care. A longitudinal assessment was conducted of 689 children who entered into out of home care in Maryland between the dates of January 1, 1980 and December 31, 1983. The random sample was stratified for age, race and jurisdiction. A Cox Proportional Hazards Regression Model was utilized to analyze the median length of time a child remained in care. Interrater reliability was found to be 91.3%. The findings revealed no racial, gender or age effects upon the length of stay in out of home care. Maternal substance abuse was a factor. In addition, the amount of parental visitation was found to shorten the amount of time a child spent in out of home care.

#### *Services Provided by Worker*

In a review of the literature, Courtney and colleagues (1996) reported that Caucasian children in foster care were more likely to receive child welfare services (e.g., family services, counseling or face-to-face contacts) than were those of other racial and ethnic groups. Worker contact is a service offered to all families. Stehno (1990; Olsen, 1982) reported that CPS workers visited African American children less often than they visited Caucasian children. Fanshel & Shinn (1978) reported higher rates of reunification for families who were visited the most and had the most contact with their social workers. In contrast, Levine, Doucek, Freeman and Compaan (1996) reported no difference between the amount of social worker contacts African Americans experienced in comparison to Caucasian families.

A Connecticut study by Kluger, Fein and Maluccio (1988) examined data collected on January 1, 1985 on "all 779 children in long term foster care in the state of Connecticut" (p.5) that year. One of the questions to be answered was how is race and or ethnicity related to child, family, and service delivery characteristics. In the Kluger et al. study the racial makeup of the

sample was the: 52% Caucasian, 39% African American and 9% Hispanic. This compared to the Connecticut census of children that was 84% Caucasian, 10% African American and 6% Hispanic. The Kluger, Fein and Maluccio study did find racial/ethnic differences in the delivery of services to the children of Connecticut. Service plans were more likely to be found in the files of young African American children and not in Caucasian children. This trend reversed itself for adolescent children, where service plans were more likely to be found in the files of Caucasian children compared to African American children. Overall social worker contacts with African American family and children were 2.9 compared to 7.2 with Caucasian families. The overall number of services offered to African American families was 2.3 compared to 2.7 Caucasian families. The researchers utilized discriminant analysis to see how well a number of variables can distinguish members of two or more groups. While Kluger et al. noted that the sample of African American children were over represented and under served by the CPS system they did not attribute any specific reasons for such outcomes.

Garland, Hough, Landsverk, McCabe, Yeh, Ganger & Reynolds (2000) studied the effect of racial and ethnic differences in caregiver-reported mental health service utilization rates in San Diego, California, between May 1990 and October 1991, among a sample of 659 youth ages 2 to 17 years in foster care. The racial makeup of the sample was 47% Caucasian, 33% African American, and 20% Latino. Bivariate analyses were conducted to assess the rates of mental health service use by race and ethnicity and the results revealed that Caucasians had the highest level of service use compared to African American and Latino/as. Logistic regression analyses were run to assess the effect of possible confounding variables such as age and behaviors. African American and Latino/a youths were still found less likely to use mental health services. The odds ratios were 0.6 and 0.39 respectively. The introduction of interaction

variables only modestly affected the model. Caucasian youths still had the highest rate of utilization of mental health services. Garland et al. hypothesized that systematic racial bias may be a factor in the disparities found in their study. They allowed that cultural factors cannot be ignored, while pointing out that African Americans with insurance coverage have demonstrated a high utilization of mental health services (McCabe et al., 1999 as cited in Garland, Hough, Landsverk, McCabe, Yeh, Ganger & Reynolds, 2000).

DePanfilis & Zuravin (2001) examined a random sample of 757 families who were predominately African American that had substantiated cases of physical abuse or neglect from the area of Baltimore, Maryland in 1988. The purpose of the study was to find out which case characteristics would predict case opening with services or case closing with out services. Bivariate analyses and logistic regressions respectively were utilized to assess correlates and predictors of case opening status. Neither race nor neglect status was found to be predictive of case opening with services.

Levine, Doucek, Freeman, & Compaan (1996) reported no difference between the type and the amount of services African American and Caucasian families received from child protective services. In an effort to further buttress their findings, the authors examined the population of African Americans 11.3% in the county, compared to the African Americans in the sample 47%. Furthermore, African Americans represented 45% of all households with children under 18 who were living in poverty. Therefore, accepting that child maltreatment is closely associated with poverty (NCCAN, 1988 as cited in Levine et al., 1996) there is no over representation of African Americans in the CPS system.

African Americans have always received fewer services from CPS when compared to Caucasian families since the inception of out of home care in this country (Morton, 2000;

Rosner & Markovitz, 1997). It has been over thirty years since Billingsley and Giovannoni (1972) and others (Olsen, 1982; Kluger, Fein, & Maluccio, 1988; Hogan & Siu, 1988; Rosner & Markovitz, 1997; Kluger, Fein, & Maluccio, 1988; Courtney, Barth, Berrick, Brooks, Needell & Park; 1996; Garland & Besinger, 1997) have continued to note that African Americans receive fewer services when compared to Caucasians. The consequence of these inequalities is that African Americans are placed in out of home care more, spend more time in out of home care and are reunified more slowly with their families (Everett, Chipungu & Leashore, 1991). Next, the review of the past research revealed some gaps in the literature that need to be discussed. Following this next chapter, the specific aims of the dissertation and the conceptualization of the key components and their hypothesized relationships will be reviewed.

#### Gaps in the Literature

A review of the literature related to the effects of race on the differential child welfare outcomes for African Americans and Caucasians left the author somewhat adrift as he tried to make an overall critique. Many studies have been conducted in an effort to assess the impact of race in CPS. One area of empirical research that was frequently critiqued was the methodology. Specifically, in the areas of sampling, sample size and data analysis, the research related to the effects of race in CPS was limited. I will selectively review some previously cited studies and highlight certain shortcomings. I will then present my methodology, which I believe will compensate for some of the shortcomings cited in the preceding sections.

#### *Sampling*

It was generally important for a research study to build on previously published research studies. An examination of the research revealed most of the researchers failed to build on the work of their predecessors, when they decided on the criteria for sampling decisions. Various

studies examined different populations when looking at similar relationships between independent and dependent variables. For example, when Fanshel and Shinn (1978) examined the time foster children spent in out of home care, they only looked at foster children under the age of 12. When Fernandez (1999) reported on the same problem, she examined a group of children between the ages of 5 to 18. Barth (1997) when examining the effects of age and race only looked at children ages 0 to 6. The lack of replication in these studies makes it very difficult to generalize any of their findings across studies. Nonetheless, the work of Fanshel and Shinn (1978) remains important because it was one of the foundation works in the research of children in foster care.

#### *Sample Size*

Pedahazur and Schmelkin (1991) stated that sample size was important for deciding the precision of estimates that were to be calculated in a study. The decisions around determining sample size were complex. They can be affected by sampling strategies, financial and logistical considerations, etc. In addition, sample size can effect Type I and Type II errors. When considering testing a possible hypothesis, a power analysis needed to be conducted to enable one to accurately determine whether or not the null hypothesis can be rejected. "The power analysis determines the sample size needed to detect a given effect size (ES) at a prescribed alpha and beta" (Pedahazur & Schmelkin, 1991, p. 339). This process will be reviewed in the methodology section under power analysis. Having the proper sample size (the proper number of subjects) will minimize the researcher making a type I error, that was the probability of rejecting the null hypothesis given that the null hypothesis is true (Newton & Rudestam, 1999). There was no mention of power analysis being utilized to determine a proper sample size in any of the studies.

*Data Analysis*

An overview of the data analysis, methods and studies conducted during the past 33 years revealed that several of the studies utilized multiple regression techniques (Fanshel & Shinn, 1978; Lee & George, 1999; Rosen, 1998; Rossi, Schuerman & Budde, 1996 as cited in Baird, 1997) to explain the influence a variable had on outcomes in a study. The majority of studies utilized bivariate correlational analyses or frequency distributions instead of regression or multivariate models, which are much more informative. Missing from most of the data analyses was any mention of the interaction effect, among the independent variables, upon the variability in the dependent variable. For example, the interaction effect of race and poverty needed to be assessed in the current study. One excellent exception was a study by Zuravin and DePanfilis (1997) that examined factors affecting foster care placement. The researchers clearly delineated the reasons for examining variable interactions and the affects of including them in a regression model.

In general, many of the methodological problems that exist in the research are related to several shortcomings: small sample sizes; no power analyses conducted; sampling criteria that fail to take in consideration earlier research; and a failure to mention issues of reliability or validity. Prior to empirically testing the relationships, the CPS outcomes components must be conceptualized.

## Specific Aims and Conceptualization of the Outcome

### Components and Hypothesized Relationships

The specific aims of this research grow out of the previous work by authors like Close (1983) and Stehno (1982,1990) that has found race does effect the CPS outcomes for African American families. This dissertation examined the effect race had on CPS outcomes for African American families who had been suspected of abusing and neglecting their children. The study explored the theoretically predictive relationships between race and the four CPS outcomes: substantiation of child maltreatment, services provided by worker, placement into out of home care and length of time in out of home care.

The conceptualization of race and its effect on the CPS outcomes must consider the effects of racism. One of the definitions of racism considers discrimination and power (Rothenberg, 2001). The basis of CPS decision making is power. Social workers frequently under estimate the power differential they have when working with clients (Pinderhughes, 1989). When there is a difference between the races *that* power differential is even more significant (Tourse, in press). The author finds that it is in the progressive phases of the CPS system from child maltreatment substantiation, services provided by worker, decision to place the child, length of time in out of home care that contribute to the gross inequities and over representation of African American children in the CPS system. Kapp (2001) reported that one of the most unfortunate consequences of these inequities is for African American parents to have their parental rights terminated. Kapp found that not only do African American children experience extended lengths of stay in out of home care compared to Caucasians, but their parent's rights are also terminated more frequently. The first phase that leads to ongoing CPS involvement begins with the referral or report to child protective services being substantiated.

*Substantiation of Child Maltreatment*

During the investigation phase, the effect of race is evident in the differential outcomes African Americans experience when compared to Caucasians. Saunders and Nelson (1993) found that there is a belief among some CPS workers that what Caucasians might call minor neglect would be culturally acceptable conditions or behaviors among African American families. Therefore, identical reported incidences of neglect would be handled differently. The assumption being that minor neglect is normal for African Americans but not normal for Caucasians. Hence, Williams (1997) suggests there is a perception that Caucasians would benefit from a CPS intervention while African Americans would not. The inequities begin at this point, where the investigation of the Caucasian family will lead to the case being substantiated, the case being opened and the family may be offered services, while the African American family more often than not would be screened out.

The author found the effect of this type of CPS outcome to be far reaching. First, the African American family was denied needed services. Second, the family may end up with a second report because no intervention was offered. Third, the stakes had now increased for the family. Instead of having the minor neglect issues initially addressed, the caretaker now had a second report and risked having the current neglect being classified as chronic. Saunders and Nelson (1993) found that African American families were over represented among those who enter the CPS system for chronic neglect. In addition, Saunders and Nelson reported that children who were reported for chronic neglect were more likely to be placed in out of home care were than children who were reported for other types of abuse.



*Services Provided by Worker*

The author sees that the full effect of societal racism affects African American families when they attempt to access CPS services. CPS services were created by Caucasians (institutional racism) for Caucasians (cultural racism) and it is generally accepted by the social worker (individual racism) that African American families do not avail themselves of the offered services; so, why offer the services to African American families. For example, some group therapy models for children were created by Caucasians who were working with Caucasian families in Caucasian communities. So, when these models whole cloth are imported into African American communities by Caucasian providers the results have not been positive. The Caucasian providers noted that the children were quiet and did not participate very well. The conclusion is African American families will not benefit from such home based services (Jenkins, 1981).

The author believes that race is not perceived to be a factor, because most of the service providers are Caucasian. Therefore, the services and the service providers are good. If African American families can not use them appropriately, it is because of their own innate deficits (Jenkins, 1981). On the other hand, Fraser et al. (1992) examined correlates of treatment success and failure for IFPS (intensive family preservation services) and found that ethnic minority families did better than white families. They hypothesized that "at least among African American families some of the concrete and clinical services offered in the home by Homebuilders may have been more culturally acceptable than traditional child welfare and mental health services" (p.189). What may be more to the point is Maslow's pyramid of need. Concrete services must be addressed and met before a person or a family will be ready to

address issues like mental health services. Such families need advocates who will assist in the empowerment process as these families struggle to get their needs met.

The lack of available services increase the likelihood that a child who has been removed from the home will remain in out of home care longer than is necessary. The attitude of low expectations carries over into placement. The services needed for reunification are limited, and disproportionately are allocated more often to Caucasian families than African American families, which enable Caucasian families to be reunified more quickly with their children (Williams, 1997).

CPS workers have a great deal of power over their clients. That power is demonstrated by the CPS worker's ability to control access to resources. In addition, the CPS workers have the power to offer services or not to offer services; to place, not to place; reunify, or not to reunify (Williams, 1997). Children of color have been consistently overrepresented in out of home care and generally have not been treated equitably when compared to the services Caucasian children receive when they are involved with child protective services (Anderson, 1997).

#### *Social and Systemic Factors Leading to Out-of-Home Placement*

Different groups of children enter the child welfare system at disproportionate rates and remain in the system for a longer time. Children and their families become involved with the child welfare system because of allegations of child maltreatment. The majority of reports to child protective services allege neglect (The National Child Abuse and Neglect Data System Fact Sheet, 2001). Neglect is difficult to assess because definitions are vague and difficult to operationalize. CPS workers are expected to differentiate between neglect and poverty and to assess complex family situations. As Meezen (1983) points out, the decision to remove a child

is often made on a non-systematic basis, and the biases, values, and assumptions of the decision maker are often the primary rationale for the separation. Placement decisions may reflect the bias of a worker; a worker's misunderstanding of the culture from which the client comes, or the amount of information that the worker has about the client.

Stein and Rzepnicki (1984) reported that workers often based the decision making process on available resources, agency practices, notions of ideal families, personal values and bias rather than actions based on strict application of policies to be implemented when certain facts were discovered. Therefore, the factors that workers considered varied greatly when making decisions on levels of severity and type of interventions that were needed. With such inconsistent decision making, fears about worker bias are justified (Williams, 1997).

The effect of worker bias, when it consistently and disproportionately reflected negatively on African American families, can be seen as racism, which was also about expectations. "Whites have the psychological power to define and limit the reach of black aspirations. ...The verbal cues, the discouragement or encouragement of authority figures...all of these help to shape how people think of themselves and their life chances" (Chafe, 2001, p. 537). In a North Carolina study of CPS worker's decision making, it was found that they did not have high expectations for African American families' ability to change. In addition these workers said they did not have the resources needed for these families to effect a change. The one service that is frequently available and most subsidized by the federal government is placement in out of home care (Maslon & Williams, 1989; Stein & Rzepnicki, 1984).

*Out of Home Care*

Billingsley and Giovannoni (1972) found there is a sense that African American families and their children, because of historical injustices and the current effects of racism face more difficulties than many other children in America: poverty, violence, high infant mortality rates, substance abuse problems, unemployment, housing problems, homelessness, medical and dental problems, single parent homes, low income, poor schools and much more. To many, it seems that child welfare's answer is placement of the child. Many African American families struggle daily against societal structural barriers. Because, there is a shortage of resources to resolve societal ills, these families need not be penalized and their children removed (p.15). In addition, Billingsley and Giovannoni (1972) felt that child welfare should recognize that African American children need to be looked at from an African American perspective and not a Caucasian perspective. A shortcoming of child welfare has been its failure to recognize and value the African American family and community. Instead, African American children are frequently removed from their families and communities and placed in Caucasian families in Caucasian communities (p.5).

The CPS worker's decision making process in the area of neglect has had a significant impact upon African American families. Neglect is the reason for approximately 68% of all children who are in placement (Takayama & Wolfe, 1998). Sedlak and Broadhurst (1996) reported that when examining incidences of child maltreatment by type, incidences of neglect by their parents was more prevalent for African American children. The majority of children who are in out of home care in New York City are African American. Ninety percent of the children in New York City who are in out of home care were removed from their homes because of neglect (Guggenheim, 2002).

Foster care is supposed to be a temporary intervention (Pardeck, 1982) and it is expected the child will remain in one home, until he or she can be safely reunified with the original caretakers (parents, relative, and guardian). If the child cannot be reunified with the original caretaker, the goal for the child should be adoption. The Adoption and Safe Families Act of 1997 (ASFA) (2000) articulated the above tenets in the act's three overarching goals: safety, permanency and wellbeing. Previously, The Adoption and Assistance and Child Welfare Act of 1980, also known as Public Law 96-272 (Pecora, Whittaker, Maluccio & Barth, 2000) had been passed to address the problem of children lingering in foster care and experiencing multiple placements (Fanshel & Shinn, 1978). This act also addressed whether or not too much focus in the child welfare system was on placement in foster care and not on home-based preventative services (Pecora, Whittaker & Maluccio, 1992).

The author asserts that the goals of safety, permanency and wellbeing have not been met for African American children and their families, when most African American children are removed from their homes because of neglect. Rather, it is the effects of racism and the CPS system's continued inability to provide the "reasonable efforts" mandated in P.L. 96-272 that has contributed significantly to the increase of African American children in out of home care. Maslon and Williams (1989) found that the resources needed to offer home-based preventative services to families and children have not been there. Substance abuse programs, for parents and children and families therefore, have not been available for those addicted to crack. Support programs for persons with AIDS and their children have been minimal. The Foster Care Overview (1995) found that support for child welfare services has been decreasing. In 1983 the federal government spent \$.40 on child welfare services for every \$1 it spent on foster care. In 1993 it only spent \$.12 for every \$1; a decrease of \$.28 within that ten year period.

With this diminished support on the federal level, the American Public Welfare Association (APWA) found that states were rarely able to make “reasonable efforts” (Foster Care Overview, 1995). Because of constrained resources and competing demands, states have not been able to ensure that child welfare services are sufficient to meet needs. For example, an APWA survey of agencies in every state found that services were limited and generally *involved* managing, rather than treating, families and their abused or neglected children. Since 1987, children's advocates have successfully filed class action lawsuits on behalf of children against eight states, obtaining court orders to improve child welfare services, and similar cases are pending in other states (Foster Care Overview, 1995).

As the amount of preventative services states were able to offer decreased, who were the main beneficiaries? Caucasian families and their children were found to be more likely to receive preventative services than were their African American counterparts (Courtney et al., 1996). The institutional realities therefore, influenced by such federal government actions, increased the possibility of preferential services based on race.

#### *Length of Stay (LOS)*

There has been much written in the literature noting that African American children on average spent a longer length of time in out of home care when compared to Caucasian children (Olsen, 1982; Jenkins & Diamond, 1985; Kluger, Fein, & Maluccio, 1988; McMurty & Lie, 1992; Pecora, Whittaker, Maluccio & Barth, 2000; Wulczyn, Brunner, Dilts & Goerge, 2000). The reasons for the disparity between the two groups has not been well articulated. Billingsley and Giovannoni (1972) reported that the Moynihan Report of the 60's described the “structure of family life in the Black community as a ‘tangle of pathology’ and ‘at the heart of the deterioration of the fabric of Negro society is the deterioration of the Negro family’”(p. 16).

The author finds almost forty years later, few people say Moynihan was wrong in his assessment of the “Negro family.” Instead, he is applauded as a visionary by those who would cite the increased number of single parent headed families and the increased number of children born out of wedlock in the African American community. The result of this dissenting analysis is the cementing of a negative stereotype. This perception affects all workers and especially Caucasian child welfare workers when they provide services to African American families. It is difficult to reunify children with a family and a community that you feel is inherently pathological. Unconsciously, it would be difficult to find a “good” foster home in such a community. Finally, how is one to find an adoptive home for a child in such a community? Child welfare workers find themselves in the unenviable position of “rescuing” children from parents, family and community.

This attitude towards rescuing children is reflected in the attitude of Elizabeth Bartholet (1999) a Harvard law professor and transracial adoption supporter, who asserted that conditions were so bad in some of the inner cities (home to a significant percentage of African American children) that foster children should not be returned to such communities. This author finds that CPS workers would only be bolstered by such an attitude and would be in no hurry to reunify children with their families or return them back into their communities.

#### Reiteration of Hypotheses

The examination of the five problem components was the basis for the five key hypotheses. The specific hypotheses to be explored are as follows:

*Hypothesis:* Children who come from African American families are at a greater risk of having a child maltreatment referral substantiated when compared to children who come from Caucasian families.

*Hypothesis:* Social workers will provide fewer services to African American families in comparison to the amount of services Caucasian families will receive.

*Hypothesis:* Children who come from African American families are at a greater risk of being placed into out of home care when compared to children who come from Caucasian families.

*Hypothesis:* Children who came from African American families are less likely to have a case open with CPS for 3 months or less when compared to children who come from Caucasian families.

*Hypothesis:* Children who came from African American families were more likely to have a case open with CPS for 18 months or more when compared to children who come from Caucasian families.

The last two hypotheses were explored instead of comparing the length of time African American and Caucasian children spent in out of home care because of missing data. The length of time in months was not found to be available in most case files because of missing data. As a result, the principal investigators of *the National Study of Protective, Preventive, and Reunification Services Delivered to Children and their Families, 1994* (U.S. D.H.H.S, C. B., 1997) derived as a proxy variable the length of time a family had a CPS case open. They dichotomized the time variable into “short stayer” (3 months or less than) and “long stayer” (18 months or more). They felt that families who had cases opened the longest would represent the majority of the families who still had children in out of home care (U.S. DHHS, 1997).

Therefore, the preferred *Hypothesis:* Children who come from African American families are at a greater risk of remaining in out of home care for a longer period of time when compared to children who come from Caucasian families will now be expressed as two hypotheses. The first



hypothesis is that African American children were less likely to be classified as *short stayers* (3 months or less). So, the next hypothesis reflects that probability.

*Hypothesis:* Children who come from African American families are less likely to have a case open with CPS for 3 months or less when compared to children who come from Caucasian families.

The last hypothesis reflects the probability of African American children being “long stayers” (18 months or more).

*Hypothesis:* Children who come from African American families are more likely to have a case open with CPS for 18 months or more when compared to children who come from Caucasian families.

This dissertation explored the above hypotheses utilizing the methodology that follows. In the methodology section the author will discuss strategy, participants, sampling, instrument, data collection and data analysis, which will include the statistical plan for each hypothesis. It will conclude with some of the limitations that have been encountered while developing this dissertation.

## Chapter II

### Methodology

#### *Strategy*

The requested citation for the original study is the U.S. Department of Health and Human Services, Children's Bureau (U.S. DHHS, CB)(1997). The principal investigators were Cook and Elyse. One of the major objectives for the USDHHS, CB (1997) was to compare findings with *the 1977 National Study of Social Services to Children and their Families* (U.S. D.H.H.S, C. B., 1997). To reach that goal, it needed to determine what were the characteristics for the children and families served by CPS on March 1, 1994. The authors compared the characteristics from 1994 with the CPS characteristics from the 1977 study (USDHHS, CB, 1997). The data set was obtained from the National Data Archive on Child Abuse and Neglect (NDACAN), Family Life Development Center, Cornell University. It was NDACAN Dataset Number 71.

This dissertation study tested the effect race has had upon the differential delivery of services for African American children when compared to Caucasian children in the U.S. The USDHHS, CB (1997) data set is to be utilized because it is one of the data sources that was nationally representative of the child protective service systems in the United States.

#### *Participants*

Participants selected for the *National Study of Protective, Preventive, and Reunification Services Delivered to Children and their Families, 1994* (U.S. D.H.H.S, C. B., 1997) came from cases within public child welfare agencies providing child protective services. A family is to be made up of an adult who is 18 years or older and who has legal guardianship of a child. A

child shall be defined as anyone who was less than 18 years of age when the case was opened (USDHHS, CB, 1997)

### *Sampling*

The USDHHS, CB (1997) utilized a two-stage stratified random sample design covering all 50 states and the District of Columbia. The first stage consisted of the selection of a sample of counties or cluster of counties called Primary Sampling Units (PSUs). The second stage involved the selection of cases within agencies providing protective, preventive and reunification services for children within the sampled counties.

*Stage one – sampling frame.* Cluster sampling techniques were utilized to select 3,139 counties and cities. The stage one sampling frame was created by examining the 1990 Census Bureau's latest County and City Data File. From the Census, the population was stratified by urbanicity: Metropolitan Statistical Areas (MSA). An MSA is a county or group of contiguous counties that contains at least one city with a population of 50,000 or more. Four categories were created for sorting the sampling frame of PSUs. The first and largest category was a large MSA: counties and cities whose populations totaled at least 500,000 persons. Category two was made up of MSA counties with populations of at least 25, 000 persons. Category 3 represented non-MSA counties whose populations totaled 5,000 persons under the age of 22. Category 4 was a non-MSA whose population totaled at least 1,000 persons under the age of 22 but not over 5,000. A PSU contained at least 5,000 persons under the age of 22.

*Stage two.* Child protective services (CPS) agencies were selected from the sampled counties. The Stage two sampling frame was developed by asking the agencies to supply a list of all cases that were open on March 1, 1993 and all cases that had been opened during the intervening 12 month period ending on March 1, 1994. This enabled the investigators to capture

those families who had been opened prior to March 1, 1993 and those families who had cases open after March 1, 1993 but closed prior to March 1, 1994 (Sample Design and Analysis Appendix, 1997).

*Sampling selection.* A random sample of 2,875 families was selected from the sampling frame. The sample contained 575 cases of children who had received services but were now closed and 2300 children who were still receiving services on March 1, 1994. After accounting for a 15% attrition rate and the cleaning of the data in the sampling frame, 2109 cases remained: 1660 who were receiving services on March 1, 1994 and 443 who had cases that were closed as of that date. More detailed sampling and selection information can be obtained from Sample Design and Analysis Appendix (1997). Thirteen hundred and eighty-seven of the 2109 cases or 65.8% of the sample had a referral of abuse/neglect substantiated.

#### *Data Collection*

The collection of data involved a one-time telephone interview with agency caseworkers in the 49 selected county agencies. The interview took between 30 and 50 minutes to administer. Workers were told to refer to the case record where necessary. When answering the questionnaire, which included questions relevant to case history; it elicited information required to estimate the number and types of services, cases received over a one-year period. The response rate was 84% (USDHHS, 1997).

#### *Sampling Method*

An important sampling issue has to do with the problem of power analysis. When considering a possible hypothesis, a power analysis needs to be conducted to enable one to accurately determine whether or not the null hypothesis can be rejected. A proper number of

subjects will minimize the researcher making a type I error, that is the probability of rejecting the null hypothesis given that the null hypothesis is true (Newton & Rudestam, 1999).

The following power analysis was conducted to determine the appropriate sample size necessary to insure maximum accuracy for the criterion variable. The following "conservative" equation, suggested by Narins (1999) was employed:  $(P_y) (P_n) / (SE) = N$ .  $P_y$  is the estimated percentage of 'yes' responses and  $P_n$  the estimated percentage of 'no' responses. In this study  $P_y = .658$ ,  $P_n = .342$ ;  $P_y =$  the number of respondents who abused/neglected their children,  $P_n =$  those who did not abuse/neglect their children. The  $N$  was 2107: abused/neglected = 1387; not abused/neglected = 720; percentage physically/abused is  $1387/2107 = .658$  and percentage not physically/abused is  $720/2107 = .342$ . For a confidence interval of 95 percent, the sampling error is divided by the standard deviation of 1.96 to arrive at the standard error, which will be squared for the equation  $.05/1.96 = .0255102$ ; and,  $(.0255102) \times (.0255102) = .0006507$ . Thus, the resulting equation is as follows:  $P_y = .658$ ;  $P_n = .342$ ;  $(.658) (.342) = .225$ ;  $.225 / .0006507 = 342.5$ . This calculation indicates that, conservatively, the dissertation needed three hundred and forty-two cases to be 95 percent confident of the overall results, within a range of plus or minus five percent. This approach assumes a large simple random sample. While the sampling method is not simple random, the large amount of data ( $n=2109$ ) collected on the abused/neglected children will most likely meet the assumption of normal distribution that a simple random sample seeks to insure. This anticipated normality of distribution also should overcome any statistical threats posed by other sources of potential error.

### *Design*

This dissertation used data obtained from the USDHHS, CB (1997). The main concern is to compare outcomes for African American children with Caucasian children based upon

race and a range of other variables. A data analysis plan was designed to give comparable information in the following areas:

- Comparison of substantiation rates for African American and Caucasian children
- Comparison of number of services for African American and Caucasian children
- Comparison of placement rates for African American and Caucasian children
- Comparison of the length of time a CPS case was open for African American and Caucasian children.

### *Measures*

Following the findings of the previous literature related to the delivery of services to children and families involved with the child protective services systems, a number of variables were selected for this dissertation using items from the *National Study of Protective, Preventive and Reunification Services Delivered to Children and Their Families, 1994* (USDHHS, CB, 1997).

*Dependent variable.* The level of the data utilized in this study for the dependent variables were all nominal. The citation that follows the variable description is a reference to a study that utilized a similar dependent variable when examining an out come in CPS. The first variable to be examined refers to the family's entry into CPS. SUBSTAN is the variable that indicates a referral for which child maltreatment has been substantiated (0 = no, 1 = yes) (Courtney, Barth, Berrick, Brooks, Needell & Park, 1996). The nominal variable PLACE represents entry into out of home care (0 = no, 1 = yes). The variable SERVCAT represents the number of services provided by the worker to the family. For example, a worker may have provided preventive services such as day care, counseling, housing or shelter and respite care. Services that encompassed post placement would be foster care, substance abuse treatment and

parent training. Eighteen different services were offered in the sample. (Garland, Hough, Landsverk, McCabe, Yeh, Ganger & Reynolds, 2000; Maluccio & Fein, 1994). The median number of services provided in the sample was six. To prevent cells from having to few counts, the number of observations were dichotomized into a nominal level variable. SERVCAT now represented when a worker provided more than six services to a family (0 = no, 1 = yes). This variable was included to examine if there were any differences in the amount of services that were given to families according to their race (Stehno, 1982; Close, 1983).

Excessive amounts of missing values in the data set made it impossible to use the interval level variable "number of months child was in out of home care." As a proxy, the length of time a case was opened will be utilized to represent length of time in out of home care. It can be deduced that a case that was open for only few months, a child could not have been in out of home care for very long. Dichotomizing the time a child's case was opened created the variable SHORT which represented a CPS case was opened for 3 months or less (0 = no, 1 = yes). On the other hand, cases that were opened a long time the variable was called LONG and thought to represent the majority of cases where children were still in out of home care. LONG represented a CPS case that was open for 18 months or more (0 = no, 1 = yes) (U.S. Department of Health and Human Services, Children's Bureau, 1994).

*Independent variables.* Variables that have been previously cited in the literature to exhibit significant associations with the dependent variables were selected from items related to characteristics of the child, family and the agency. First, child related characteristics were examined. Several demographic variables for the child were included. The ordinal level variable AGECATC represents the age of the primary child. The children ranged in years from less than 1 to 19. It was changed into four distinct age categories: (0 to 1 = 0; 2 to 5 = 1; 6 to 11

= 3; 12 to 19 = 4). The age of the child has been found to be a factor in CPS outcomes (Courtney, 1994). The nominal variable AFRIAMERICAN represents the race/ethnicity of child (0 = Caucasian, 1 = African American). Race was included to examine the possibility of racially biased decision making. A previous study found there was a relationship between race, age and the decision making process (Courtney, 1994). The nominal variable EMOPRB described a child who had emotional problems (0 = no, 1 = yes). Past studies have said that children with emotional or other problems are more likely to be placed compared with children who had no emotional or others problems (Maluccio & Fein, 1994; Lawder et al. 1986; Milner 1987).

The family related characteristics would include caregiver demographics and environmental characteristics. The interval level variable AGECA TP represents the age of primary caretaker. It was changed into a nominal variable consisting of five age categories: (0 = 14 to 19, 1 = 20 to 29, and 2 = 30 to 39, 3 = 40 to 49 = 4, 50 to 90 = 5). Frame et al. (2000) found that the age of a caregiver to affect CPS outcomes. The nominal variable RacePC represents the race of primary caretaker (0 = Caucasian, 1 = African American, 2 = Latino). Race was included to examine possibility of racially biased decision making. GENDER also a nominal variable represents whether child was male or female (0 = male, 1 = female). The ordinal level variable HHCHILD represents the number of children in the household. The HHCHILD was dichotomized into a nominal variable (0 to 1 = 0, 2 to 9 = 1). The larger the number of children in the household has been found to effect the CPS outcomes (Sun, Shillington, Hohman & Jones, 2001). Several factors that have been thought to effect the CPS outcomes have been associated with maternal characteristics. One of the most often mentioned was a maternal substance abuse problem. The nominal level variable SUBABPC represents



primary caretaker has a substance abuse problem (0 = no, 1 = yes) (Neuspiel, Zingman, Templeton, DiStabile & Drucker, 1993). The nominal level variable MOM represents a mother who is a single parent (0 = no, 1 = yes) (Barn, 1999). The last three family variables are nominal and all three have been found to affect differential outcomes. The first variable is CRIME which represents living in a high crime and drug area (0 = no, 1 = yes) (Courtney, Barth, Berrick, Brooks, Needell & Park, 1996); the second is HOUSE which indicates having housing problems (0 = no, 1 = yes) and third and most important is receiving AFDC (0 = no, 1 = yes). AFDC eligibility is commonly used as a proxy for family socioeconomic status. The effects of race are frequently felt to be confounded by poverty. Therefore, looking at the interaction effects of AFRIAMERICAN and AFDC is a key effect (Thieman, & Dail, 1997; Zuravin & DePanfilis, 1999).

The last group of variables to be described are related to agency characteristics. The nominal variable PREOPEN represents a child who was a member of a previously opened case (0 = no, 1 = yes). Some studies have reported that families who have had previous cases opened might have an increased likelihood of having a subsequent case substantiated (Neuspiel, Zingman, Templeton, DiStabile & Drucker, 1993). SUBSTAN is the variable that represents substantiation of child maltreatment (0 = no, 1 = yes). Disparities have been found among substantiation rates when comparing African American with Caucasian families (Sedlak & Broadhurst, 1996). Finally, the last variable that could weigh heavily in the CPS outcomes is the child have a history of being in out of home care. The nominal variable PREPLACE represents a child who was previously placed in out of home care (0 = no, 1 = yes). Now that all of the variables have been selected the problem of missing data must be addressed. Many statistical software programs exclude any observations with missing values from the

statistical analysis. These observations are called incomplete cases. Any analyses conducted with incomplete data runs the risk that the missing information may effect the results. They results may be skewed in one direction or another because of some underlying systematic difference between the complete and incomplete dataset. Therefore, a complete dataset will be created through multiple imputation and will be used as a touchstone for the logistic regression analyses conducted with the incomplete dataset. A more thorough explanation of missing data and the multiple imputation process is next.

*Missing data.* One of the limitations of working with survey data, especially national survey data is missing data or missing responses. Many items selected for secondary analysis from the *National Study of Protective, Preventive, and Reunification Services Delivered to Children and their Families 1994* (U.S. D.H.H.S, C. B., 1997) were frequently not available for analysis because of the number of cases that were missing from the data set. Therefore, certain key hypotheses could not be tested because of the amount of data missing. For example, the following information was not available: the reason for the original allegations (reports); the length of time a child was in out of home care; and when the child was reunified with his or her caretaker. In addition, important information related to fathers or men in the home, employment, mental health problems of primary caretaker, was not available. This researcher could find no specificity in regard to when too many missing values made it impractical to analyze the data. Cao (2001) did state that working with imputed data that represents 30% of the whole data set may lead to an under estimation of variance and narrower confidence intervals. Following Cao's advice this author has chosen not to use any variable that has 30% or more missing values. Multiple imputation will be utilized to address the missing values in those cases that do contain non-responses. While the missing data did have an impact on the results

reported in this study, the remaining number of cases was large and reflected a national perspective of the CPS system rarely seen. The two modal values of missing data represented for the accepted cases are 10% and 14%. The highest number of missing cases utilized was for AFDC, which had 23% of its cases, missing values.

*Imputation of missing values.* The imputation of missing values was necessary because the missing data told the researcher something about the data collection and the participants. Perhaps the data collection instrument was too unwieldy and needed to be modified. Was there a difference between the participants who answered a question and those who did not? Therefore, it was necessary to impute missing values to make the data set more complete and to reduce the bias that would be caused by ignoring those who did not respond to a question (U.S.DHHS, Centers for Disease Control and Prevention (CDC), The National Center for Health Statistics (NCHS), 2001).

An analysis of missing values was conducted by utilizing Stata. The imputation of missing values was conducted by utilizing AMELIA a software program that imputed the missing values (King, Honaker, Joseph, Scheve & Singh, 2000). AMELIA utilized multiple imputation techniques during the imputation process. Multiple imputation involved imputing multiple plausible values for each missing cell in the data matrix and creating multiple completed data sets. Across these completed data sets, the observed values were the same, but the missing values were filled in with different imputations that reflected our uncertainty about the missing data. A data set from the theoretically best model was created with accurately corrected parameter estimates that result in valid confidence intervals (Davey, Shanahan & Schafer, 2001).

When the imputation process was completed, the Amelia software had constructed 5 complete datasets with no missing values. An analysis of the data utilizing logit regressions with the imputed dataset was conducted. The resulting parameters from each of the 5 datasets was combined and averaged. The results were compared to similar analyses with the incomplete data set. When the analyses were completed the influence of the missing data was checked to see if the missing values led to any false effect magnitudes or skewed standard errors (King, Honaker, Joseph & Scheve, 1998).

#### *Data Analysis*

The data analysis in the dissertation was conducted in three phases. The first phase included univariate analyses, utilizing Stata (an integrated statistical package designed for research professionals), to enable the data to be described. The variability of the data and the statistical assumptions were checked. All missing values were examined. The examination of the data set for missing values was important because those missing values tell the researcher something about the whole. Data are not just missing; they are missing for a reason (Howell, 1997; Little, 1987). The missing data in this set will be treated as missing at random (MAR). MAR exists when missing values are not randomly distributed across all respondents but are randomly distributed within one or more sub samples: e.g. missing more among whites than non-whites, but random within each sub sample (Little & Rubin, 1987).

The second phase tested the effect of the independent variables RACE and AFDC upon the dependent variables through bivariate analyses. Contingency tables were constructed for each of the variables and the dependent variables SUBSTAN, SERVCAT, PLACE, SHORT and LONG.

The third phase utilized logistic regressions to examine the predictive power of RACE upon the dependent variables. Finally, the results obtained from the logistic regressions that used the dataset with missing data (incomplete dataset) were compared to results obtained from the logistic regressions that used the imputed dataset (complete dataset). Problems surrounding missing data and data imputation were discussed prior to comparing the results from the logistic regressions of the complete and incomplete datasets.

#### *Data Analysis Plan*

Specific analytic plans for each of the four hypotheses have been developed and are provided below. The first hypothesis is: Children who come from African American families are at a greater risk of being substantiated for child maltreatment when compared to children who come from Caucasian families. Stata will be utilized to perform the initial data analyses. A univariate analysis will be run on the dependent and the independent variables. Any variable that has more than 30% of its cases missing will be eliminated from any further analyses.

Subsequent analyses were conducted utilizing Stata, a more flexible software that is capable of analyzing complex survey data and producing accurate variance estimates. This is in contrast to SPSS, which depends upon data collected by simple random sampling. Bivariate analyses will be conducted utilizing contingency tables. The contingency tables will test the effects of race on the risk of having a child maltreatment referral substantiated by families in the CPS system. In addition, the contingency tables will be utilized to test the effects of AFDC on the risk of having a child maltreatment referral substantiated by families in the CPS system.

*Contingency tables.* A 2X2 contingency table can be utilized to test the null hypothesis that race has no effect on the rates of substantiation of child maltreatment for African American and Caucasian families. Several statistics can be examined in an effort to confirm or reject a

null hypothesis. In a contingency table there will expected and observed values. Examining the difference between the expected and the observed values enables one to derive the chi square statistic. The larger the difference the larger the chi square statistic. A larger chi square statistic is an indication that the null hypothesis may be rejected. Contingency tables frequently indicate occurrences and non-occurrences. For example, was the family substantiated for child maltreatment or not. An examination of the row with the observed values can reveal much information about the two samples and their possible differences in values.

The second hypothesis to be considered is: *Social workers will provide fewer services to African American families in comparison to the amount of services Caucasian families will receive.* After the univariate analyses are run, bivariate analyses will be conducted utilizing contingency tables. The contingency tables will be utilized to test the effects of race on the amount of services received by families in the CPS system. In addition, the contingency tables will be utilized to test the effects of AFDC on the amount of services received by families in the CPS system.

The third hypothesis to be considered is: *Children who come from African American families are at a greater risk of being placed into out of home care when compared to children who come from Caucasian families.* Univariate analyses will be run, followed by bivariate analyses that will be conducted utilizing contingency tables. The effects of Race and AFDC will be tested with the dependent variable PLACE. The fourth hypothesis states that *children who come from African American families are at greater risk of being involved with CPS for a longer period of time when compared to children who come from Caucasian families.*

Univariate analyses will be run followed by bivariate analyses that will be conducted utilizing

contingency tables. The effects of Race and AFDC will be tested with the dependent variable LONG.

#### *Analytic Approach for Utilizing Logistic Regressions*

The goal of this research was to determine the effects of race on child welfare outcomes. Logistic regression models were used to examine those effects on the following outcomes: *child maltreatment substantiated, CPS worker provided more than six services to the family, child was placed into out of home care, families who were less likely to have a case open for 3 months or less and families who had a case open for 18 months or more.* The outcomes are the dependent variables in the logistic regression models. The independent variables (see Table A2) are variables found in the research literature frequently associated with the dependent variables. After a partial correlation of the dependent and independent variables was taken, the statistically significant independent variables were entered into the logistic models. The independent variable PREPLACE (child was previously placed in out of home care) was found to statistically significant with the logistic models predicting *child maltreatment substantiated* and *CPS worker provided more than six services to the family.* The variable PREPLACE had a perfect correlation ( $r = 1.0$ ) with the outcome *child was placed into out of home care* and therefore, prevented an accurate partial correlation from being computed for the other variables. It had to be dropped before a partial correlation could be computed for the other variables. Since the outcomes, "*families who were less likely to have a case open for 3 months or less*" and "*families who were more likely to have a case open for 18 months or more,*" were directly related to length of time in out of home care, PREPLACE was not included in those logistic analyses either.

*Multivariate Logistic Regression Analyses*

The statistical software Stata was utilized to conduct the logistic regression analyses of the dependent variables with binary outcomes: an event occurred or did not occur. For example, an examination of the child maltreatment data resulted in only two possible outcomes: the family was substantiated for child maltreatment or it was not substantiated for child maltreatment. The logistic model is specified as:  $\log (P_i / 1 - P_i) = a + \beta X_i$ . Where  $P$  is the probability that the family was substantiated for child maltreatment divided by the possibility the family was not substantiated for child maltreatment. The  $X$  represents the independent variable that effects the probability of the child maltreatment being substantiated. The logistic model allows us to determine which independent variables effect probability of an event occurring or not occurring.

The coefficient estimates, the  $\beta$ s, show the effect of the variable  $X$  on the logarithm of the odds or "log odds" (the logarithm of the ratio of probability that the outcome is 1 to the probability that the outcome is 0. In a multivariate logistic model, the coefficient estimate on any one independent variable measures the effect of a change in that variable on the log odds, holding all other variables constant (Appendix D, 2003).

Therefore, the logistic model enables one to assess the effect race as an independent variable has on an outcome occurring or not occurring. The effect of a variable may be confounded by the presence of another variable in the model. This effect can be mediated by including in the model an interaction variable. Interaction variables are a product of key variables that may affect each other. For example, the effects of the variable AFRIAMERICAN in the model may be confound by the variable AFDC. Researchers have often said that the effects of race in child welfare were confounded by poverty (Courtney et al., 1996). Therefore, the interaction variable



AFRIAMERICAN\*AFDC was created. If the interaction variable was not statistically significant after regression it was removed from the model (Friedrich, 1982 as cited in Fundamentals of Statistical Interactions, 2002).

### *Modeling*

Initially, the saturated model was utilized and subsequently, a backward elimination technique was followed until the most parsimonious model was found. The selection of an inferential model was dependent upon the questions asked. Therefore, a model included all those variables that were theoretically relevant. The model also contained any potentially confounding variables. The number of independent variables that can be included in the initial model depended upon the sample size. It was appropriate when utilizing large samples to include all of the important variables in the initial model. This type of model was called a saturated model (108 ENTO/ RNR 613 Multiple regression - Model checking and Refinement, 2003).

The logistic regression analysis procedure in the Stata software was used to evaluate the data. The backward elimination approach started with all of the substantively and statistically significant variables in the model that were selected from the partial correlation table. The variables AfriAmerican and AFDC were substantively significant to the testing of the models and therefore were included in all of the models.

Step 1 - variables that failed to meet established alpha levels during evaluation were removed, leaving only the substantively and statistically significant variables in the model.

Step 2 - Next, all of the interaction variables will be added to the next model. Alpha levels for the entry and removal of variables were set at  $p = .25$  and  $p = .10$ , respectively. After

the initial regression was run, only those interaction variables that were statistically significant at the .10 level were left in the model.

#### *Model evaluation*

*Assessing the fit of the overall model.* Procedures for evaluating the model included assessing the fit of the overall model and assessing the independent variables. Several measures are useful in assessing the overall model. “The model chi-square describes the difference between the Log Likelihood Function in the model with only the constant and the Log Likelihood Function for the complete model” (Munro, 1997, p. 295). This model evaluation is based on the principle, that there will be no difference between the two models if the coefficients for the independent variables all equaled zero. The model can also be assessed utilizing the Hosmer and Lemeshow goodness-of-fit statistic. When this statistic approaches statistical significance, it is an indication of a poor fitting model. A smaller statistic is better than a larger one. The goodness-of-fit statistic measures how close the expected data distribution comes to the observed data from a sample. When the expected and observed values are close, this is an indication that the model is a good fit. A non-significant probability ( $p > .05$ ) is an indication that the expected and observed values are close, and the model is a good fit (Easton. & McColl, 2002). Another statistic that was examined was the percentage of responses the model can accurately predict or the percentage of correctly classified responses. Correct classification refers to predicting a model based on selected predictor variables (Agresti, 1990).

*Assessing the independent variables.* Using the most parsimonious model, several statistics were evaluated to determine the effect of the variable on the model. Utilizing the Stata command *lrtest, saving (0)*, the effect of the variable AFRIAMERICAN on the model was tested. The variable AFRIAMERICAN was removed and the resulting variables were

regressed. Subsequently, using the Stata command *lrtest* compared the two models to see if there was a statistically significant difference between them at the .05 level. A chi-square and a p value were given as part of the output. Next, the R square for the variable AFRIAMERICAN was calculated by taking the difference between the two model's R squares. The AFRIAMERICAN R square "is the proportion of variance predictable by the predictor" (Pedahazur & Schmelkin, 1991, p.308). Pedahazur & Schmelkin assert that R square is not as simple to interpret as many researchers would have you believe. They state that it is not easy to describe the amount of variance explained by an individual variable in logistic regression without understanding issues of validity, design and theory rationale to name a few difficulties. Instead, they recommend evaluating the beta coefficient to assess the effect of a variable on a model (p. 308). The beta coefficient and the odds ratio are interchangeable statistics in a logistic regression. The odds ratio comes from a log transformation of the beta coefficient. They both represent the effect the variable will have on the dependent variable with a one unit of change by the independent variable (Munro, 1997).

If there was a statistically significant difference between the models, the final model was now assessed to evaluate the effect individual variables had on predicting the probability of the outcome dependent variable occurring, holding all of the other variables constant. This was accomplished by using the Stata command *listcoef, percent* (Long & Freese, 2001). The resulting outcome gave a percentage next to each variable. That percentage reflects the change in the odds ratio in the probability of an event occurring, holding all other variables constant. For example, if the *odds ratio* for the variable AFRIAMERICAN was 0.38. The change in *odds ratio* percentage for African American would be 61% where the dependent variable was substantiated child maltreatment. This would mean that when holding all other variables

constant, the probability of an African American family being substantiated for child maltreatment decreased by 61% compared to a Caucasian family. Next, the five outcomes of interest will be examined utilizing logistic regressions.

### Chapter III

#### *Findings*

##### ***Research Question***

Does race predict outcomes in child welfare?

##### ***Sample Characteristics***

The demographics displayed in Table A3 showed that the sample contained an almost equal amount of boys (n = 1025) and girls (n = 1070). 1214 Caucasian, 625 African American and 142 Latino/a children represented the three largest ethnic groups in the sample. Only the relationships between the Caucasian and African American children were analyzed in this research.

An examination of the dependent variables in Table A4 revealed that almost two thirds of the sample had been substantiated for child maltreatment. Approximately 53% of the children had been placed in out of home care. A small proportion of the children (14%) had a case open with CPS for 3 months or less. A larger group of children (42%) had a case open with CPS for 18 months or more. Finally, the 47% of families who received more than six services from their CPS worker were not significantly different from the 53% of families who received less than six services from their worker.

An examination of the independent variables in Table A4 revealed that 37% of the families received AFDC benefits compared to 39% of the families who said they did not receive benefits. Approximately 24% of the sample did not respond to the question. The children who were aged 0 to 1 (n = 186) made up 9% of the sample. The largest group of children who were aged 12 to 21 (n = 828) and made up 39% of the sample. The youngest group

of parents or caretakers were aged 14 to 19 ( $n = 45$ ) and made up only 2% of the sample. The largest group of parents or caretakers were aged 30 to 39 ( $n = 849$ ) and made up 40% of the sample. The majority of families ( $n = 1417$ ), 67% had two or more children in their household; 22% of families ( $n = 468$ ) had housing problems, 17% of families ( $n = 359$ ) lived in high crime areas. Three other key variables were related to the family. Single mothers ( $n = 695$ ) constituted 33% of the sample and substance abuse was a problem for 25% of primary caretakers ( $n = 539$ ). Another important family related variable described the child ( $n = 703$ ) who had emotional problems was present in 33% of the sample. The last variable was agency related. Families ( $n = 876$ ) who had previously had an open case made up 41% of the sample.

The Pearson chi-square was used to test for statistical significance. The null hypotheses were tested using an alpha of .05. Results were found to be statistically significant when  $p < .05$ . Further tests of the null hypotheses utilized 95% confidence intervals (CI). The CI gave a range of possible values and it also measured how precise an estimated effect was. If there was any overlap in the CI plausible values, the null hypothesis was not rejected (Primer on 95% Confidence Intervals, 2001).

The independent and dependent variables used in these analyses were described in three tables. Table 3 described the demographic variables used in the analyses. Tables A4 described the dependent and independent variable labels used in the analyses and presented descriptive statistics for the variables used in those analyses.

A further description of the data was accomplished by comparing the percentage of African American and Caucasian children with the selected variables by constructing cross tabulations (see Table A6). The comparison of race with the selected variables revealed that there was a larger proportion of African Americans compared to Caucasians in the sample

across most of the variables. There were statistically significant racial differences across all variables except in two instances, which will be described at the end of this section. More African Americans families (53%, 95% CI = .480, .571) compared to Caucasian families (45%, 95% CI = .420, .486) were receiving AFDC benefits than were  $X^2(1403) = 10.85, p = .01$ . A larger percentage of African Americans families (72%, 95% CI = .679, .751) compared to Caucasian families 65% (.621, .676) had two or more children in their household,  $X^2(1834) = 8.33, p = .01$ . More African American families (42%, 95% CI = .378, .468) when compared to Caucasian families (30%, 95% CI = .273, .326) had households that were headed by single mothers,  $X^2(1834) = 25.73, p = .01$ . The largest difference between the two groups was the 42% (95% CI = .381, .468) of African Americans families whose primary caregivers had a substance abuse problem compared to the 24% (95% CI = .216, .267) of Caucasian caregivers,  $X^2(1624) = 56.49, p = .01$ . On the other hand, 79% (95% CI = .763, .810) of Caucasian families were experiencing housing problems compared to 73% (95% CI = .696, .767) of African American families,  $X^2(1839) = 6.94, p = .01$ . This was a Type I error (a false positive) because where the respective confidence intervals overlap, there is no difference in the two groups. Finally, 46% (95% CI = .426, .488) of Caucasian families had a child with an emotional problem compared to the 32% (95% CI = .281, .364) of African American families,  $X^2(1519) = 25.60, p = .01$ .

There were no statistically significant differences found in two instances. First, African American families (42%, 95% CI = .378, .457) did not differ much from Caucasian families (45%, 95% CI = .419, .476) with children who had cases that were previously opened,  $X^2(1806) = 10.85, p = .351$ . Second, there was little difference between African American

families (29%, 95% CI = .251, .324) and Caucasian families (28%, 95% CI = .257, .308) whose children were in the 6 to 11 age group in CPS system,  $X^2(516) = 10.85, p = .91$ .

#### *Testing Hypotheses*

- *Children who came from African American families were at a greater risk of having a child maltreatment referral substantiated when compared to children who came from Caucasian families.*

The cross tabulation of the data revealed that more African American children (71%, 95% CI = .668, .741) than Caucasian children (63%, 95% CI = .600, .656) were substantiated for child maltreatment,  $X^2(1839) = 10.85, p = .01$ . The magnitude of the difference between the two groups was eight percentage points. The first hypothesis is supported by an odds ratio that found African American children were 1.4 times more likely to be substantiated for child maltreatment when compared to Caucasian children.

- *Children who came from African American families were at a greater risk of being placed into out of home care when compared to children who came from Caucasian families.*

The cross tabulation of the data revealed that more African American children (64%, 95% CI = .597, .674) than Caucasian children (47%, 95% CI = .444, .501) were placed in out of home care,  $X^2(1832) = 44.30, p = .01$ . The magnitude of the difference between the two groups was seventeen percentage points. The second hypothesis is supported by an odds ratio that found African American children were 2 times more likely to be placed in out of home care when compared to Caucasian children.

- *Children who come from African American families are less likely to have a case open with CPS for 3 months or less when compared to children who come from Caucasian families.*



The cross tabulation of the data revealed that fewer African American children (9%, 95% CI = .063, .108) than Caucasian children (18%, 95% CI = .142, .183) had a case open with CPS for 3 months or less,  $X^2 (1654) = 22.51, p = .01$ . The magnitude of the difference between the two groups was eight percentage points. The third hypothesis is supported by an odds ratio that found African American children were .5 times less likely to have a case open with CPS for 3 months or less when compared to Caucasian children.

- *Children who come from African American families are more likely to have a case open with CPS for 18 months or more when compared to children who come from Caucasian families.*

The cross tabulation of the data revealed that more African American children (73%, 95% CI = .687, .772) than Caucasian children (52%, 95% CI = .487, .555) were likely to have a case open CPS for 18 months or more,  $X^2 (1299) = 53.21, p = .01$ . The magnitude of the difference between the two groups was twenty-one percentage points. The third hypothesis is supported by an odds ratio that found African American children were 2.5 times more likely to have a case open with CPS for 18 months or more when compared to Caucasian children.

- *There was no difference in the amount of services social workers provided to African American families in comparison to the amount of services Caucasian families received.*

The cross tabulation of the data revealed that African American children (48%, 95% CI = .445, .525) were found to be no more likely to receive services from CPS than were Caucasian children (52%, 95% CI = .435, .491),  $X^2 (1839) = 0.79, p = .37$ . The magnitude of the difference between the two groups was two percentage points. The fifth hypothesis was not

supported by an odds ratio (1.01) that found African American children to be no more likely to receive services from CPS when compared to Caucasian children

*The Effects of Race on the Rates of Substantiated Child Maltreatment by Selected Variables*

The cross tabulation of race and substantiated child maltreatment rates by selected variables found limited association with the independent variables (see Table A8). An examination of families who had been substantiated for child maltreatment revealed that African Americans (67%, 95% CI = .607, .723) were no more likely to be receiving AFDC than were Caucasian families (62%, 95% CI = .573, .667),  $X^2(671) = 1.52, p = .22$ . Substantiated child maltreatment rates were found to be similar for African American (81%, 95% CI = .755, .862) and Caucasian families (77%, 95% CI = .712, .817) where the primary caregivers had a substance abuse problem,  $X^2(496) = 1.46, p = .23$ . Furthermore, an examination of the confidence intervals revealed that there were several Type I errors. The following variables had statistically significant differences even though the confidence intervals for the percentages showed the null hypotheses to be true. African American families (79%, 95% CI = .719, .850) were no more likely to have children with emotional problems compared to Caucasian families (71%, 95% CI = .661, .748),  $X^2(671) = 4.20, p = .04$ . African American families (74%, 95% CI = .682, .767) were no more likely to have 2 or more children in their households compared to Caucasian families (66%, 95% CI = .630, .697),  $X^2(1232) = 5.14, p = .02$ ; African Americans (71%, 95% CI = .656, .769) were no more likely to come from families whose head of household was a single mother than were Caucasian families (60%, 95% CI = .573, .667),  $X^2(622) = 5.08, p = .02$ ; finally, African Americans (72%, 95% CI = .658, .771) were no more likely to come from families who had a previously opened case with CPS than were Caucasian families (65%, 95% CI = .603, .687),  $X^2(794) = 6.03, p = .01$ .

An examination of the different age groups for children revealed statistically significant differences for children aged 6 to 11 with 77% (95% CI = .705, .834) of African Americans compared to 65% (95% CI = .599, .703) of Caucasians  $X^2 (516) = 8.16, p = .01$  and 72% (95% CI = .649, .799) of African Americans compared to 60% (95% CI = .553, .637) of Caucasians were found for Children aged 12 to 19,  $X^2 (742) = 9.19, p = .01$ . There were no differences found between the races among the different age groups for the parents. Although, there was one Type I error found in the 30 to 39 age group with 72% (95% CI = .655, .778) of African Americans compared to 64% (95% CI = .588, .695) Caucasians,  $X^2 (742) = 9.19, p = .01$ .

*The Effects of Race on Rates of Children Placed in Out of Home Care by Selected Variables*

The cross tabulation of race and the rates of children placed into out of home care by selected variables found a great amount of association with the independent variables (see Table A9). There were statistically significant differences between the races for families receiving AFDC with 62% (95% CI = .558, .681) of African Americans compared to 47% (95% CI = .426, .524) Caucasians,  $X^2 (1397) = 13.42, p = .01$  and for families (n = 624) with children with emotional problems (p = .01) with 79% (95% CI = .716, .848) of African Americans compared to 62% (95% CI = .575, .665) of Caucasian families,  $X^2 (1397) = 14.83, p = .01$ . One significant statistic changed in the association between the two races with these variables. The OR for African Americans was less than one for AFDC (.81) and for EMOPROB (.26). Therefore, African American families who were receiving AFDC benefits and who had a child with emotional problems were less likely than Caucasian families to have a child placed in out of home care.

On the other hand, African Americans were on average two times more likely to have their children placed in out of home care, if they came from families (n = 1408) with housing

problems (64% of African Americans compared to 45% of Caucasian families); families (n = 1227) with more than two children in the family (64% of African Americans compared to 45% of Caucasian families); families (n = 619) whose households were headed by single mothers (58% of African Americans compared to 43% of Caucasian families) and families (n = 788) who had previously had an open case (64% of African Americans compared to 49% of Caucasian families).

There was one Type I error. A statistically significant difference was found for families (n = 484) whose primary caregivers had a substance abuse problem ( $p < .05$ ) even though the confidence intervals overlapped (African American 95% CI = .646, .770 and Caucasian 95% CI = .528, .650).

An examination of the association of children's age with placement and race revealed a Type I error. A statistically significant difference was found for families (n = 405) whose children were aged 2 to 5 ( $p < .05$ ) even though the confidence intervals overlapped (African American 95% CI = .478, .634 and Caucasian 95% CI = .357, .486). There was no statistically significant difference for families (n = 156) whose children were aged 0 to 1 ( $p = .88$ ). A statistically significant difference was found for families (n = 739) whose children were aged 12 to 19 ( $p < .05$ ; 73% of African Americans compared to 55% of Caucasian families) and for families (n = 512) whose children were aged 6 to 11 ( $p < .05$ ; 69% of African Americans compared to 37% of Caucasian families). African Americans were 4 times more likely than Caucasians to have a child in the 6 to 11 age group to be placed in out of home care.

The age of the parents of the children had a mixed effect upon the likelihood of the child being placed in out of home care. There was no statistically significant difference for parents who were aged 14 to 19 (n = 41;  $p = .623$ ), aged 40 to 49 (n = 270;  $p = .18$ ) and aged 50

to 90 ( $n = 94$ ;  $p = .94$ ). Statistically significant differences were found for parents ( $n = 450$ ) aged 20 to 29 ( $p < .05$ ; 53% of African Americans compared to 39% of Caucasian families) and for parents ( $n = 747$ ) aged 3 to 39 ( $p < .05$ ; 60% of African Americans compared to 42% of Caucasian families). It was in this last age group that the differences were most evident and African Americans were two times more likely than Caucasians to have their children placed in out of home care.

*The Effects of Race on Predicting Families having a case open with CPS for 3 months or less (Short) by Selected Variables*

The effects of race on the length time a child spent in out of home care was examined by dichotomizing the time a child was involved in the CPS system into two categories: 3 months or less is a short stayer (SHORT) and 18 months or more is a long stayer (LONG). Cross tabulations were run for each of the categories with race by selected variables. The results of the analyses for the dependent variable SHORT were displayed in Table A10.

Race was found to have a statistical significance for many of the variables when examining the associations for those children who were less likely to have a case open with the CPS system 3 months or less. There were statistically significant differences between the races for families ( $n = 1274$ ) with housing problems (10% of African Americans compared to 20% of Caucasian families); families ( $n = 1105$ ) with two or more children in the household (8% of African Americans compared to 17% of Caucasian families); families ( $n = 565$ ) whose households were headed by single mothers (10% of African Americans compared to 20% of Caucasian families) and families ( $n = 717$ ) who had previously had an open case (8% of African Americans compared to 19% of Caucasian families).

There was no statistically significant difference for families ( $n = 615$ ) with children with emotional problems ( $p = .11$ ). In addition, there were two Type I errors. A statistically significant difference was found for families ( $n = 599$ ) who were receiving AFDC benefits ( $p = .02$ ) even though the confidence intervals overlapped (African American 95% CI = .070, .155 and Caucasian 95% CI = .144, .224). Also, a statistically significant difference was found for families ( $n = 429$ ) for whom the primary caretaker had a substance abuse problem ( $p = .03$ ) even though the confidence intervals overlapped (African American 95% CI = .030, .102 and Caucasian 95% CI = .082, .168).

An examination of the association of children's age with the variable SHORT and race revealed a Type I error. A statistically significant difference was found for families ( $n = 679$ ) whose children were aged 12 to 19 ( $p = .02$ ) even though the confidence intervals overlapped (African American 95% CI = .040, .124 and Caucasian 95% CI = .112, .174). There was no statistically significant difference for families ( $n = 150$ ) whose children were aged 0 to 1 ( $p = .78$ ). A statistically significant difference was found for families ( $n = 348$ ) whose children were aged 2 to 5 (5% of African Americans compared to 19% of Caucasian families) and for families ( $n = 462$ ) whose children were aged 6 to 11 (11% of African Americans compared to 23% of Caucasian families).

The age of the parents of the children who were less likely to have a case open for 3 months or less was only statistically significant for one age group. Parents ( $n = 681$ ) aged 30 to 39 (10% of African Americans compared to 20% of Caucasian families). There was no statistically significant difference for parents who were aged 14 to 19 ( $n = 36$ ;  $p = .29$ ), aged 40 to 49 ( $n = 242$ ;  $p = .95$ ) and aged 50 to 90 ( $n = 88$ ;  $p = .121$ ). There was one Type I error. A statistically significant difference was found for parents ( $n = 392$ ) aged 20 to 29 ( $p = .01$  even

though the confidence intervals overlapped (African American 95% CI = .102, .246 and Caucasian 95% CI = .176, .287). The one statistic that stood out for associations among the variables was the odds ratio. For every independent variable for which there was a statistically significant difference, African Americans who were less likely to have a case open for 3 months or less.

*The Effects of Race on Length of Time in Placement (LONG) by Selected Variables*

The results for long stayer were displayed in Table A11. Race was found to have a statistically significant relationship with all of the non age related independent variables when examining the associations for those children who were likely to have a case open with CPS for 18 months or more. There were statistically significant differences between the races for families (n = 1274) who were receiving AFDC benefits (74% of African Americans compared to 52% of Caucasian families); families (n = 717) who had children with emotional problems (81% of African Americans compared to 62% of Caucasian families); families (n = 1030) with housing problems (74% of African Americans compared to 51% of Caucasian families); families (n = 858) with two or more children in the household (75% of African Americans compared to 52% of Caucasian families); families (n = 313) whose primary caregivers had a substance abuse problem (75% of African Americans compared to 57% of Caucasian families); families (n = 440) whose households were headed by single mothers (66% of African Americans compared to 49% of Caucasian families) and families (n = 531) who had previously had an open case (98% of African Americans compared to 50% of Caucasian families). There was no statistically significant differences between the races for children (n = 89) aged 0 to 1 (p = .561). There were statistically significant differences for children (n = 272) aged 2 to 5 (79% of African Americans compared to 53% of Caucasian families); children (n = 369) aged 6 to 11

(75% of African Americans compared to 47% of Caucasian families) children (n = 552) aged 12 to 19 (77% of African Americans compared to 57% of Caucasian families).

An examination of the effect of age of parents upon the length of time a child had a case open with CPS for 18 months or more was mixed. No results were revealed for parents who were aged 14 to 19 because the number of cases (n = 20) were too small to fill all of the cells. No statistically significant difference between the races was found for parents (n = 210) who were aged 40 to 49 (p = .27). Statistically significant differences were found for parents (n = 517) aged 30 to 39 (70% of African Americans compared to 45% of Caucasian families) and for parents (n = 286) aged 20 to 29 (64% of African Americans compared to 42% of Caucasian families).

*The Effects of Race on Number of Services Worker Provided by Selected Independent Variables*

The results for number of services worker provided were displayed in Table A12. Race was not found to have any effect on the number of services provided to families by the selected variables. Only, those families (n = 1232) who had two or more children had a statistically significant difference between the race. This one exception turned out to be a Type I error. Though p = .044 indicated a statistically significant difference, the confidence intervals overlapped (African American 95% CI = .482, .576 and Caucasian 95% CI = .434, .505).

There were no statistically significant differences between the races for families (n = 671) who were receiving AFDC benefits (p = .83); families (n = 626) who had children with emotional problems (p = .90); families (n = 1414) with housing problems (p = .717); families (n = 486) whose primary caregivers had a substance abuse problem (p = .692); families (n = 622) whose households were headed by single mothers (p = .06) and families (n = 794) who had previously had an open case (p = .76). The same associations continued for the amount of



services offered to families by the various age groups of children in the CPS system. There was no statistically significant differences for children who were aged 0 to 1 ( $n = 156$ ;  $p = .77$ ); aged 2 to 5 ( $n = 405$ ;  $p = .54$ ); aged 6 to 11 ( $n = 516$ ;  $p = .34$ ) and aged 12 to 19 ( $n = 742$ ;  $p = .77$ ). The association held true for the parents of children in the system. There were no statistically significant differences for parents who were aged 14 to 19 ( $n = 41$ ;  $p = .15$ ); aged 20–29 ( $n = 451$ ;  $p = .34$ ); aged 30 to 39 ( $n = 750$ ;  $p = .34$ ); aged 40 to 49 ( $n = 271$ ;  $p = .93$ ) and aged 50 to 90 ( $n = 96$ ;  $p = .98$ ).

In summary, there were no statistically significant differences between the races with any of independent variables when comparing the number of families who received 7 or more services with those who received less.

#### *Examine Hypotheses Utilizing Multivariate Logistic Regressions*

- *Children who came from African American families were at a greater risk of having a child maltreatment referral substantiated when compared to children who came from Caucasian families.*

The results from the model (see Table A13) indicated African American families were not found to be at a greater risk of having a child maltreatment referral substantiated when compared to children who came from Caucasian families. Though the hypothesis was not confirmed, race was found to have an effect on child maltreatment rates of substantiation. The inverse effect was found. African American families were less likely to have a child maltreatment referral substantiated when compared to children who came from Caucasian families. A model was tested with child maltreatment substantiated as the dependent variable and 11 independent variables: *race of the primary child, family is receiving AFDC, child has emotional problems, age of child when case was opened, age of primary caretaker when case*

*was opened, child who was a member of a previously opened case, child was previously placed in out of home care, number of children reported to be in household, family is having housing problems, mother is a single parent, and primary caretaker has a substance abuse problem.*

The overall model was statistically significant at the .01 level according to the model chi-square statistic,  $X^2(9, 889) = 118.28$ ,  $p = .01$  with a Pseudo  $R^2 = .10$ . The Hosmer and Lemeshow goodness-of-fit statistic was a  $X^2 = 564.68$ . The level of significance,  $p = .39$ , was not statistically significant and indicated the model was a good fit. The model correctly predicted 71.85% of those who had child maltreatment substantiated and 60.00% for those who did not have referrals substantiated. Overall, 69.52% of the responses were classified accurately. An examination of the variable AFRIAMERICAN and its affect on the model was demonstrated by the *lrtest*. Stata uses *lrtest* command to evaluate the model with and without a variable. Is there a difference in the model? The results of the *lrtest* were  $X^2(1, 889) = 145.79$ ,  $p = .02$  with an AFRIAMERICAN  $R^2 = .003$ . The *odds ratio* for the AFRIAMERICAN coefficient is 0.38 with a 95% CI = 0.15, 0.98. This *odds ratio* can be interpreted as a percentage that predicts the probability of child maltreatment being substantiated, holding all of the other variables constant. Therefore, an African American family's odds of having child maltreatment substantiated decreased 61.5 % compared to a Caucasian family. The amount of explained variance due to being an African American family was .3%. The results revealed that .3% of the explained variance were due to the family receiving AFDC benefits. The odds of this family having child maltreatment substantiated decreased 24% (OR = .76 with a 95% CI = .56, 1.03 with an  $R^2 = .003$ ).

The likelihood of child maltreatment being substantiated decreased 28% as the age of the child increased (OR = .72 with a 95% CI = .64, .89 with an  $R^2 = .008$ ). The results revealed

that .08% of the explained variance were due to the age of the child. The probability of child maltreatment being substantiated decreased 23% for older parents (OR = .77 with a 95% CI = .64, .94), 25% for a single mother (OR = .75 with a 95% CI = .55, 1.03) and 33% for those families with housing problems (OR = .67 with a 95% CI = .46, .98).

The largest effect on the model came from families with children who had previously been placed in out of home care and they accounted for 2% of the explained variance. The odds of having child maltreatment substantiated increased 122% for those families (OR 2.22 with a 95% CI = 1.62, 3.06 with an  $R^2 = .022$ ). They were two times more likely to have child maltreatment substantiated. In addition, 1% of the explained variance was due to a child having emotional problems. Such a child increased the probability of child maltreatment being substantiated by 86% (OR 1.86 with a 95% CI = 1.32, 2.61 with an  $R^2 = .011$ ).

The results revealed that .8% of the explained variance were due to the primary caretaker having a substance abuse problem. The probability of child maltreatment being substantiated increase 75% for such caretakers (OR 1.75 with a 95% CI = 1.22, 2.49 with an  $R^2 = .008$ ) and 64% for homes where there was more than one child living (OR 1.64 with a 95% CI = 1.19, 2.24). Finally, there was an effect on the model by the interaction variable R2AGEC that reflected the effect of being African American and the age of the child. This interaction accounted for .6% of the variance and increased the probability of child maltreatment being substantiated by 53% for the older African American child (OR 1.36 with a 95% CI = 1.10, 1.69 with an  $R^2 = .006$ ). The AfriAmerican  $R^2$  equals the amount of explained variance attributed to the variable AFRIAMERICAN.

- *Social workers will provide fewer services to African American families in comparison to the amount of services Caucasian families will receive.*

The results from the model (see Table A14) indicated there was no difference in the amount of services workers provided to African American families compared to Caucasian families. The hypothesis was not confirmed, and race was not found to an effect on the number of services provided to families by a CPS worker. A model was tested with *a worker provided more than six services to a family* as the dependent variable and 7 independent variables: “*race of the primary child,*” “*family is receiving AFDC,*” “*child has emotional problems,*” “*child who was a member of a previously opened case,*” “*child was previously placed in out of home care*,” “*number of children reported to be in household, family is having housing problems,*” and “*primary caretaker has a substance abuse problem.*”

The overall model was statistically significant at the .01 level according to the model chi-square statistic,  $X^2(7,889) = 146.11$ ,  $p = .000$  with a Pseudo  $R^2 = .12$ . The Hosmer and Lemeshow goodness-of-fit statistic was a  $X^2 = 120.66$ . The level of significance,  $p = .294$ , was not statistically significant and indicated the model was a good fit. The model correctly predicted 65.27% of those who received more than six services from the CPS worker and correctly predicted 68.32% for those who received six services or less. Overall, 66.93% of the responses were classified accurately. The *lrtest* demonstrated that the variable AFRIAMERICAN had no statistically significant affect on the model,  $X^2(1, 889) = 0.07$ ,  $p = .784$ . The *odds ratio* for the AFRIAMERICAN coefficient is 1.07 with a 95% CI = 0.77, 1.47,  $p = .212$ . An *odds ratio* of 1, confirms the absence of race having an effect on the number of services provided to African American and Caucasian families. The largest effect on the model came from families who had previously been placed in out of home care and accounted for almost 4% of the explained variance. The probability of a family receiving more than six services increased by 164% for such children (OR 2.64 with a 95% CI = 1.97, 3.55 with an  $R^2$

= .035). They were almost three times more likely to receive more than six services from the CPS worker.

Other variables increased the likelihood a family would receive more than six services from a CPS worker. The results revealed that .5% of explained variance were due to those families that previously had an open case. The probability of those families receiving more than six services increased 44% (OR 1.44 with a 95% CI = 1.08, 1.92 with an  $R^2 = .005$ ). One percent of explained variance was due to a child who had emotional problems. The probability of receiving more than six services increased 80% for those children (OR 1.80 with a 95% CI = 1.33, 2.44 with an  $R^2 = .012$ ). The primary caretaker who had a substance abuse problem accounted for .3% of the explained variance. The probability of receiving more than six services increased 40% for such a caretaker (OR 1.40 with a 95% CI = 1.01, 1.93 with an  $R^2 = .003$ ).

The results revealed that .1% of explained variance were due to the family receiving AFDC benefits. Receiving those benefits decreased the probability of receiving more than six services by 17% (OR .83 with a 95% CI = .62, 1.11 with an  $R^2 = .001$ ). A family with housing problems decreased the likelihood of receiving more than six services by 66% (OR .34 with a 95% CI = .24, .47).

- *Children who came from African American families were at a greater risk of being placed into out of home care when compared to children who came from Caucasian families.*

The results from the model (see Table A15) indicate that African American families were found to be at a greater risk of being placed into out of home care when compared to children who came from Caucasian families. The hypothesis was confirmed and race was found to have an effect on children being placed into out of home care. A model was tested with

children being placed into out of home care as the dependent variable and 8 independent variables: race of the primary child, family is receiving AFDC, child has emotional problems, age of child when case was opened, family is having housing problems, family lives in a high crime and drug area and primary caretaker has a substance abuse problem. The overall model was statistically significant at the .01 level according to the model chi-square statistic,  $X^2 (7, 889) = 94.85$ ,  $p = .01$  with a Pseudo  $R^2 = .08$ . The Hosmer and Lemeshow goodness-of-fit statistic was a  $X^2 = 194.90$ . The level of significance,  $p = .20$ , was not statistically significant and indicated the model was a good fit. The model correctly predicted 62.75% of children would be placed in out of home care and that predicted correctly that 65.00% would not be placed in care. Overall, 64.12% of the responses were classified accurately. The *lrtest* demonstrated that the variable AFRIAMERICAN had an effect on the model,  $X^2 (1, 889) = 4.20$ ,  $p = .04$  with an AFRIAMERICAN  $R^2 = .003$ . The *odds ratio* for the AFRIAMERICAN coefficient is 1.41 with a 95% CI = 1.01, 1.95. Therefore, an African American family's odds of having a child placed into out of home care increased 40.7 % compared to a Caucasian family. The largest effect on the model came from families with children who had emotional problems (125%, OR 2.25 with a 95% CI = 1.65, 3.05 with an  $R^2 = .022$ ). They were two times more likely to have a child placed in out of home care. The other variables whose effect increased the probability of a child being placed in out of home care were primary caretaker had a substance abuse problem (109%, OR 2.09 with a 95% CI = 1.51, 2.88 with an  $R^2 = .016$ ), lived in a high crime and drug area (37%, OR 1.37 with a 95% CI = .95, 1.98 with an  $R^2 = .002$ ) with an older child (25%, OR 1.25 with a 95% CI = 1.08, 1.45). The probability of a child being placed decreased for a family who was receiving AFDC

(16%, OR .84 with a 95% CI = .63, 1.11 with an  $R^2 = .001$ ) and was having housing problems (34%, OR .66 with a 95% CI = .48, .93).

- Children who came from African American families were at a greater risk of having a CPS case opened for 3 months or less when compared to children who came from Caucasian families.

The results from the model (see Table A16) indicate that African American families were found to be at a greater risk of having a CPS case opened for 3 months or less when compared to children who came from Caucasian families. The hypothesis was confirmed and race was found to have an effect on the length of time a child was involved with CPS. A model was tested with being involved with CPS for 3 months or less as the dependent variable and 7 independent variables: race of the primary child, family is receiving AFDC, child has emotional problems, age of primary caretaker when case was opened, number of children reported to be in household, family is having housing problems and primary caretaker has a substance abuse problem. The overall model was statistically significant at the .01 level according to the model chi-square statistic,  $X^2 (9, 635) = 73.58, p = .01$  with a Pseudo  $R^2 = .09$ . The Hosmer and Lemeshow goodness-of-fit statistic was a  $X^2 = 20.20$ . The level of significance,  $p = .78$ , was not statistically significant and indicated the model was a good fit. The model predicts 82.34% of the responses correctly. The *lrtest* demonstrated that the variable AFRIAMERICAN had an effect on the model,  $X^2 (1, 635) = 13.42, p = .01$  with an AFRIAMERICAN  $R^2 = .016$ . The *odds ratio* for the AFRIAMERICAN coefficient is 0.48 with a 95% CI = 0.28, 0.70. Therefore, an African American family's odds of having a CPS case opened for 3 months or less decreased 55.2 % compared to a Caucasian family. The other variables that decreased the probability that a family would have a CPS case was opened for 3 months or less were the child had emotional

problems (59%, OR .41 with a 95% CI = .27, .62 with an  $R^2 = .024$ ) and the primary caretaker has a substance abuse problem (57%, OR .43 with a 95% CI = .27, .69 with an  $R^2 = .016$ ). The largest effect on the model came from families who had housing problems (143%, OR 2.43 with a 95% CI = 1.44, 4.09 with an  $R^2 = .016$ ). They were two times more likely of having a CPS case opened for 3 months or less. The other variable that increased the probability of having a CPS case opened for 3 months or less was the family was receiving AFDC benefits (32%, OR 1.32 with a 95% CI = .92, 1.89 with an  $R^2 = .003$ ).

- *Children who came from African American families were at a greater risk of having a CPS case opened for 18 months or more when compared to children who come from Caucasian families.*

The results from the model (see Table A17) indicated that African American families were found to be at a greater risk of having a CPS case opened for 18 months or more when compared to children whom came from Caucasian families. The hypothesis was confirmed and race was found to have an effect on the length of time a child was involved with CPS. A model was tested with having a CPS case opened for 18 months or more as the dependent variable and 7 independent variables: race of the primary child, family is receiving AFDC, age of primary caretaker when case was opened, family previously had an open case, number of children reported to be in household, family is having housing problems and primary caretaker has a substance abuse problem. The overall model was statistically significant at the .01 level according to the model chi-square statistic,  $X^2 (5, 641) = 40.84, p = .000$  with a Pseudo  $R^2 = .05$ . The Hosmer and Lemeshow goodness-of-fit statistic was a  $X^2 = 39.95$ . The level of significance,  $p = .97$ , was not statistically significant and indicated the model was a good fit. The model correctly predicted 79.00% of those who were in out of home care for 18 months or



longer and correctly predicted that 77.42% did not remain in care that long. Overall, 78.16% of the responses were classified accurately. The *Lrtest* demonstrated that the variable AFRIAMERICAN had an effect on the model,  $X^2(1, 641) = 18.49, p = .01$  with an AFRIAMERICAN  $R^2 = .021$ . The *odds ratio* for the AFRIAMERICAN coefficient is 2.18 with a 95% CI = 1.52, 3.13. Therefore, an African American family's odds of having a CPS case opened for 18 months or more increased 118% compared to a Caucasian family. The largest effect on the model was predicted by race. African American children were two times more likely of having a CPS case opened for 18 months or more. The other factors that increased the probability of having a CPS case opened for 18 months or more were being an older parent (42%, OR 1.42 with a 95% CI = 1.18, 1.71 with an  $R^2 = .016$ ) with a larger number of children in the home (49%, OR 1.49 with a 95% CI = .105, 2.11 with an  $R^2 = .006$ ). Finally, the that family was receiving AFDC benefits (32%, OR 1.32 with a 95% CI = .92, 1.89 with an  $R^2 = .002$ ) and had a previously opened case decreased the probability of having a CPS case opened for 18 months or more (28%, OR .72 with a 95% CI = .52, 1.00 with an  $R^2 = .004$ )

#### *Comparison of incomplete data and imputed data*

The findings in the results section were based on data analyses of incomplete data: a dataset with missing values. In order to ensure that the missing data did not cause the results to be skewed in magnitude or direction, further analyses were conducted (King, Honaker, Joseph & Scheve, 1998). For each specific outcome, the independent variables that were included in the best overall model were utilized for logistic regressions with the complete or imputed dataset. For example, the overall model for having a CPS case opened for 18 months or more had 5 independent variables: race of the primary child, family is receiving AFDC, age of primary caretaker when case was opened, number of children reported to be in household and

family previously had an open case. The complete dataset was analyzed by entering the five independent variables into a logistic regression model utilizing the Stata software. Since there were 5 imputed datasets, this process was done 5 times. Four key parameters were obtained: odds ratio, standard error, p value and the 95% CI for the odds ratio. The values for the 5 datasets were combined and averaged. The average values for each outcome is displayed in Table A18 and compared to the same values obtained from logistic regressions utilizing the incomplete dataset.

An comparison of the parameters for the incomplete and complete datasets for the dependent variable SUBSTAN (substantiated child maltreatment) revealed no significant differences. The two datasets were similar in direction, magnitude and indication of statistical significance for the two key variables AFRIAMERICAN (OR .38,  $p = .05$  vs. .51,  $p = .05$ ) and AFDC (OR .76,  $p = .07$  vs. OR .81,  $p = .09$ ). Further examination of the other four dependent variables, SERVCAT, PLACE, SHORT and LONG found similar results. The comparisons for SERVCAT were AFRIAMERICAN (OR .96,  $p = .73$  vs. 1.13,  $p = .68$ ) and AFDC (OR .90,  $p = .29$ , vs. OR .89,  $p = .28$ ). The comparisons for PLACE were AFRIAMERICAN (OR 1.41,  $p = .04$  vs. 2.06,  $p = .01$ ) and AFDC (OR .84,  $p = .22$ , vs. OR .97,  $p = .54$ ). The comparisons for SHORT were AFRIAMERICAN (OR .45,  $p = .01$  vs. .73,  $p = .01$ ) and AFDC (OR 1.32,  $p = .13$ , vs. OR 1.04,  $p = .74$ ). The comparisons for LONG were AFRIAMERICAN (OR 2.18,  $p = .01$  vs. 1.85,  $p = .01$ ) and AFDC (OR .81,  $p = .21$ , vs. OR 1.06,  $p = .55$ ). There were no significant differences in direction, magnitude or indication of statistical significance between the two datasets for the two key variables AFRIAMERICAN and AFDC.

Potter, Iannacchione, Mosher, Mason and Kavee (1998) discussed different data analysis results obtained with large survey datasets when utilizing software like SPSS which

assumed data was collected using simple random sample techniques. Potter and Iannacchione et al. found that standard errors obtained utilizing SPSS were always smaller, which sometimes resulted in finding statistically significant differences that weren't really there. Similar results could have been reported in the comparison of the parameters from the complete and incomplete datasets. The comparison of standard errors between the two datasets found the complete dataset to always have the larger standard errors. Though the odds ratio was generally larger in the complete dataset, there was always an overlap of the confidence intervals between the two datasets. This overlap of CIs was an indication that there were no statistically significant differences between the parameters reported for the two datasets. Therefore, the comparisons of the parameters obtained from the data analyses of the incomplete dataset were similar in magnitude and direction to the parameters in the complete dataset.

### Chapter III

#### Discussion

This study examined the effects of race, AFDC and other significant variables upon child welfare outcomes. The present findings, indicated that 11 factors were associated with child maltreatment, 7 with services provided to families, 8 with children placed into out of home care, 7 with cases open with CPS for less than 3 months, and 7 with cases open with CPS for 18 months or more. Such findings indicate that different types and combinations of risk factors may be associated with child maltreatment, services provided to families, children placed into out of home care, and length of time a case is open with CPS.

The results of the logistic regressions revealed that the same factors were not predictive across all outcomes. The outcomes “child maltreatment substantiated,” “more than six services provided to the family” and being “placed in out of home care” shared some common predictor variables: the primary caretaker had a substance abuse problem and a child with emotional problems who had previously been placed in out of home care. Being a Caucasian child was predictive of “child maltreatment substantiated” and for “a case being open for 3 months or less.” Being an African American child was predictive of being “placed in out of home care: and having “a case open for more than 18 months.” “Child maltreatment substantiated” and having “a case open for 18 months” shared one common factor: having a larger number of children in the home. The factors unique to having a child “placed in out of home care” were the family lived with an older child in a high crime and drug area. Families who had housing problems and were receiving AFDC benefits were more likely to have “a CPS case open 3

months or less.” While families headed by an older parent were more likely to have “a case open 18 months or more.”

These findings are significant because they answer affirmatively the research question does race predict outcomes in child welfare? The findings demonstrate that Caucasian families are at a greater risk of having a “child maltreatment substantiated” and for having “a CPS case open for 3 months or less.” In addition, the research confirms that African American children are at a greater risk of being placed in out of home care and for having “a CPS case open for 18 months.”

The rival explanation for differential outcomes for African American and Caucasians in child welfare is poverty. Specifically, the high correlation between African Americans and poverty would explain the over representation of African Americans in the CPS system (Courtney et al., 1996). The proxy for poverty in this study was a family was receiving AFDC benefits. This study failed to find any connection between being African American and a family who was receiving AFDC benefits directly affecting any of the possible outcomes. The interaction between being African American and receiving AFDC benefits was represented by the interaction variable “African American\*AFDC.” It was inserted in every model for every outcome. It was never found to be statistically significant in any of the models.

The results will be discussed to provide possible explanations for the findings. The outcomes “a CPS case open for 3 months or less” and “a CPS case open for 18 months” will be combined into one section called length of stay in out of home care. As previously mentioned in the development of the hypotheses, the large number of non-responses to the query about length of time in out of home care caused Sedlak and Broadhurst (1996), the principal investigators, to create the two variables related to CPS cases being open as a proxy for length

of time in care. Combining the results will allow comparisons to be made to length of stay in care findings in previous studies.

### ***Child Maltreatment***

Race did effect the percentage of child maltreatment referrals that were substantiated when African American and Caucasian families were compared. However, the findings were in the opposite direction than were hypothesized. Instead of African American families having a higher rate of child maltreatment being substantiated, it was Caucasian families who had the highest rates of child maltreatment being substantiated.

The preliminary bivariate results did find that, when compared to Caucasian families, the African American families had higher rates of child maltreatment substantiation. The logistic regressions told a different story when other possible predictor variables were entered into the analysis. While the bivariate analysis found an odds ratio of 1.4 for African American families compared to Caucasian families, that relation became negative in the logistic regression model and the odds ratio was 0.38 for African American families when compared to Caucasian families. Therefore, the probability of an African American family having child maltreatment substantiated decreased 61.5 % compared to a Caucasian family.

Child maltreatment substantiation was affected negatively by a family who was receiving AFDC benefits. The odds ratio for such a family was .76. Therefore, the probability of child maltreatment being substantiated decreased 24% for a family who was receiving AFDC benefits.

One of the strongest predictor variables for having child maltreatment substantiated was a child with emotional problems. This coincided with the 45% of the Caucasian children in

the sample having emotional problems compared to only 32% of the African American children. This was consistent with the findings of Lennings (2002).

Substance abuse was also a strong predictor variable of child maltreatment substantiation. In this case, the bivariate results revealed that 42% of African American families had a primary care taker with a substance abuse problem compared to only 24% of Caucasian families. Further research needs to be done to explain the differences in the races for child maltreatment since there were no interaction variables that were statistically significant that could explain the differences. The results were consistent with the Sun, Shillington, Hohman and Jones (2001) study which found that the effects of race on child maltreatment substantiation disappeared when substance abuse was one of the key variables. Among those cases where substance abuse was not present, they found racial inequality was evident with a higher percentage of African Americans substantiated for child maltreatment.

Although, the findings relative to “child maltreatment substantiation” in this study were the inverse of the expected outcomes, they compare favorably to the results reported in a national study conducted by Sedlak and Broadhurst (1996). Sedlak and Broadhurst compared rates of child maltreatment between African American and Caucasian families and found no difference when looking at the incidences of child maltreatment. But, after the authors controlled for family income and family size, it was found that the rates for child maltreatment substantiation was much lower for African American families compared to Caucasian families (Sedlak, Bruce and Schultz, 2001)

These findings demonstrated that an examination of bivariate frequencies was not sufficient when attempting to explain outcomes. But, why were the expected outcomes between African Americans and Caucasians reversed? The answer may lie in the work of Saunders and

Nelson (1993) who in their Pennsylvania study of child maltreatment, reported no differences in the incidences of child maltreatment among African American and Caucasian families. They did find that CPS workers treated African American and Caucasian families differently when deciding whether or not to substantiate child maltreatment. While CPS workers might confirm a neglect referral of poor hygiene for a Caucasian family, they would only substantiate a similar referral for an African American family if they felt the neglect was chronic. Such decision making could lead to two negative outcomes for African American families. First, by failing to confirm neglect referrals for African American families, these families would be denied access to CPS services when the neglect problem was potentially most easily addressed. Two, by waiting until the neglect referral had escalated to a chronic state, the CPS worker might feel the regular slate of services would not be effective and might recommend placement into out of home care.

Fletcher (1997) looked at social work interventions based on worker expectations toward clients. Utilizing *Social Information Processing Theory* as a framework Fletcher found that a client's race could affect a social worker's interactions with a client, which could lead to differential outcomes for the client based purely upon the client's race. At the intake stage, the worker's expectations based upon race could affect whether or not a client was accepted into the human services system. Following this rationale, it is not difficult to understand how the race of a family could affect whether or not a child maltreatment referral was substantiated. One must remember that CPS services can only be accessed after a child maltreatment referral has been substantiated. Dilworth-Anderson and Johnson (1993) reported, it was the perceived deviation from Eurocentric norms that was the "basis for differential access to" services (p. 628). Therefore, this author asserted that it would only be natural for Caucasian CPS workers to



distribute scarce services in an inequitable manner. Caucasian families benefited from having child maltreatment substantiated. Furthermore, Hogan and Siu (1988) reported that the tolerance shown towards some behaviors in minority families contrasted with a paradoxical harshness shown towards those same families when there was CPS intervention. African American children were placed in out of home care more frequently than Caucasian children were. Hogan and Siu found the differential treatment of African Americans and Caucasians in both instances to be an example of Caucasian bias in the CPS system.

Poverty was the rival explanation for differential child maltreatment outcomes for African Americans and Caucasians. Researchers discussed the correlation between poverty and child maltreatment. Drake and Zuravin (1998) in their comprehensive review of the literature made a strong case for the association between child maltreatment and poverty. Sedlak and Broadhurst (1996) found that families with incomes below \$15,000 a year were 22 times more likely to experience an incidence of child maltreatment. Courtney et al. (1996) reviewed the literature and found that economic deprivation and its connection to child maltreatment explained the presence of most of the children in out of home care. This is not a new perspective; Gil (1970) and Pelton (1978) discussed the connections between child maltreatment and poverty. Furthermore, Pelton (1989) attributed the disproportionate number of poor African Americans as the reason that so many African American families were involved with the CPS system.

This author disagrees with the poverty – child maltreatment assertions and finds such explanations to be faulty when other factors are brought into the analysis. For example, Morton (1999) had problems with income being offered as a reason for the over representation of African Americans in CPS. He argued that if income explained the over representation of

African Americans, why aren't Hispanics equally over represented in the CPS system. He found that 30.4 % of Hispanics in the U.S. have family incomes below \$15,000, which is approximately the same percentage for African Americans in the U.S. But, he found the proportion of Hispanics in the CPS system to be underrepresented when compared to African Americans in the system.

Spearly and Lauderdale (1983) in their Texas study of factors that contributed to child maltreatment, found after controlling for all statistically significant variables that African American families had higher rates of child maltreatment being substantiated. In addition, they specifically looked at the effects of poverty on child maltreatment. They found that families who were receiving AFDC benefits had lower rates of child maltreatment substantiation. This was understandable, since families receiving AFDC benefits were experiencing less stress because they were potentially receiving housing, medical, food and financial assistance. If the stressors of poverty were highly correlated with child maltreatment, there should have been a decrease in those stressors and the rates of child maltreatment for families who are receiving AFDC benefits.

### ***Services Provided to Families***

Race was not found to effect the amount of services that CPS workers provided to African American families compared to Caucasian families. This was consistent with the work of Levine, Doucek, Freeman and Compaan (1996). They reported finding no difference in the amount of services received by African American and Caucasian families in their study.

DePanfilis & Zuravin (2001) conducted both bivariate analyses and logistic regressions and found that race was not predictive of a case opening with services.

The primary caretaker having a substance abuse problem was also a strong predictor that a family would receive more than six services from the CPS worker. The probability of receiving more services increased 40% for the caretaker's family. These results were consistent with finding of DePanfilis and Zuravin (2001) who found a positive relationship between substance and having a case opened with services.

Families whose children had emotional problems were more likely to receive more than six services from CPS worker. The likelihood of receiving more services increased 80% for children with emotional problems. This was consistent with Levine, Doucek, Freeman and Compaan (1996) study that found counseling services were more frequently offered to Caucasian families when a child had emotional problems.

Another explanation was offered by Courtney et al. (1996) who reported that Caucasian children in foster care were more likely to receive child welfare services (e.g., family services, counseling or face-to-face contacts) than were those of other racial and ethnic groups. Worker contact is a service offered to all families (Stehno, 1990). Olsen (1982) reported that CPS workers visited African American children less often than they visited Caucasian children. Fanshel and Shinn (1978) reported higher rates of reunification for families who were visited the most and had the most contact with their social workers.

Since the findings relative to "services provided to families" in this study did not confirm effects of race, further research may be needed in a future study to examine the type of services received by African American and Caucasian families. For example, did African American and Caucasian families receive the same services after the child maltreatment referral was substantiated? Did they receive the same number of worker contacts after the child was placed into out of home care?

*Children Placed into Out of Home Care*

Race was found to effect the rates of placement into out of home care for African American children compared to Caucasian children. The probability of being placed increased 40% for African American children compared to Caucasian children when holding all of the other variables constant. This finding is consistent with a variety of studies that have addressed the over representation of African American children in out of home care every decade during the last 40 years (Fanshel & Shinn, 1978; Garland, Ellis-McAllen, Landswerk, Ganger & Johnson, 1998; Jenkins & Diamond; 1985; Maas and Engler, 1959). The Davis et al. (1995) study called the over representation of African American children a long-standing problem that was still with us. They noted several studies that had previously addressed the problem (Fein, et. al., 1990; Kluger, Fein, & Maluccio, 1988; McMurty & Lie, 1992; Pelton, 1990; Seaberg & Tolley, 1986).

Other statistically significant variables predicting placement into out of home care were found in the study. Children with emotional problems were twice as likely to be placed in out of home care. This finding was consistent with previous studies (Jenkins & Norman, 1975; Mech, 1985). The odds ratio for a child being placed from a home where the primary caretaker had a substance abuse problem was 2.04. Therefore, the odds increased 100% the likelihood that a child coming from a family where the primary caretaker had a substance abuse problem would be placed in out of home care. This was consistent with the studies by Lindsey (1994) and Neuspiel, Zingman, Templeton, DiStabile and Drucker (1993).

Children who lived in a high crime area had an odds ratio of 1.4 that increased their likelihood of being placed in out of home care. The probability of their being placed was 37% greater than for those who lived in safer areas. This was consistent with the work of McMurty

and Lie (1992) and Jenkins and Diamond (1985) who found that the environment where children resided impacted upon the likelihood of them being placed in out of home care. Children from “unsafe” neighborhoods were more likely to be placed into out of home care when compared to children from “safer” communities.

The last factor that increased the likelihood of placement was the age of the child. The study found that older children had an odds ratio of 1.25. This meant as a child’s age increased they were 25% more likely to be placed than were younger children. This was consistent with the studies of Lindsey (1991) and Katz, Hampton, Newberger, Bowles and Snyder (1986).

The alternate explanation for the over representation of African American children in out of home care was directly related to the poverty – child maltreatment thesis. This proposition was consistent with the studies by Courtney et al. (1996) and Zuravin and DePanfilis (1997) who reported no evidence that CPS decision making was racially biased and reached the opposite conclusion. In Zuravin and DePanfilis study, African Americans represented 78.9% of the total population and 64.7% of that group was receiving AFDC. The authors utilized logistic regression analyses to examine the likelihood of race being a factor. They found no differences between African American families and Caucasian families when examining out of home placement rates. Zuravin and DePanfilis attributed the differential outcomes to the percentage of African Americans receiving AFDC and not to race.

The findings this dissertation reached led to an opposite conclusion. The odds ratio for families who were receiving AFDC was .84. Therefore, the relationship between out of home care and receiving AFDC was a negative one. Families who were receiving AFDC were 16% less likely to be placed into out of home care compared to those who were not receiving AFDC benefits. These findings were consistent with Lindsey (1991, 1994) who found that families

who were receiving AFDC benefits (government support) were less likely to have their children removed compared to families who did not need government assistance. Lindsay found that government support was a stabilizing influence for a family. This contrasted to other means of support, which could be erratic (e.g. money from friends or family.). Even those persons who are employed could become unemployed, while the government checks were guaranteed to arrive at the end of the month.

Historically, Pelton (1990) noted, in this U.S. the greatest increase in the out of home care population was from 1961 through 1977. During those years, the foster care population increased from 245,000 to approximately 500,000; and equally significant, the percentage of children living in poverty *decreased* during this same time period. Therefore, the simple correlational relationship between poverty and child maltreatment must be rejected for this time period in child welfare history.

#### *Length of Stay in Out of Home Care*

Race was found to have an effect upon the length of time a child had a CPS case open. The odds ratio for African American children having “a case open for 3 months or less” was 0.48. This compared with 2.18 odds ratio for African American children having “a case open for 18 months or more.” Therefore, the two variables for open CPS cases that were derived to represent length of time in care, clearly confirmed that race had an effect upon the length of time an African American child spent in out of home care. Using the case open for more than 18 months as a proxy for length of time in out of home care, the probability for an African American children remaining in out of home care increased 118% when all other variables are held constant.

The study's findings were consistent with much that has been written in the literature noting that African American children on average spent a longer length of time in out of home care (Fanshel & Shinn, 1978; Jenkins & Diamond, 1985; Kluger, Fein, & Maluccio, 1988; McMurty & Lie, 1992; Olsen, 1982; Pecora, Whittaker, Maluccio & Barth, 2000; Wulczyn, Brunner, Dilts & Goerge, 2000). Close (1983) and Stehno (1982,1990) reported that disparity between African Americans and Caucasians still existed after controlling for income. Albers, Reilly and Rittner (1993) found that African American children spent a longer amount of time in out of home care and attributed it to worker bias. Rosner and Markovitz (1997) and Hogan and Siu (1988) contributed the disparity in length of time in out of home care to racism: structural, cultural and individual.

A study by Courtney (1994) found that African American children spent a longer amount of time in out of home care. He speculated that it might be due kinship care. Courtney said that a larger percentage of African American children compared to Caucasian children were placed into kinship care. In general, he said children tend to remain longer in kinship care than they do in family foster care.

Courtney's speculation must be questioned in two areas. First, one example of typical kinship care would be a grandparent taking in a child and raising him or her. In 1998, contrary to the stereotypes held by many, more Caucasian children were being raised by a grandparent in this country. A comparison by race of grandparent led households containing grandchildren in the U.S. found that 43.8% were Caucasian, 34.5% were African American and 17.5% were Latino. It must be noted, these numbers do not reflect kinship care supported by public agencies. Those families tend to be poorer and are more likely to be African American

(Olewine, 2003). Second, Courtney's speculation about length of time in kinship care was not supported by any empirical data.

The length of time a child spent in out of home care was affected by other factors. The odds ratio for a child whose family was receiving AFDC benefits was 1.32. Therefore, the probability of the child remaining in care increased 32% for a child whose family was receiving AFDC benefits compared to a child whose family received no benefits. This was consistent with Courtney's (1994) study that found children from AFDC eligible families remained in care longer than children who came from more affluent homes.

The odds ratio for an older parent was 1.32. The probability of remaining in out of home care increased 42% for children whose caretaker was an older parent. This contrasted with the work of DePanfilis (2000) who also looked at the age of parents and found younger parents were more likely to be associated with child maltreatment. The other factor that was predictive of longer stays in care was coming from a large sized family. The odds ratio was 1.49 and the probability of remaining in care increased 50% for children who came from larger families. This was consistent with the work of DePanfilis (2000) who found that larger family size predicted child maltreatment. A Younger parent lacks experiences and therefore is less aware of child development and is at a higher risk of abusing his or her child. Larger families increase the likelihood of family instability because resources (physical and psychological) are proportionally reduced.

An alternate explanation was explicated in the longitudinal Maryland study of Benedict and White (1991) who explored factors associated with length of stay in out of home care. The findings revealed no racial, gender or age effects upon the length of stay in out of home care. Maternal substance abuse was a factor. Substance abuse treatment is not an easy pathway for a



parent and therefore, complete sobriety is not easy to achieve. So, it is understandable that children with parents with substance abuse problem would spend a longer amount of time in care. In the current study, the bivariate analysis revealed there was no statistically significant difference between the percentage of African Americans and Caucasians who had a substance abuse problem.

### *Implications for Policy and Practice*

The findings in this study confirmed that race effected the outcomes for “child maltreatment substantiation,” “placement into out of home care” and “length of time in out of home care.” Equally important, the results demonstrated that the effects of being a recipient of AFDC benefits did not confound the effects of race when comparing CPS outcomes for African American and Caucasian families.

#### *Child maltreatment substantiated.*

Policies and practices related to child maltreatment substantiation are particularly important because this is where the first evidence of differential outcomes for African American and Caucasian families is first revealed. Different policies and practices that are beneficial to African American families and their children could lead to fewer children being placed and reduce the overall over representation of African American children in the CPS system.

*Practice.* The area of child maltreatment substantiation and practice has been the focus of much research (Baird, 1997). Therefore, the decision making of CPS workers has come under much scrutiny. CPS workers must be aware that during the decision making process their unconscious biases may come into play to the detriment of African American families and their children. As most CPS workers in the field recognize, child maltreatment is frequently in

the eye of the beholder (Francine Carter, CPS Supervisor, Debora Vallee, CPS worker, personal communications, 2000). The current definitions of child maltreatment are very subjective. Therefore, substantiation of reports depends upon the individual worker who conducted the investigation. The current system can easily accommodate the Eurocentric bias that many CPS workers have ingrained within them when they decide to substantiate a case or not based upon that workers experience, child welfare knowledge and her interpretation of the child maltreatment definitions. In order for African American and Caucasian families to receive equity in the CPS system, the CPS worker must acknowledge the Eurocentric bias that is pervasive throughout the CPS system. Race has an effect upon most therapeutic interventions. A failure to acknowledge the significance of race does not serve the interest of the client nor of the worker (Morris, 2001).

Drake and Pandey (1996) discussed norms in their study to explain the differences in substantiation rates among neighborhoods. CPS workers when decision making treat Caucasian families differently than they do African American families. The CPS workers' expectations are lower for African Americans. This is consistent with the findings of Saunders and Nelson (1993). The cultural norms in this society are middle class and Caucasian (Pinderhughes, 1989). It is one thing to say it, but it is another to recognize the effects a CPS system dominated by Caucasian, middle class values can have upon African American families.

*Policies.* It may be time to give more credence to the perspective put forth by Lum (1986) and others (Montiel & Wang, 1983; Spencer, Brookings & Allen, 1985) that the child protective services system promulgates policies that support racism and oppression of African Americans. Davis et al. (1995) called for ethnic sensitivity training. Yet, others have rejected renewed calls for training in diversity, multiculturalism and ethnic sensitivity as insufficient

(Graham, 2000). Graham discussed "Paper 30" published by the Central Council for Education and Training in Social Work (CCETSW), which is the equivalent of the Council on Social Work Education (CSWE) in the United Kingdom, and its "requirement to infuse anti-racist concerns throughout the curriculum" (CCETSW, Paper 30, 1989 as cited in Graham, 2000, p. 1). The paper acknowledged the 'endemic nature of racism in the values, attitudes and structures of British society' (p.1). Outlined in the paper were the basic principles of "anti-racist" social work. Some of the excerpts were as follows:

- Anti-racist *social work* critically examines the dynamics of institutional racism that produces an over-representation of black people subject to the *social* control functions of *social work* institutions....
- *Social* worker awareness of personal biases, attitudes and stereotypes, challenges others and institutions....
- The central tenet of anti-racist discourse is the interrogation of power relationships in society.... It is the centrality of Eurocentric knowledge as the norm and its universal application that has often served to oppress and disempower black people, families and communities (Schiele, 1996 as cited in Graham, 2000, p.2).

It would be helpful to the CPS system and African American families if some of these principles were acknowledged and adopted into CPS training packets. An acknowledgement of the endemic nature of racism in the values, attitudes and structures of American society and social work institutions would be a first step towards ameliorating some of the inequalities that African American families experience in the CPS system.

Finally, one radical solution to the over representation of African American children in out of home care would be to stop placing African American children when the child

maltreatment allegation was neglect. It would be mandated that all African American children and their families receive family preservation services when neglect was substantiated. Except in the most egregious cases, a child could not be placed in out of home care until it was documented that the family had received a minimum of 3 months worth of services.

### *Services*

*Practice.* The results of the study found no statistically significant differences between the number of services that were offered to African American and Caucasian families. Still, considering the effects of race found in the other outcomes, CPS workers should be aware of race when offering and attempting to implement service plans. Most of the families who come into contact with CPS are poor and come from poor communities. When resources are few, poor African American families may find that racism plays a role in limiting their access to services (National Research Council, 1993 as cited in Levine, Doucek, Freeman & Compaan, 1996). At a time when resources are being reduced for the poor and the homeless because of budget deficits, it may become incumbent on CPS workers to advocate strongly in the community for clients seeking public assistance, displaced worker, low income housing, substance abuse treatment, community based health and mental health programs (Stehno, 1990).

Laszloffy and Hardy (2000) discussed outcomes in family therapy and reported that racism can not be removed from a therapy session by a therapist with good intentions. The most effective way to reduce the harmful affects of racism is to monitor "carefully 'what we say,' 'what we do,' and, most importantly, to ask ourselves: 'What is it that we really believe'" (p. 14, para. 5). It would be important for CPS workers to adopt the same attitude as Laszloffy and

Hardy when creating and implementing service plans with children and families who are African American.

*Placement in out of home care.*

*Practice.* CPS workers must remain alert to any of their practices that might have contributed to the over representation of African American children in out of home care. Chapin Hall (1966 as cited in Baird, 1997) reported, “most (CPS) decisions are based upon individual worker bias, expertise, education, and intuition. As a result, actions taken by workers were often inappropriate and sometimes completely indefensible” (p.1).

Neglect was the reason most African American children were placed in out of home care. In the U.S. the most prevalent type of reported neglect was lack of supervision (DHHS, 1997). Therefore, it must be remembered that in this new era of child rescuers (Pelton, 2000), that the majority of African American children were placed in out of home care because of lack of supervision and not physical abuse.

*Policies.* How CPS workers define neglect is a serious problem for African American families and their children in this country. Child maltreatment definitions and policies affecting children and families vary greatly among the states and within states (Kluger et al., 1988). There is a need for uniform policies defining abuse and neglect. There are federal guidelines and there needs to be a consensus on definitions. Acceptance of these federal guidelines needs to be tied to the federal funding that each state accepts, because approximately 60% of the states include poverty-related neglect as part of their definition of child maltreatment (Kluger et al., 1988).

Child neglect has been a child welfare problem for over 100 years. Solutions have frequently focused on perceived deficits in the family. This ethos which started with the

friendly visitors has now evolved from the early settlement worker to ADC investigators to the current CPS workers who were told services can not be provided without abuse or neglect being substantiated (Pelton, 1989). An effort needs to be made to change the CPS mandate from control of families to support of families. This would enable workers to better ameliorate the causes of neglect. The consequence of workers supporting families would have multiple benefits for child, family and worker. A worker who was seen as an agent of change, instead of an agent of social control would be welcomed into the community. Stress levels and job turnover would decrease significantly for workers whose job was to assist families in preventing or reducing levels of child maltreatment.

*Length of stay in out of home care.*

The full effects of race and racism become quickly evident when examining the length of stay in out of home care for African American children. The cumulative affects of race and racism in child maltreatment substantiation and placement in out of home care were revealed in the largest disparity between the races when comparing the length of stay in out of home care. The probability of remaining in out of home care increased 118% for an African American child compared to a Caucasian child. While the probability only increased 32% for remaining in out of home care for a family who was receiving AFDC benefits.

The problem of the over representation of African American children in long term out of home care is not one of race but of racism. The time has come to recognize that the over representation of African American children in out of home care can no longer be safely placed in that comfortable category of insoluble problems called poverty. Maas and Engler (1959) cited the problem in the fifties, Jeter (1963) in the sixties, Billingsley and Giovannoni (1972) in

the seventies, Downs (1986) in the eighties, and more recently, Whittaker, Maluccio and Barth (2000) cited the over representation of African Americans in CPS as a problem.

*Practice.* African American families have faced many barriers in their attempts to be reunified with their children. For example, Fanshel & Shinn (1978) reported higher rates of reunification for families who were visited the most and who had the most contact with their social workers. Worker contact was required to facilitate family visitation (Stehno, 1990). Olsen (1982) reported that CPS workers visited African American children less often than they visited Caucasian children. Kluger, Fein and Maluccio (1988) found that overall social worker contacts with African American family and children were 2.9 compared to 7.2 with Caucasian families. Workers must become aware of such disparities and attempt to rectify them if they exist. There were more barriers, but more important were the policies put forth that might prevent the families from ever being reunified. Policies like the *Adoption and Safe Families Act of 1997*.

*Policy.* The *Adoption and Safe Families Act of 1997 (ASFA)* may have disastrous consequences for African American children who remain in out of home care for more than 12 months. *ASFA was passed in 1997* in an effort to address the problem of children lingering in out of home care without a permanent plan. "Foster care drift" is another name for this phenomenon. ASFA required the amount of time children could be maintained in foster care without a permanent plan be reduced from 18 to 12 months. If a parent could not be reunified with their child within 12 months, procedures to terminate that parent's rights over that child were to begin. ASFA's goal to reduce the amount of time a foster child spends in out of home care may be beneficial for Caucasian families but it may be a disaster for African American children and their families who on average spend over 18 months in care (Guggenheim, 2002).

As the findings in my study confirmed, a disproportionate number of African American children will be affected by the new 12 month standard. This was especially egregious, since African American parents already have their parental rights terminated more frequently than do Caucasian parents (Olewine, 2003). Kapp (2002) reported in a study of the CPS system in Kansas, a significant disparity when comparing mothers who lost custody of their children because their rights were terminated. 75% of African American children's mother rights were terminated in comparison to 57% of Caucasian mothers.

### *Limitations*

The dissertation was a secondary data analysis of the *National Study of Protective, Preventive and Reunification Services Delivered to Children and Their Families* (U.S. DHHS, 1997). Therefore, the study was retrospective or cross sectional. A secondary data analysis looks back at data and describes associations between variables. A much better way to make inferences was to do a prospective study. The strength of a prospective study was that one could observe the relationships developing and would be more aware of other potential confounding variables that might effect an outcome.

Another significant limitation that arises when doing secondary data analysis of survey data was the problem of missing data. In this study some key data were missing. For example, almost 25% of the data are missing information on whether or not the client was receiving AFDC benefits. Poverty was a key variable in this study. This author utilized AFDC as a proxy for poverty. This was reasonable, since a family must be living below the poverty line in order to be eligible for AFDC benefits. One answer to the problem was to delete those cases that have missing data. A great deal of information would be lost about the data set if that were to



be done (Howell, 1997; Little, 1987). Instead I addressed problem by imputing the missing data. The imputation of data will be discussed in the data analysis section.

Sampling error estimation was an area of concern with large secondary data sets whose designs have included stratification, clustering, and over sampling. Such methods prevent the use of statistical programs such as SAS or SPSS for variance estimation. The variance estimates from these statistical programs may severely underestimate the sampling variance. Therefore such programs like Stata which possesses the specialized techniques for estimating sampling variances must be used. Unfortunately, the data set was obtained from the National Data Archive on Child Abuse and Neglect (NDACAN) and the administrators who were unable to provide the “strata” or the “PSU” variables that were required for Stata to properly estimate the variance. Proper variance estimates are needed to enable a researcher to make inferences from a sample to a population. With the appropriate variance estimates one can say a particular sample is representative of the whole population. The findings in that sample can be attributed to the population as a whole. One can generalize the results from that sample to the whole population. Without accurate variance estimates, the findings and results are limited to that specific sample. Therefore, no generalizations can be made about this dataset.

Variable selection has always been a problem for those conducting a secondary analysis. The variables used in this study were selected by reviewing the child maltreatment literature. For example, in this particular study, there was no variable that could directly look at the effect of race on CPS decision making process. Another limitation that was previously discussed in this dissertation was the lack of standardized definitions of child maltreatment in the U.S. Therefore, from state to state the definitions may vary. So the results must be judged with that inconsistency in mind.

A final perceived limitation of this dissertation may be the amount of explained variance that was found in the overall models in the logistic regressions. In this dissertation, the effect of race as measured by the percentage of the outcome explained by the variance of being an African American child was as follows: 1) The explained variance for child maltreatment being substantiated attributed to being an African American was  $R^2 = .003$  and the explained variance for the overall model was  $R^2 = .10$ ; 2) The explained variance for a child being placed in out of home care attributed to being an African American was  $R^2 = .003$ , and the explained variance for the overall model was  $R^2 = .08$ ; 3) The explained variance for a child who had a case open for 18 months or longer attributed to being an African American was  $R^2 = .02$  and the explained variance for the overall model was  $R^2 = .05$ . The highest  $R^2$  for being an African American children was the 2% of explained variance for a child who had a case open for 18 months or longer. It also must be noted that the highest amount of variance explained in any of the models was the 10% for "child maltreatment being substantiated." And, that was with all of the statistically significant predictor variables included in the model. Therefore, when looking at any of the models, one must realize that almost 90% of the variance were unexplained. So, it must be said that social science researchers have a long way to go before they can adequately explain outcomes in CPS.

Accepting the aforementioned limitations, this secondary analysis of the *National Study of Protective, Preventive and Reunification Services Delivered to Children and Their Families* (U.S. DHHS, 1997) was necessary and needed at a time when more and more families of color, especially African Americans appeared to be receiving differential services from the CPS system in comparison.

*Areas of Future Research*

The areas of future research should build upon the findings in this study. Race effected CPS outcomes. The rates of “child maltreatment substantiation” for African American and Caucasian families were found to have a statistically significant difference. Therefore, one goal of future child maltreatment research should be to examine the effects of racism on child maltreatment substantiation. In the logistic regression model that analyzed “child maltreatment substantiation,” the total amount of explained variance found in the final model was 10%. That meant 90% of the variance was unexplained. Racism as a variable has been found to affect the relationship between clients and therapists (Laszloffy & Hardy, 2000). Therefore, an examination of the CPS workers’ demographics might make a contribution to some of the unexplained variance. What was the race of the worker? What was the SES of the worker growing up?

In addition, when looking at explained variance Pedahazur & Schmelkin (2000) assert that R square is not as simple to interpret as many researchers would have you believe. Results are frequently dependent upon how the analyses were conceptualized. Multiple regression analysis can be seen as a basic single-stage model of a “path analysis.” In a multistage model, the effects of one variable can change depending upon how the model is designed. For example, the effect of race on “child maltreatment substantiation” might change in a path analysis depending upon which variables were analyzed first: “poverty” or “substance abuse.” The utilization of “path analysis” to examine the key variables that effect “child maltreatment substantiation” might be particularly illuminating.

Finally, neglect is a facet of child maltreatment that can be affected by the decision making bias of the CPS worker (Saunders & Nelson, 1993). In the NIS-3 study of child

maltreatment, substantiated incidences of neglect by a parent was most prevalent for African American children (Sedlak & Broadhurst, 1996). Child neglect has been defined as the failure of the primary caregiver to provide the child with the basic necessities of life (Zuravin & DePanfilis, 1997). How one defined the “basic necessities of life” can be quite subjective. Neglect can be defined as the failure to provide adequate food, shelter, clothing, medical and mental health care, education and supervision of the child’s activities. Therefore, logistic regressions should be utilized to further explore effects of race on the different types of neglect being substantiated.

## Chapter V

*Summary*

This dissertation examined the effects of race and poverty on child welfare outcomes in an effort to explain the over representation of African Americans throughout the CPS system. Five hypotheses were studied and tested that asserted African Americans and Caucasians would have statistically significant different rates of child maltreatment substantiation; receive different number of CPS worker provided services, would have different rates of placement in out of home care and would spend different lengths of time in out of home care.

The effects of race and poverty were studied through a secondary data analysis of a national dataset that examined the characteristics of children and families who were served by CPS from March 1, 1993 through March 1, 1994. The dataset, the *National Study of Protective, Preventive, and Reunification Services Delivered to Children and their Families, 1994* (U.S. D.H.H.S, C. B., 1997) selected participants who came from cases within public child welfare offices that provided child protective services. The USDHHS, CB (1997) utilized a two-stage stratified random sample design covering all 50 states and the District of Columbia. The final sample had 2109 cases of which 1387 of the sample had a referral of abuse/neglect substantiated.

A descriptive analysis was conducted that revealed any missing data problems. A large amount of data was found to be missing. In order to have a more complete dataset and to reduce the potential bias that might be caused by ignoring those missing cases, the missing values were imputed utilizing the AMELIA software (King, Honaker, Joseph, Scheve & Singh, 2000). At the next step, bivariate and logistic analyses were conducted using data from incomplete

dataset. Logistic regressions were also run on the imputed dataset (complete) and the results were compared to the results from the incomplete dataset.

The direction and magnitudes of the parameters from incomplete and complete datasets were similar. The overall results from the logistic regressions confirmed for 4 of the 5 hypotheses that race did effect the child welfare outcomes when African Americans and Caucasians were compared. The results of the 5 hypotheses, starting with the first hypothesis were as follows: 1) In regard to child maltreatment substantiation, the results were the inverse of expectations. The probability of an African American family having child maltreatment substantiated decreased 61.5 % compared to a Caucasian family. 2) Race was not found to effect the amount of services that CPS workers provided to African American families compared to Caucasian families. 3) The probability of being placed increased 40% for African American children compared to Caucasian children. 4) An African American family's odds of having a CPS case opened for 3 months or less decreased 55.2 % compared to a Caucasian family. 5) An African American family's odds of having a CPS case opened for 18 months or more increased 118% compared to a Caucasian family.

The other substantively important variable in this study was AFDC, which represented a family that was receiving AFDC benefits. AFDC was a proxy for poverty in this study since the income for a family must be below the poverty line to be eligible for AFDC. Poverty was not found to confound any of the outcomes in this study. None of the interaction variables representing race and poverty (AFDC \* AFRIAMERICAN) were statistically significant in any of the logistic regression models. The only outcome that was positively effected by the family receiving AFDC benefits was the time a CPS case was opened. The probability increased 32% for those families having a case open for 3 months or less and for 18 months or more. The

variable AFDC was not found to be statistically significant in four of the five logistic regression models. It was only statistically significant for families receiving services. It had a negative relationship to the occurrence. Families who were receiving AFDC benefits were most likely to receive fewer services.

A review of the implications for practice and policy found that an acknowledgement of the endemic nature of racism in the values, attitudes and structures of American society and social work institutions would be a first step towards ameliorating some of the inequalities that African American families experience in the CPS system. The most effective way to reduce the harmful affects of racism is to monitor “carefully ‘what we say,’ ‘what we do,’ and, most importantly, to ask ourselves: ‘What is it that we really believe” (Laszloffy & Hardy, 2000, p. 14, paragraph 5). Finally, workers who were able to work towards supporting families, instead of controlling families would be welcomed into the community. Stress levels and job turnover would decrease significantly for workers whose job it was to assist families in preventing or reducing levels of child maltreatment.

One of the limitations of this dissertation was that it was based upon cross-sectional data. Therefore, the secondary data analysis looked back at data and described associations between variables. A much better way to make inferences was to do a prospective study. A problem that often arises when doing secondary analysis of survey data was the problem of missing data. It was common for large survey datasets to have missing responses. Large amounts of missing data may make findings suspect. Finally, survey datasets most often include designs that included stratification, clustering, and over sampling. This type of sampling necessitated the use of software like STATA, which had the capability of analyzing survey data. Unfortunately, a key variable that was needed for STATA to properly analyze the

data was not available from the data administrator. This prevented any inferences to be made from the sample to the whole population.

There are three possible areas of research that might lead to a better understanding of how race effects CPS child maltreatment substantiation. First, a goal of future child maltreatment research should be to examine the effects of racism on child maltreatment substantiation. Therefore, the race of a CPS worker might predict interactions with families that could lead to a greater probability of differential outcomes for African American and Caucasian families. Second, the conceptualization of the data analysis is very important. The effect of race on “child maltreatment substantiation” in a logistic regression could vary significantly from the effect of race on “child maltreatment substantiation” in a “path analysis.” Therefore, the utilization of “path analysis” to examine the key variables that effect “child maltreatment substantiation” could reveal more information about the relationships of the independent variables and their effect upon “child maltreatment substantiation.” Third, since substantiated incidences of neglect are most prevalent in African American families, the effects of race on the different types of neglect being substantiated should be explored using logistic regressions.

In conclusion, this study confirms the importance of race as a predictor of child welfare outcomes. African American families do experience different rates of child maltreatment substantiation; placements in out of home care and remain longer in out of home care.



## References

- Agresti, A. (1990). *Categorical Data analysis*. New York: Wiley Interscience Publications
- Ainsworth, F. & Maluccio, A. (1998). The Policy and Practice of Family Reunification. *Australian Social Work, 51*, 3-7.
- Amicus Brief (nd). *Building Blocks for Youth*. Retrieved April 12, 2001, from the World Wide Web: <http://www.buildingblocksforyouth.org/statebystate/brief.html>
- Albers, E. C., Reilly, T. & Rittner, B. (1993). Children in foster care: Possible factors affecting permanency planning. *Child and Adolescent Social Work Journal, 10*, 329-341.
- Alexander, R., Jr., & Alexander, C. L. (1995). The impact of Suter v. Artist M. on foster care policy. *Social Work, 40*, 543-548.
- Anderson (1997). Introduction: Achieving permanency for children in child welfare system. In G. R. Anderson, A.S. Ryan & B. R. Leashore (Eds.). *The Challenge of Permanency Planning in a Multicultural Society*. (pp.9-19) Binghamton, NY: Haworth Press, Inc
- Anderson, S.G. & Righton, K. (2001) Impact of TANF on State Kinship Care Programs. Retrieved October 8, 2002, from [cfcwww.social.uiuc.edu/pubs/Pdf.files/tanf.pdf](http://cfcwww.social.uiuc.edu/pubs/Pdf.files/tanf.pdf) -
- Ards, S., Myers, S., Chung, C., Malkis, A. & Hagerty, B. (2001). *Racial Reporting Bias and Child Maltreatment*. For presentation at the International Society for The Prevention of Child Abuse and Neglect VIII European Conference on Child Abuse and Neglect 24-27 August 2001 Istanbul, Turkey. Retrieved December 18, 2001, from <http://www.hhh.umn.edu/centers/wilkins/ispcan.pdf>
- Arroyo, W. & McMiller, W. (2001). Disproportionate minority confinement. In

Retrieved February 7, 2002, from

<http://www.aacap.org/legislation/articles/everything6.PDF>

Baird, C. (1997). Child Abuse and Neglect: Improving Consistency in Decision Making.

*National Council on Crime and Delinquency. The Children's Research Center.*

Baird, S.C., Ereth, J., and Wagner, D. (1999). *Research-Based Risk Assessment: Adding Equity*

*to CPS Decision Making.* Madison, WI: National Council on Crime and Delinquency, Children's Research Center.

Barn, R. (1999). White mothers, mixed parentage children and child welfare. *British Journal of*

*Social Work, 29, 269-284.*

Barnett, D., Manly, J.T. & Cicchetti, D. (1993). *Defining child maltreatment: The interface*

*between policy and research.* In Child Abuse, Child Development and Social Policy.

(pp. 7-74). (Eds.) D. Cicchetti & S.L. Toth. Norwood, NJ: Ablex Publishing Corporation.

Barth, R.P. (1997). Effects of age and race on the odds of adoption versus remaining in long-

term out-of-home care. *Child Welfare, 76, 309.*

Barth, R. P. (1997a). Substance Abuse and Child Welfare: Problems and Proposals.

Testimony before the U.S. House of Representatives, Committee on Ways and Means,

Subcommittee on Human Resources, 28 October 1997. Retrieved May 29, 2000 from

Barth, R. P. (2001). Policy implications of foster family characteristics. *Family Relations, 50,*

16-19.

Barth, R. P. & Berry, M. (1990). A Decade Later: Outcomes of Permanency Planning. *Family*

*Welfare Research Group Child Welfare Research Center Technical Report.* 32 pp.

Barth, R.P., M. Courtney, M.E. J. Berrick-Duerr, and V. Albert. (1994). *From Child Abuse to*

- Permanency. Planning Child Welfare Services Pathways and Placements*. New York: Aldine DeGruyer.
- Bartholet, E. (1999). Taking adoption seriously: Radical revolution or modest revisionism? *Harvard Law School Public Law and Legal Theory Working Paper Series Working Paper No. 010* Retrieved May 29, 2000, from [http://papers.ssrn.com/paper.taf?abstract\\_id=233610](http://papers.ssrn.com/paper.taf?abstract_id=233610)
- Benedict, M., White, R., & Stallings, R. (1987). Race and length of stay in foster care. *Social Work Research & Abstracts*, 23, 23-26.
- Benedict, M. & White, R., (1991). Factors associated with foster care length of stay. *Child Welfare*, 70, 45-58.
- Bennett, L.(1982). *Before the Mayflower*. Chicago: Johnson Publishing Co. Retrieved December 16, 2001, from <http://memory.loc.gov/ammem/aap/timelin3.html>.
- Besharov, D.J. (1990). *Recognizing Child Abuse*. New York: MacMillan.
- Bess, R., Leos-Urbel, J. & Green, R. (2001). *The cost of protecting vulnerable children II: What has changed since 1996?* Washington, D.C.: The Urban Institute. Retrieved on September 18, 2001, from <http://newfederalism.urban.org/pdf/occa46.pdf>
- Billingsley, A. & Giovannoni (1972). *Children of the Storm: Black Children and American Child Welfare*. New York: Harcourt Brace Janovich.
- Blacks more likely to be reported for drug use in pregnancy. (1992). *Alcoholism & Drug Abuse Week*, Jan 8, 1992, 4, 1.
- Bhopal, R. (1998). Spectre of racism in health and health care: Lessons from history and the United States. *British Medical Journal*, 316, 1970-1974. Retrieved on March 22, 2003 from PsycARTICLES database.

- Bonardi, D.J. (2000). Teachers' decisions to report child abuse: The effects of ethnicity, attitudes, and experiences. *Dissertation Abstracts International: Section B: The Sciences & Engineering*, 60, 5249.
- Boskin, J. (1969). *Urban Racial Violence in the 20<sup>th</sup> Century*. Beverly Hills: Glencoe Press.
- Brissett-Chapman, S. (1997). Child protection risk assessment African American children: Cultural ramifications for...*Child Welfare*, 76, 45-63.
- Britner, P.A. & Mossler, D.G. (2002). Professionals' decision-making about out-of-home placements following instances of child abuse. *Child Abuse and Neglect*, 26, 317-332.
- Brown, A. W.; Bailey-Etta, B. (1997). An out-of-home care system in crisis: Implications for African American children in the child welfare system. *Child Welfare*, 76, 65-83.
- Byrd, W.M. & Clayton, L.A. (2002) *An American Health Dilemma: A Medical History of African Americans and the Problem of Race*. New York: Routledge Publishers.
- Cao, H. (nd). IMPUTE: A SAS application system for missing value imputations. *HRS/AHEAD Documentation Report*. Retrieved June 10, 2002, from <http://www.umich.edu/~hrswww/docs/userg/dr-007.pdf>
- Castrianno Galante, L. M. (2000). Subtle racism in child welfare decision-making. *Dissertation Abstracts International: Section B: The Sciences & Engineering. Vol 61(1-B)*, Jul 2000, pp. 585
- Chafe, W. (2001). Sex and race: The analogy of social control. In P.S. Rothenberg (Ed.). *Race Class, and Gender in the United States*. (5<sup>th</sup> ed., pp. 535-549). William Paterson University of New Jersey: Worth Publishers.
- Chand, A. (2000). The over-representation of black children in the child protection system: Possible causes, consequences and solutions. *Child & Family Social Work*, 5, 67-77.

- Children's Bureau (2002). *Child Welfare Outcomes 1999: Annual Report*. Retrieved November 16, 2001, from <http://www.acf.dhhs.gov/programs/cb/publications/cwo99/index.html>
- Child Protection and Race Equality (March 1995) *NISW Policy Briefing No.9* Retrieved November 16, 2001, from <http://www.nisw.org.uk/publications/briefing9.html>
- Children's Research Center (nd, 2001). *Child Abuse and Neglect: Improving Consistency In Decision Making*. (CRC) *Division of the National Council on Crime and Delinquency*. Retrieved December 18, 2001 <http://www.nccd-crc.org/crc/nccan.pdf>
- Children Rights (2001). *Marisol v. Giuliani* Retrieved March 6, 2002, from [http://www.childrensrights.org/case\\_updates/0009.htm](http://www.childrensrights.org/case_updates/0009.htm).
- Child Welfare League of Americas. (nd, 2002) *Funding for Selected Children's Programs*. Retrieved April 9, 2002, from <http://www.cwla.org/advocacy/budgetdetails03.htm#NOTES>
- Child Welfare Watch. (1998). Introduction: The race factor in child welfare, *Child Welfare Watch*, 3. Retrieved April 12, 2001, from [http://www.citylimits.org/cuf/childwelfare/cww\\_03.htm#1](http://www.citylimits.org/cuf/childwelfare/cww_03.htm#1).
- Christian Science Monitor. (March 14, 2001). *Ethnic diversity grows, but not integration*. Retrieved December 1, 2001, from <http://www.csmonitor.com/durable/2001/03/14/fp1s2-csm.shtml>
- Close, M.M. (1983). Child welfare and people of color: Denial of equal access. *Social Work Research & Abstracts*. Vol 19, 13-20.
- Combs-Orme, T. (1992). Loglinear analysis in social work research. In D.F. Gillespie and

- C.Glisson (Eds.). *Quantitative Methods in Social Work: State of the Art*. (pp.105-122).  
New York: Haworth Press
- CommUNITY 2000(nd) *Overview*. Retrieved November 15, 2001, from  
<http://www.community2000online.org/strategy/overview.htm>.
- Conway, J. (nd,2002). Data Modeling and Fitting. Retrieved on August 19,  
2002 , from <http://www-cdf.fnal.gov/physics/statistics/recommendations/modeling.html>.
- Cook, R. & Elyse, K. (1997). *Conclusions 1994 National Study of Protective, Preventive and  
Reunification Services Delivered to Children and Their Families (1994  
National Study)* Retrieved November 5, 2001, from  
<http://www.acf.dhhs.gov/programs/cb/publications/97natstudy/conclusi.htm>
- Corby, B. (2000). *Child Abuse: Towards a Knowledge Base* (2nd. Edition). Open University  
Press.
- Courtney, M.E. (1994). Factors associated with the reunification of foster children with their  
families. *Social Service Review*, 68, 81-107.
- Courtney, M.E. (1999). *Challenges and Opportunities by Posed by the Reform Era*. Retrieved  
on October 2, 2001, from  
<http://ssw.che.umn.edu/cascw/Various%20Articles/courtney.pdf>
- Courtney, M.E. (2000). Research needed to improve prospects for children in out of home  
placement. *Child and Youth Services Review*, 22, 743-761.
- Courtney, M.E. (nd/2001). *Child Maltreatment and Policy Issues*. Retrieved on October 2,  
2001, from [http://www.jcpr.org/conferences/childabuse\\_briefing.html](http://www.jcpr.org/conferences/childabuse_briefing.html).
- 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 directions. *Child Welfare*, 75, 99-

133.

Courtney, M.E., Piliavin, I. & Wright, B.R.E. (1997). Transitions from and returns to out-of-home care. *Social Service Review*, 71, 652-667.

Curtis, P.A. (1999). Introduction: The chronic nature of the foster care crisis. In P.A. Curtis, G. Dale Jr. & J.C. Kendall, (Eds.) (1999). *The foster care crisis: Translating research into policy and practice: Child, youth, and family services*. (pp.1-14)Affiliation: Child Welfare League of America, Washington, DC, US Lincoln, NE, US: University of Nebraska Press.

Davey, A., Shanahan, M.J. & Schafer, J.L. (2001). Correcting for selective nonresponse in the National Longitudinal Survey of Youth using multiple imputation. *Journal of Human Resources*, 36, 500-519.

David, T. (1994). Introduction: Multi-professionalism-challenges and issues. T. David (Ed.). *Protecting Children from Abuse: Multi-professionalism and the Children Act of 1989*. Stoke-on-Trent: Trentham Books.

Davis, I.P., English, D. J. & Landsverk, J. A. (1995). Outcomes of Permanency Planning for 1165 Foster Children. *US Department of Health and Humans Services* (grant #CW1075).

Davis, L. & Proctor, E. (1989). *Race, Gender & Class: Guidelines for Practice with Individuals, Families, and Groups*. Englewood Cliffs: Prentice Hall. Retrieved March 1, 2003 from

DePanfilis, D. (2000). Research on Risk Factors Associated with Victimization. April 12, 2003 from [www.family.umaryland.edu/presentations/rldon92000.ppt](http://www.family.umaryland.edu/presentations/rldon92000.ppt)

DePanfilis, D & Salus, M. K. (1992) *Child Protective Services: A Guide for Caseworkers*.

- US Department of Health and Human Services Administration for Children and Families Administration on Children, Youth, and Families National Center on Child Abuse and Neglect Retrieved April 12, 2001, from <http://www.calib.com/nccanch/pubs/usermanuals/cpswork/index.cfm>
- DePanfilis, D. & Zuravin, S.J. (2001). Assessing risk to determine the need for services. *Children and Youth Services Review*, 23, 3-20.
- DePanfilis, D. & Zuravin, S.J. (2002). The effect of services on the recurrence of child maltreatment. *Child Abuse and Neglect*, 26, 187-205
- Detroit Race Riots 1943 (1999). *The American Experience: Eleanor Roosevelt*. Retrieved December 16, 2001, from <http://www.pbs.org/wgbh/amex/eleanor/peopleevents/pande10.html>
- Dilworth-Anderson, P., Burton, L.M. & Johnson, L.B. (1993). Reframing theories for understanding race, ethnicity, and families. In P.G. Boss, W.J. Doherty, R. Larossa, W.R. Schumm & S.K. Steinmetz (Eds.). *Sourcebook of Family Theories and Methods: A Contextual Approach*. (pp. 627-649). New York: Plenum Press
- Downs, S. W. (1986). Black foster parents and agencies: Results of an eight state survey. *Children and Youth Services Review*, 8, 201-218.
- Drake, B. & Pandey, S. (1996). Understanding the relationship between neighborhood poverty and specific types of child maltreatment. *Child Abuse and Neglect*, 20, 1003-1018.
- Drake, B & Zuravin, S.J. (1998). Bias in child maltreatment reporting: Revisiting the myth of classlessness. *American Journal of Orthopsychiatry*, 68, 295-304.
- Dubowitz, H. (Editor) (1999). *Neglected Children: Research, Practice, and Policy*. Thousand Oaks, CA, Sage Publications, Inc.



Easton, V.J. & McColl, J.H. (nd, 2002). *Statistics Glossary*. Retrieved August 19, 2002, from

[http://www.stats.gla.ac.uk/steps/glossary/categorical\\_data.html](http://www.stats.gla.ac.uk/steps/glossary/categorical_data.html)

Eckenrode, J., Levine-Powers, J., Doris, J., Munsch, J., & Bolger, N. (1988). The substantiation of child abuse and neglect reports. *Journal of Consulting and Clinical Psychology*, 56, 9-16.

Editorial (2001, Dec 9). Foster care / Facing the race factor at last. *Star Tribune*. Retrieved January 12, 2002, from <http://www.startribune.com/stories/561/882889.html>.

Everett, J. (1991). Introduction: Children in Crisis. In J.E. Everett, S.S. Chipungu & B. Leashore (Eds.). *Child Welfare: An Africentric Perspective*. ( pp. 1-18). New Brunswick, New Jersey: Rutgers University Press.

Executive Summary (1997). *1994 National Study of Protective, Preventive and Reunification Services Delivered to Children and Their Families* (1994 National Study) Retrieved November 5, 2001, from <http://www.acf.dhhs.gov/programs/cb/publications/97natstudy/execsum.htm>

Fanshel, D.(1975). Parental visiting of children in foster care: Key to discharge? *Social Service Review*, 49, 493-514.

Fanshel, D. & Shinn, E. (1978). *Children in foster care: A longitudinal investigation*. New York: Columbia University Press.

Fanshel, D., Finch, S. & Grundy, J. (1990). *Foster Children in a Life Course Perspective*. New York: Columbia University Press.

Fein, E., Maluccio, A.N. & Kluger, M. (1990). *No More Partings: An Examination of Long-Term Foster Family Care*. Washington, D.C.: Child Welfare League of America.

Feagin, J. & Feagin, C. (1996). *Racial and Ethnic Relations* (3<sup>rd</sup> ed.). Englewood Cliffs:

Prentice Hall.

Festinger, T. (1996). Going home and returning to foster care. *Children & Youth Services Review, 18*, 383-402

Fernandez, E. (1996). *Significant Harm: Unraveling Child Protection Decisions and Substitute Care Careers of Children*. Brookfield, VT: Ashgate Publishing Company.

Fernandez, E. (1999). Pathways in substitute care : Representation of placement careers of Children using even history analysis. *Children & Youth Services Review, 21*, 177-216.

Finch, S. J., Fanshel, D. (1985). Testing the equality of discharge patterns in foster care. *Social Work Research and Abstracts, 21*, 3-10.

Fletcher, B. J (1997). Same-race practice: Do we expect too much or too little? *Child Welfare, 76*, 213-237.

Fluke, J.D. & Yuan, Ying-Ying T. (1999). Recurrence of maltreatment: An application of the National child abuse and neglect data system. *Child Abuse & Neglect, 23*, 633-650.

Fong, L. (nd/2001). *Using The Vignette Method To Evaluate Practice Of Child Welfare Workers With Indigenous Clients As Compared To Ethnic Minority Clients In The United States, Germany And Sweden*. Retrieved December 19, 2001, from [http://www.arcaf.net/social\\_work\\_proceedings/ftp\\_files6/Fong2.pdf](http://www.arcaf.net/social_work_proceedings/ftp_files6/Fong2.pdf)

Foster Care Overview (1995). Child Welfare: Complex Needs Strain Capacity to Provide Services. (Letter Report, 09/26/95, GAO/HEHS-95-208). Retrieved March 31, 2000 , from [http://www.join-hands.com/dhhs/95\\_dhhs\\_report.html](http://www.join-hands.com/dhhs/95_dhhs_report.html)

Frame, J. (1999). Suitable homes revisited: An historical look at child protection and welfare reform. *Children and Youth Services Review, 21*, 719-754.

Frank, A.W. (nd) *Notes on Exchange Theory and Rational choice theory*. Retrieved April

- 12, 2002, from <http://www.ucalgary.ca/~frank/exchange.html>
- Fundamentals of Statistical Interactions (nd, 2002). Retrieved October 29, 2002, from <http://www.ruf.rice.edu/~branton/interaction/faqfund.htm>.
- Gammon, R. A. (2001). Racial and socioeconomic bias in social workers' decisions regarding family. *Dissertation Abstracts International: Section B: The Sciences & Engineering*. Vol 61(11-B), Jun 2001, pp. 6132
- Garland, A.F. & Besinger, B.A. (1997) Racial and ethnic differences in court: referred pathways to mental health services for children in foster care. *Children and Youth Services Review*, 19, 651-666.
- Garland, A.F., Ellis-McAllen, E., Landsverk, J., Ganger, W. & Johnson, I. (1998) Minority populations in the child welfare system: The visibility hypothesis is reexamined. *American Journal of Orthopsychiatry*, 68, 142-146.
- Garland, A. F., Hough, R. L., Landsverk, J. A., McCabe, K.M., Yeh, M., Ganger, W. C. & Reynolds, B. J. (2000). Racial and ethnic variations in mental health care utilization among children in foster care. *Children's Services*, 3, 133-146.
- Gotham, K. F. (2000). Racialization and the state: the housing act of 1934 and the creation of the Federal Housing Administration. *Sociological Perspectives*, 43, 291-317.
- Garland, A.F., Ellis-MacLeod, E., Landsverk, J., Ganger, W. & Johnson, I. (1998) Minority populations in the child welfare system: The visibility hypothesis is reexamined. *American Journal of Orthopsychiatry*, 68, 142-146.
- Garland, A. F., Hough, R. L., Landsverk, J. A., McCabe, K.M., Yeh, M., Ganger, W. C. & Reynolds, B. J. (2000). Racial and ethnic variations in mental health care utilization among children in foster care. *Children's Services*, 3, 133-146.

- Gelles, R.J. (1975). *The social construction of child abuse*. *The Journal of Orthopsychiatry*, 45, 363-371.
- Gibson, T., Tracy, G. & DeBord, M. (1984). An analysis of variables affecting length of stay in foster care. *Children, Youth and Services Review*, 6, 135-145.
- Gil, D. (1970). *Violence Against Children: Physical Child Abuse in the United States*. Cambridge, MA: Harvard University Press.
- Giovanni, J.M. & Becerra, R.M. (1979). *Defining Child Abuse*. New York: Free Press.
- Goerge, R. (1990). The reunification process in substitute care. *Social Service Review*, 64, 422-457.
- Goerge, R.M., Wulczyn, F.H. & Harden, A. (1994). Foster care dynamics 1983-1992, California, Illinois, Michigan, New York, and Texas. *A Report from the Multistate Foster Care Data Archive*. Chicago: Chapin Hall, Center for Children at the University of Chicago.
- Goerge, R.M. & Wulczyn, F.H. (1996). New comparative insights into states and their foster children. *Public Welfare*, 54, 12-26.
- Gotham, K. F. (2000). Racialization and the state: The housing act of 1934 and the creation of the federal housing administration. *Sociological Perspectives*, 43, 291-317.
- Gould, K. H. (1985). A minority-feminist perspective on child welfare issue. *Child Welfare*, 64, 291-305.
- Gould, K. H. (1991). Limiting damage is not enough: A minority perspective on child welfare issues. In J.E. Everett, S.S. Chipungu & B. Leashore (Eds.). *Child Welfare: An Africentric Perspective*. (pp. 58-78). New Brunswick, New Jersey: Rutgers University Press.

- Graham, M. (2000). Honouring social work principles--exploring the connections between anti-racist social work and...*Social Work Education, 19*, 423-736.
- Gray, SS, & Nybell, LM (1990). Issues in African-American family preservation. *Child Welfare, 69*, 513-523.
- Guggenheim, M. (nd,2002). *The Foster Care Dilemma and What to do About it: Is the Problem that too Many Children are Not Being Adopted Out of Foster Care or that too Many Children are Entering Foster Care?* Retrieved April 12, 2002, from <http://www.law.upenn.edu/conlaw/issues/vol2/num1/guggenheim.htm>
- Gustavsson, N.S. & Segal, E.A. (1994). *Critical Issues in Child Welfare*. Thousand Oaks, CA: Sage Publications.
- Hampton, R. L. & Newberger, E. H.(1985). Child abuse incidence reporting by hospitals: Significance of severity, class and race. *American Journal of Public Health, 75*, 56-60.
- Hankerson, H.E. (1979). Multicultural education in the international year of the child: Problems and possibilities. *Journal of Negro Education, 48*, 396-407.
- Harris, L. (1999). What, then, is racism? In L. Harris (Ed.). *Racism: Key Concepts in Critical Theory*. (pp. 437-450). Amherst, New York: Humanity Books.
- Heinrich, J. (nd,2002). *Goodness of Fit*. Retrieved on August 19, 2002, from <http://www-cdf.fnal.gov/physics/statistics/recommendations/goodnessoffit.html>.
- Hempstead, K. (nd,2002). *A Review of The Children's Home History*. Retrieved April 9, 2002, from <http://www.childrens-home.org/history.html>.
- Hess, P. (1988). Case and context: Determinants of planned visit frequency in foster family care. *Child Welfare, 67*, 311-325.

- Hess, P.M. & Folaron, G. (1991). Ambivalences: A challenge to permanency for children. *Child Welfare*, 70, 403-424.
- Higginbotham, L. (2002). Unequal justice in the state criminal justices system. In S.L Gabbidon & H.T. Taylor (Eds.) *African American classics in Criminology & Criminal Justice* (pp. 137-158). Thousand Oaks, CA: Sage Publications, Inc.
- Hill, R.B. (2001). *The Role of Race in Foster Care Placements: An Outline Summary*. Rockville, MD: Westat, Inc.
- Hines, P. M. & Boyd-Franklin, N. (1996). African American families. In M. McGoldrick, J. Giordano & J.K. Pearce (Eds.). *Ethnicity & Family Therapy* (2<sup>nd</sup> ed., pp. 66-84). New York: Guilford Press.
- Hochberg, A. (Executive Producer)(2002, Feb 15).Desegregation decision. *All Things Considered*. Maine Public Radio: National Public Radio.
- Hogan, P. T. & Siu, S.(1988). Minority children and the child welfare system: An historical perspective. *Social Work*, 33, 493-498.
- Hollingsworth, L. D. (1999). Symbolic Interactionism, African American families, and the transracial adoption controversy. *Social Work*, 44, 443-453.
- Howell, D.C. (1997). *Statistical Methods for Psychology* (4th ed.). Belmont CA: Duxbury Press.
- Humphreys, C. (1999). Discrimination in child protection work: recurring themes in work with Asian families. *Child & Family Social Work*, 4, 283-291.
- Jenkins, S. (1981). *The Ethnic Dilemma In Social Services*. New York: The Free Press.

- Jenkins, S., Diamond, B.E., Flanzraich, M. Gibson, J.W. Hendricks, J. & Marshwood, N. (1983). Ethnic differences in foster care placements, *Social Work Research & Abstracts*, 19, 41-45.
- Jenkins, S. & Diamond, B. (1985). Ethnicity and foster care: Census data as predictors of placement variables. *American Journal of Orthopsychiatry* 55, 267-276.
- Jeter, H.R. 1963. *Children, Problems, and Services in Child Welfare Programs*. Washington, DC: Children's Bureau, U.S. Department of Health, Education, and Welfare.
- Jones, C.P. (2000). Levels of racism: A theoretic framework and a gardener's tale. *American Journal of Public Health*, 90, 1212-1215.
- Jones, J.M. & Carter, R.T.(1996). Racism and White racial identity: Merging realities. In B.P. Bowser, B.P. & R.G. Hunt (Eds.).*Impacts of Racism on White Americans*. (2<sup>nd</sup> ed., pp. 1-23).
- Jones, L. (1998). The social and family correlates of successful reunification of children in foster care. *Children and Youth Services Review*, 20, 305-323.
- Kadushin, A. & Martin, J.(1988). *Child Welfare Services*.4th ed. New York: Macmillan Publishing Company.
- Kapp, S., McDonald, T.P. & Diamond, K.L. (2001). The path to adoption for children of color. *Child Abuse & Neglect*, 25, 215-229.
- Katz, M.H., Hampton, R. L., Newberger. E. H., Bowles, R.T. & Snyder, J.C. (1986). Returning children home: Clinical decision making in cases of child abuse and neglect. *American Journal of Orthopsychiatry*,56, 253-262.
- Klein, D. & White, J. M. (1996). *Family Theories: An Introduction*. Thousand Oaks: Sage Publications

- King, G., Honaker, J., Joseph, A., Scheve, K. & Singh, N. (2000). *Amelia: A Program for Missing Data* (Windows version) Cambridge, MA: Harvard University, Retrieved April 12, 2001, from <http://Gking.Harvard.edu>.
- King, G., Honaker, J., Joseph, A. & Scheve, K. (1998). *Analyzing Incomplete Political Science Data: An Alternative Algorithm for Multiple Imputation*. Paper presented at the Annual Meetings of the American Political Science Association, Boston.
- King, Gary; Michael Tomz; and Jason Wittenberg. 2000. "Making the Most of Statistical Analyses: Improving Interpretation and Presentation," *American Journal of Political Science*, Vol. 44, No. 2 (March, 2000): 341-355.
- Kluger, M. Fein, E. & Maluccio, A.N., (1988). Children in Long-Term Foster Care – Neglect, Abuse, and Other Issues. *US Department of Health and Humans Services (Grant # 90-CA-1283)*.
- Krane, J. & Davies, L. (2000). Mothering and child protection practice: Rethinking risk assessment. *Child & Family Social Work*, 5, 35-45.
- Lal, B.B. (1995). Symbolic interaction theories. *American Behavioral Scientist*, 38, 421-441.
- Lara, G. (1992). How hospitals move toward cultural competence. *The Multi-Ethic Behavioral Health Consortium Cultural Competency Trainers Network*. Retrieved November 20, 2001, from <http://www.mebhc.com/lara3.html>.
- LaRossa, R. & Reitzes, D. (1993). Symbolic interactionism and family studies. In P.G. Boss, W.J. Doherty, R. Larossa, W.R. Schumm & S.K. Steinmetz (Eds.). *Sourcebook of Family Theories and Methods: A Contextual Approach*. (pp. 135-165). New York: Plenum Press
- Lawder, E., Poulin, J., & Andrews, R. (1986) A Study of 185 Foster Children



- 5 Years After Placement. *Child Welfare*, 65, 241-251.
- Lawrence-Webb, C. (1997). African American children in the modern child welfare system: A legacy of the Flemming Rule. *Child Welfare*, 76, 9-30.
- Laszloffy, T. A. & Hardy, K.V. (2000). Uncommon strategies for a common problem: Addressing racism in family therapy. *Family Process*, 39, 35-50.
- Leashore, B. R., McMurray, H.L. & Bailey, B.C. (1991). "Reuniting and preserving African American Families," in *Child Welfare: An Africentric Perspective*, edited by J.E. Everett, S. S. Chipungu and B. R. Leashore. (pp. 247-265). New Brunswick, NJ: Rutgers University Press.
- Lee, B.J. & George, R.M. (1999). Poverty, early childbearing, and child maltreatment: A multinomial analysis, *Children and Youth Services Review*, 21, 755-780.
- Lennings, C. (2002). Decision making in care and protection: The expert assessment. *Australian e-Journal for the Advancement of Mental Health (AeJAMH)*, Vol 1, issue 2, 2002.
- Retrieved March 14, 2003 from
- Leslie D. (1999). Symbolic interactionism, African American families, and the transracial adoption controversy. *Social Work*, 44, 443-453.
- Levine, M., Doucek, H.J., Freeman, J. B. & Compaan, C. (1996). African American families and child protection. *Children and Youth Services Review*, 18, 693-711.
- Leydesdorff, L. (2000). *Systems Research and Behavioral Science*, 17, 273-288. Retrieved April 12, 2002, from <http://www.upublish.com/books/leydesdorff.htm>(Draft version, February 1999)

Lifting the Veil: The Reasonable Efforts Requirements (2000). Retrieved March 12, 2000

from <http://home.rica.net/rthoma/reason02.htm>.

Lifting the Veil: The Reasonable Efforts II Requirements (2000). Retrieved March 12, 2000

from <http://home.rica.net/rthoma/reason02.htm>.

Little, R.J.A. & Rubin, D.B. (1987). *Statistical Analysis with Missing Data*. New York: John Wiley & Sons, Inc.

Long, J.S. & Freese, J. (2001). *Regression Models for Categorical Dependent Variables Using Stata*. College Station, Texas: A Stata Press Publication

Lowenberg, F. & Dolgoff, R. (1996). *Ethical Decisions for Social Work Practice*. Itasca, Illinois: F.E. Peacock

Lindsey, D. (1992). Reliability of the foster care placement decision: A review. *Research on Social Work Practice*, 2, 65-80.

Lindsey, D. (1994). *The Welfare of Children*. New York: Oxford University Press

Maas, H. & Engler, R. (1959). *Children in Need of Parents*. New York: Columbia University Press

Maluccio, A.N. & Fein, E. (1994). Family reunification: Research findings, issues, and directions. *Child Welfare*, 73, 489-504.

Marshall, David B.; English, Diana J. (1999). Survival analysis of risk factors for recidivism in child abuse and neglect. *Child Maltreatment*, 4, 287-296.

Mayhew, L. (nd,2002). *Ascription in Modern Societies*. Retrieved April 12, 2002, from

<http://www.spc.uchicago.edu/ssr1/PRELIMS/Strat/stmisc2.html>

McGee, R. (1989). Burnout and professional decision making an analogue study. *Journal of Counseling Psychology*, 36, 345-351

*Counseling Psychology*, 36, 345-351

- McGoldrick, M. & Giordano, J. (1996). Overview. In M. McGoldrick, J. Giordano & J.K. Pearce (Eds.). *Ethnicity & Family Therapy* (2nd ed., pp. 1-27). New York: Guilford Press.
- McGowan, B. G. (1983). Historical evolution of child welfare services: An examination of the sources of current problems and dilemmas. In B. G. McGowan & W. Meezen (Ed.), *Child Welfare: Current Dilemmas - Future Directions*. (pp. 45-90). Itasca, IL: F. E. Peacock.
- McIntosh, P. (2001). White privilege: Unpacking the invisible knapsack. In P.S. Rothenberg (Ed.). *Race Class, and Gender in the United States*. (5th ed., pp. 161-168). William Paterson University of New Jersey: Worth Publishers.
- McMurtry, S. L., & Lie, G.W. (1992). Differential exit rates of minority children in foster care. *Social Work Research and Abstracts*, 28, 28-42.
- Mech, E. V. (1985). Public social services to minority children and their families. In R. O. Washington & J. Boros-Hull (Eds.), *Children need of roots* (pp. 133-186). Davis, CA: International Dialogue Press.
- Morris, F.E. (2001). Clinical practices with African American: Juxtaposition of standard clinical practices and Africentricism. *Professional Psychology: Research and Practice*, 32, 563-572.
- Morton, M. J. (2000). Institutionalizing inequalities: Black children and child welfare in Cleveland, 1859-1998. *Journal of Social History*, 34, 141-162.
- Morton, T. D. (1999). The increasing colorization of America's child welfare system: The overrepresentation of African-American children. *Policy and Practice*, 57, 23-30

- Multiethnic Placement act and Interethnic Placement Provisions (1994). Retrieved July 27, 2000 from <http://www.acf.dhhs.gov/programs/cb/special/mepaipp.htm>
- Munro, B. (1997). *Statistical Methods for Health Care Research Third Edition*. New York: Lippincott
- Myrdal, G. (1944). *An American Dilemma: The Negro Problem and Modern Democracy*. New York: Harper & Row.
- National Clearing House on Child Abuse and Neglect Information (2001). *Foster Care National Statistics April 2001*. Retrieved April 12, 2001, from <http://www.calib.com/nccanch/pubs/factsheets/foster.cfm>
- National Institute of Justice. (2001/nd). *Definition of neglect*. Retrieved January 8, 2002, from <http://www.ojp.usdoj.gov/nij/childabuse/bg3d.html>
- Needell, B. & Barth, R.P. (1998). Infants entering foster care compared to other infants using birth indicators. *Child, Abuse and Neglect, 122*, 1179-1187.mm
- Neuspiel, D.R., Zingman, T.M., Templeton, V.H., DiStabile, P. & Drucker, E. (1993). Custody of cocaine-exposed newborns: Determinants of discharge decisions. *American Journal of Public Health, 83*, 1726-1729.
- Neville, H., Lilly, R., Duran, G., Lee, R. & Browne, L. (2000). Construction and Initial Validation of the Color-Blind Racial Attitudes Scale (CoBRAS). *Journal of Counseling Psychology, 47*, 59-70.
- Nickerson, K., Helms, E., & Terrell, F. (1994). Cultural Mistrust, Opinions about Mental Illness, and Black Students' Attitudes toward Seeking Psychological Help, from White Counselors. *Journal of Counseling Psychology, 41*, 378-385.
- Norusis, M. J. (1997). *SPSS Professional Statistics 7.5*. Chicago: SPSS, Inc.

Olewine, L. (2003,nd ). Kinship Care, Public Policy, and the Best Interests of Children.

Retrieved March 16, 2003, from [lawschool.unm.edu/jd/honors\\_awards/OlewineLisa.pdf](http://lawschool.unm.edu/jd/honors_awards/OlewineLisa.pdf)

Olsen, P. (1982a). Predicting the permanency status of children in foster care. *Social Work Research & Abstracts*, 18, 9-20.

Olsen, P. (1982). Services for minority children in out of home care. *Social Service Review*, 56, 572-585.

Omi, M. & Winant, H. (2001). Racial formations. In P.S. Rothenberg (Ed.). *Race Class, and Gender in the United States*. (5th ed., pp. 11-20). William Paterson University of New Jersey: Worth Publishers.

Pardeck, J. (1982). *The Forgotten Children: A Study of the Stability and Continuity of Foster Care*. Washington, D.C.: University Press of America.

Park, B., DeKay, M. & Kraus, S. (1994). Aggregating social behavior into person models perceiver-induced consistency. *Journal of Personality and Social Psychology*, 66, 437-459.

Pecora, P., Whittaker, J. & Maluccio, A.N.(1992). *The Child Welfare Challenge: Policy, Practice and Research*. New York: Aldine De Gruyer.

Pecora, P., Whittaker, J., Maluccio, A.N. & Barth, R.P. . (2000). *The Child Welfare Challenge: Policy, Practice and Research*.(2nd Edition) New York: Aldine De Gruyer.

Pedahazur, E.J. & Schmelkin, L.P. (1991). *Measurement, Design, and Analysis*. Hillsdale, New Jersey: Lawrence Erlbaum Associates, Publishers.

Pelton, L. (1978). The myth of classlessness. *American Journal of Orthopsychiatry*, 48, 608-617.

Pelton, L.(1989). *For reasons of Poverty: A critical Analysis of the Public Child Welfare*

*System in the United States*. New York: Praeger.

Pelton, L.(1990). Resolving the crisis in child welfare. *Public Welfare*, 48,19-25.

Pelton, L. H. (2000). Misinforming public policy: The illiberal uses of social science. *Society*, 37, 61-68.

Pescosolido, F.J. (1998). Boys' same-sex abuse: Credibility of allegations. *Dissertation Abstracts International Section A: Humanities & Social Sciences*. Vol 59(3-A), Sep (1998).(pp. 0959). US: University Microfilms International.

Pike, V., Downs, S., Emlen, A., Downs, G. & Casea, D. (1977). Permanent Planning for Children in Foster Care: A Handbook for Social Workers. Portland: Regional Research Institute for Human (Washington, DC: U.S. Department of Health, Education, and Welfare, DHEW Publication No.[OHDS] 78-0124, 1977).

Pinderhughes, E. (1989). *Understanding Race, Ethnicity and Power: Key to Efficacy in Clinical Practice*. NY: Free Press.

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

Pinderhughes, E. (1995). Biracial identity: Asset or handicap. In H. Harris, H. Blue & E. Griffith (Eds.). *Racial and Ethnic Identity: Psychological Development and Creative Expression* (pp. 73-79). New York Routledge Publishers.

Polk, C.(2000).African American Families and Child Welfare. *NC Division of Social Services*. Retrieved November 1, 2001, from

[http://ssw.unc.edu/fcrp/Cspn/Vol6\\_no2/africanamerican\\_families\\_childwelfare.htm](http://ssw.unc.edu/fcrp/Cspn/Vol6_no2/africanamerican_families_childwelfare.htm)

Potter, F.J., Iannacchione, V.G., Mosher, W.D., Mason, R.E. & Kavee, J.D. (1998). Sample design, sample weights, imputation, and variance estimation. In the 1995 National

- Survey of Family Growth. National Center for Health Statistics, Vital Health Stat 2(124), 1-49.
- Price, K. L. (1999). Substantiation of child maltreatment allegations: Implications for reporting, screening, and investigative practices. *Dissertation Abstracts International: Section B: The Sciences & Engineering. Vol 60(5-B)*, pp. 2361. US: Univ Microfilms International. [Dissertation Abstract]
- Promotion of Safety (2000). *State of Illinois Department of Children and Family Services. FY 00 Program and Budget Briefing*. Retrieved February 15, 2002, from [http://www.state.il.us/dcf/bud2000\\_safe.shtml](http://www.state.il.us/dcf/bud2000_safe.shtml)
- Quirmach, D.(2002).Unfair Laws Target Poor Families. *TCB Chronicles*. Retrieved April 9, 2002, from <http://www.tcbchronicles.com/0400/poor.htm>.
- Race/ethnicity as a factor in service delivery and child outcomes (1997). *1994 National Study of Protective, Preventive and Reunification Services Delivered to Children and Their Families*. Retrieved November 5, 2001, from <http://www.acf.dhhs.gov/programs/cb/publications/97natstudy/raceethn.htm#Child>
- Reaves, J. (February 28, 2000). Diallo trial is over but many questions remain. *CNN.com*. Retrieved April 12, 2001, from [http://www.cnn.com/2000/US/02/28/diallo2\\_25.c.tm/index.html](http://www.cnn.com/2000/US/02/28/diallo2_25.c.tm/index.html).
- Rhodes, K. W., Orme, J. G. & Buehler, C. (2001). A comparison of family foster parents who quit, consider quitting, and plan to continue fostering. *Social Service Review*, 75, 84-114.
- Ritzer, G. (1996). *Sociological Theory*. (4th ed.). New York: McGraw-Hill Companies.
- Roberts, D. (2000).Race and the Politics of Child Welfare. *Institute for Policy Research*. 21,1.

- Roberts, D. (nd, 2001). *Is there Justice in Children's Rights?: The Critique of Federal Family Preservation Policy*. Retrieved April 12, 2001, from <http://www.law.upenn.edu/conlaw/issues/vol2/num1/roberts.htm>.
- Rosenblum, K. & Travis, T. (2000). *The Meaning of Difference: American Construction of Race, Sex and Gender, Social Class and Sexual Orientation*. (2nd ed.). New York: McGraw Hill.
- Rosner, D. & Markovitz, G. (1997). Race, foster care, and the politics of abandonment in New York City. *American Journal of Public Health, 87*, 1844-1849.
- Rossi, Peter H; Schuerman, John; Budde, Stephen (1999). Understanding decisions about child maltreatment. *Evaluation Review, 23*, 579-598
- Rothenberg, P. (2001). The social construction of difference: Race, class, gender and sexuality. In P.S. Rothenberg (Ed.). *Race, Class and Gender in the United States*. (5th ed., pp. 5-11). New York: Worth Publishers.
- Rubin, D.B. (1987). *Multiple Imputation for Nonresponse in Surveys*. New York: John Wiley & Sons, Inc.
- Rubin, G. B. (1992). Multicultural considerations in the application of child protection laws. *Journal of Social Distress & the Homeless, 1*, 249-271.
- Rumsey, H. (2000). Learning risk assessment in South Africa: Issues of language power and imperialism, *Social Work Education, 19*, 207-218.
- Rycus, J.S. & Hughes, R.C. (1998). *Field Guide to Child Welfare: Case Planning and Family-Centered Casework. (Volume II)*. Washington, D.C.: Child Welfare League of Americas, Inc.
- Saunders, E. J. & Nelson, K. (1993). Racial inequality and child neglect: Findings in a



- metropolitan area. *Child Welfare*, 72, 341-354.
- Sample Design and Analysis Appendix (1997). Rockville, MD: Westat, Inc.
- Schafer J. (1997). *Analysis of Incomplete Multivariate Data*. London: Chapman and Hall.
- Scott, J. (1999). Rational Choice Theory. In G. Browning, A. Halcli, N. Hewlett, & F. Webster (Eds.). *Theory and Society: Understanding the Present*. London: Sage Publications Experiences and views: Variations by race. *Children and Youth Services Review*, 21,31-55.
- Seaberg, J. & Tolley, E. (1986). Predictors of the length of stay in foster care. *Social Work Research and Abstracts*, 22,11-17.
- Sedlak, A.J. & Broadhurst, D.D. (1996). The third national incidence study of child abuse and neglect. Washington, DC: U.S. Department. of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families. National Center on Child Abuse and Neglect.
- Sedlak, A. J., & Broadhurst, D.D. (1996). *Executive summary of the third national incidence study of child abuse and neglect*. Retrieved April 12, 2001, from <http://www.calib.com/nccanch/pubs/statinfo/nis3.cfm>.
- Sedlak, A. J. Bruce, C. & Schultz, D.J. (2001). Letter. *Child Abuse and Neglect*, 25, 1-5.
- Shapiro, H. (nd). *History | Race Riots in the United States*. Retrieved April 12, 2001, from [http://www.africana.com/Articles/tt\\_952.htm](http://www.africana.com/Articles/tt_952.htm).
- Shlonsky, A. R. & Berrick, J. D. (2001). Assessing and promoting quality in kin and nonkin foster care. *Social Service Review*, 75, 60-83.
- Shyne, A.W. & Schroeder, A. (1978). *National study of social services to children and their families*. Washington, D.C.: National Center for Child advocacy: U.S. Department of

Health, Education, and Welfare.

Simon, R. & Alstein, H. (1996) The case for transracial adoption. *Children and Youth Services Review, 18*, 5-22.

Smith, E.P. & Merkel-Holquin, L.A. (1996). *A History of Child Welfare*. New Brunswick, NJ: Transaction Publishers.

SPSS, Inc. (1997). *Advanced statistical analysis using SPSS*. Chicago: Author.

Staples, B. (1999). The Tulsa Race Riots of 1921. *New York Times Magazine*, December 19, 1999. Retrieved December 16, 2001, from [http://www.ncsu.edu/park\\_scholarships/symposium/2000/riot.html](http://www.ncsu.edu/park_scholarships/symposium/2000/riot.html).

Statistical Society of Canada (nd). *CASE STUDY - Exercise Four Estimation of bias, from imputation*. Retrieved June 10, 2002, from <http://www.ssc.ca/Documents/Case%20Studies/2002/Missing/E-exp4.html>.

Stehno, S.M. (1982). Differential treatment of minority children in service systems. *Social Work, 27*, 39-45.

Stehno, S.M. (1990). The elusive continuum of child welfare services: Implications for minority children and youths. *Child Welfare, 69*, 551-562.

Stoesz, D & Karger, H.J. (1996). Suffer the Children: How government fails its most vulnerable citizens--abused and neglected kids. *Washington Monthly Home Online* Retrieved March 20, 2003, from <http://www.washingtonmonthly.com/features/archives/9605.stoeszkarger.html>.

Stokes, M. (1999). Recent advances in categorical data analyses. *SAS institute, Inc.* Cary, NC. Retrieved April 12, 2001, from <http://www.sas.com/rnd/app/papers/categorical.pdf>

Stolberg, S. G. (2002, Mar 21). Minorities Get Inferior Care, Even if Insured, Study Finds. *New*

*York Times* Retrieved March 21, 2002, from

<http://www.nytimes.com/2002/03/21/health/21RACE.html>

Sue, S. (1999). Science, ethnicity, and bias where have we gone wrong? *American Psychologist* 54, 1070-1077

Spearly, J.L. & Lauderdale, M. (1983). Community characteristics and ethnicity in the prediction of child maltreatment. *Child Abuse & Neglect*, 7, 91-105.

Sue, S. & Zane, N. (1993). Research on psychotherapy with culturally diverse populations. In A.E. Bergin & S.L. Garfield (Eds.). *Handbook of Psychotherapy and Behavior Change* (4<sup>th</sup> ed., pp.783-817). New York: John Wiley & Sons Inc.

Sun, A., Shillington, A. M., Hohman, M. & Jones, L. (2001). Caregiver AOD Use, Case Substantiation, and AOD Treatment: Studies Based on Two Southwestern Counties. *Child Welfare*, 80, 151-177.

Surgeon General (1999). African Americans. Culture, Race, and Ethnicity. *A Supplement to Mental Health: A Report of the Surgeon General*. Retrieved February 16, 2002, from <http://www.mentalhealth.org/cre/execsummary-6.asp>

Surgeon General (nd)Executive Summary: Mental Health: Culture, Race, and Ethnicity. *A Supplement to Mental Health: A Report of the Surgeon General*. Retrieved March 5, 2002, from <http://www.surgeongeneral.gov/library/mentalhealthservices/>

Takaki, R. (1994). *From Different Shores: Perspectives on Race and Ethnicity in America*.

New

York: Oxford University Press.

Takayama, J.I & Wolfe, E. (1998). Relationship between reason for placement and medical findings among children in foster care. *Pediatrics*, 101, 201-207.

- Tatara, T. (1991). Introduction: Children in Crisis. In J.E. Everett, S.S. Chipungu & B. Leashore (Eds.). *Child Welfare: An Africentric Perspective*. (pp. 187-219). New Brunswick, New Jersey: Rutgers University Press.
- Tatum, B.D. (2001). Defining racism. In P.S. Rothenberg (Ed.). *Race, Class and Gender in the United States*. (5th ed., pp. 100-107). New York: Worth Publishers.
- Terling, T. (1999). Efficacy of family reunification practices: Reentry rates and correlates of reentry for abused and neglected children reunited with their families. *Child Abuse & Neglect*, 23, 1359-1370.
- The Associated Press (1997, Jan 23) Black-white gap over O.J.'s guilt narrows. *USA Today*. Retrieved March 4, 2002, from <http://www.usatoday.com/news/index/nns168.htm>.
- The Chicago Reporter. (1999). *DCFS Responds to Reporter Story on Adoptions*. Retrieved February 15, 2002, from <http://www.chicagoreporter.com/1999/10-99/1099letter.htm>
- The National Child Abuse and Neglect Data System Fact Sheet. (2001). Child Maltreatment 1999. Reports From the States to the National Child Abuse and Neglect Data System. *U.S. Department Of Health And Human Services. Administration for Children and Families Administration on Children, Youth and Families Children's Bureau*. Retrieved April 12, 2002, from <http://www.acf.dhhs.gov/programs/cb/publications/cm99/index.htm>
- Thieman, A. & Dail, P. (1977). Predictor of out-of-home placement in a family preservation program: Are welfare recipients particularly vulnerable? *Policy Studies Journal*, 25, 124 – 149.
- Thoma, E. (2002, nd). Predicting the future and the codification of poverty. If You Lived Here, You'd Be Home Now: The Business of Foster Care. Retrieved March 19, 2003 from

[http://www.ipt-forensics.com/journal/volume10/j10\\_10\\_15.htm](http://www.ipt-forensics.com/journal/volume10/j10_10_15.htm).

Thomas, A. & Sillen, A. (1972). *Racism and Psychiatry*. New York: Brunner/Mazel.

Tittle, G., Harris, G. & Poertner, J. (2003, nd). Factors that Predict a Decision to Place a Child.

University of Illinois at Urbana- Champaign. Retrieved March 19, 2003 from

[cfrcwww.social.uiuc.edu/pubs/ Pdf.files/factorstittle.pdf](http://cfrcwww.social.uiuc.edu/pubs/Pdf.files/factorstittle.pdf)

Tourse, R. (In press). Understanding cultural sway: A critical component in assessment and treatment for practitioners and interns.

Turner, J. H. (1998). I New York: Wadsworth Publishing Company.

U.S. Bureau of the Census. (1997). *Current Population Reports*. Washington, D.C.:

U.S. Bureau of the Census.

U.S. Census Bureau (2000a). *Current Population Reports*. Washington, D.C.: U.S. Bureau of the Census. Retrieved February 15, 2002, from

<http://quickfacts.census.gov/qfd/states/17/17031.html>.

U.S. Census Bureau. (2000b). *Population Division. 1990 Census of Population and Housing,*

*The Black Population in the United States: March 1994 and 1993 (P20-480)*, Retrieved

July 23, 2000, from

<http://www.columbia.edu/cu/libraries/subjects/afam/census.html>

United States Commission on Civil Rights (September 1999). *The Health Care Challenge.-*

*Acknowledging Disparity, Confronting Discrimination, and Ensuring Equality. Volume*

*1: The Role of Governmental and Private Health Care Programs and Initiatives.*

Available from U.S. Commission on Civil Rights, 624 Ninth Street NW Washington,

DC 20425, (202) 376-8128 <http://www.usccr.gov>

U.S. Department of Health and Human Services, Children's Bureau. (2001). *The AFCARS*

- Report*. Retrieved November 26, 2001, from  
<http://www.acf.dhhs.gov/programs/cb/publications/afcars/apr2001.htm>
- U.S. Department of Health and Human Services, Children's Bureau. (1997). *National Study of Protective, Preventive and Reunification Services Delivered to Children and Their Families*. Washington, DC: U.S. Government Printing Office.
- U.S. Department of Health and Human Services, Children's Bureau. (2002). *Strengthening Abuse and Neglect Courts Act of 2000*. Retrieved April 15, 2002, from  
<http://www.acf.dhhs.gov/programs/cb/laws/index.htm>
- U.S. Department of Health and Human Services, Children's Bureau, Centers for Disease Control and Prevention, The National Center for Health Statistics (NCHS) (nd). *Sample Design, Sampling Weights, Imputation, and Variance Estimation in the 1995 National Survey of Family Growth*. Retrieved April 12, 2001, from  
[http://www.cdc.gov/nchs/products/pubs/pubd/series/sr02/130-121/sr2\\_124.htm](http://www.cdc.gov/nchs/products/pubs/pubd/series/sr02/130-121/sr2_124.htm)
- U.S. Department of Health and Human Services, National Center on Child Abuse and Neglect. (2001). *Child maltreatment 1999: Reports from the states to the national child abuse and neglect data system*. Washington, DC: GPO. Retrieved December 12, 2001, from  
Retrieved December 12, 2001, from <http://www.calib.com/nccanch/faq.cfm>.
- U.S. Department of Health and Human Services. (1998). *Analysis of State Child Welfare Data: VCIS Survey Data from 1990 through 1994*. Washington, D.C.: U.S. Department of Health and Human Services. Retrieved October 12, 2002, from  
<http://www.calib.com/nccanch/pubs/factsheets/foster.cfm>.
- Vinokur-Kaplan, D. & Hartman, D. (1986). A national profile of child welfare workers and supervisors. *Child Welfare*, 65, 323-335.

- Wentzy, D. A. (1995). Children in crises: Where have all the caseworkers gone? A study of retention and burnout issues in foster care. *Dissertation Abstracts International Section A: Humanities & Social Sciences*. Vol 55(9-A), Mar (1995). (pp. 2994). US: University Microfilms International. [Dissertation Abstract]
- White, M., Albers, E. & Bitoni, C. (1996). Factors in length of foster care: Worker activities and parent child visitation. *Journal-of-Sociology-and-Social Welfare*, 23, 75-84.
- Williams, C. W. (1997). Personal reflections on permanency planning and cultural competency. In G.R. Anderson, A.S. Ryan, and B.R. Leashore (Eds.). *The Challenge of Permanency Planning in a Multicultural Society*. (Chapter in Book pp. 9-18) Binghamton, NY, Haworth Press, Inc
- Wilson, M.N. (1991). The context of the African American family. In J.E. Everett, S.S. Chipungu & B. Leashore (Eds.). *Child Welfare: An Africentric Perspective*. (pp. 1-18). New Brunswick, New Jersey: Rutgers University Press.
- Wilson, M.N. & Saft, E. (1993). Child maltreatment and the African-American community. In A. Cicchetti (Ed.), *Child Maltreatment: Policy and Intervention Implications* (pp. 213-248). New York: Lawrence Erlbaum.
- Wilson, W.J. (1987). *The Truly Disadvantaged: The Inner City, the Underclass, and Public Policy*. Chicago: University of Chicago Press.
- Winefield, H.R. & Bradley, P.W. (1992). Substantiation of reported child abuse or neglect: Predictors and implications. *Child Abuse & Neglect*, 16, 661-671.
- Wothke, W. (2000). Longitudinal and multi-group modeling with missing data. In T.D. Little, K.U. Schnabel and J. Baumert (Eds.) *Modeling longitudinal and multiple group data: Practical issues, applied approaches, and specific examples*. Mahwah, NJ: Lawrence

Erlbaum Associates Retrieved January 8, 2002, from

<http://www.smallwaters.com/whitepapers/longmiss/>

Wothke, W. James L. Arbuckle, J. L. (1996) Full-information missing data analysis with

Amos1.white paper®1 Reprinted from Faulbaum/Bandilla (1996), *SoftStat '95*.

(Advances in Statistical Software 5), Stuttgart, Lucius and Lucius Inc., with permission

from the publisher. Based on Arbuckle, J.L. (1996). Full information estimation in the

presence of incomplete data. In G.A. Marcoulides and R.E. Schumaker (Eds.)

*Advanced Structural Equation Modeling Techniques: Issues and Techniques*. Mahwah, NJ:

LEA. Retrieved January 8, 2002, from

[http://www.spss.co.kr/cool/papers/amos\\_missdata.htm](http://www.spss.co.kr/cool/papers/amos_missdata.htm)

Wright, R. E. (1995). Logistic regression. In L. G. Grimm & P. R. Yarnold (Eds.), *Reading and*

*understanding multivariate statistics* (pp. 217-244). Washington, DC: American

Psychological Association.

Wu, B., Cernkovich, S. & Dunn, C.S. (1997). Assessing the effects of race and class on

juvenile justice processing in Ohio. *Journal of Criminal Justice*, 25, 265-277.

Wulczyn, F., Brunner, K., Dilts, J. & Goerge, R. (2000). An Update from the Multistate Foster

Care Data Archive: Foster Care Dynamics 1983-1998. *A Chapin Hall Report*.

Yelaja, S. & Latimer, J. (1985). Ethical issues, In Chris Mouzakis & Raju Varghese (Eds.),

*Social work treatment with abused and neglected children*. (pp. 52-73). Springfield,

Illinois: Charles C. Thomas.

Yuan, Y.C. (2000). Multiple imputation for missing data: Concepts and new developments.

*SAS Institute Technical Report P267-25*. Retrieved April 12, 2001, from

<http://www.sas.com/rnd/app/papers/multipleimputation.pdf>.



Zellman, G.L. (1992). The impact of case characteristics on child abuse reporting decisions.

*Child Abuse & Neglect, 16, 57-74.*

Zuravin, S.J. & DePanfilis, D. (1997). Factor affecting foster care placement of children. *Social*

*Work Research, 21, 34-42.*

Zuravin, S.J. & DePanfilis, D. (1999). Predictors of child protection service intake decisions:

Case closure, referral to continuing services, or foster care placement. In P.A. Curtis, G.

Dale Jr. & J.C. Kendall, (Eds.) (1999). *The foster care crisis: Translating research into policy and practice: Child, youth, and family services.* (pp. 63-83. )Affiliation: Child

Welfare League of America, Washington, DC, US Lincoln, NE, US: University of

Nebraska Press.

## APPENDIX

Table A1

*Selected Dependent Variables*

Variables	What it measures	Level of Measurement	How coded
SUBSTAN	Substantiated child maltreatment	Nominal	No = 0 Yes = 1
PLACE	Child was placed into out of home care	Nominal	No = 0 Yes = 1
SERVCAT	Worker provided more than six services	Nominal	No = 0 Yes = 1
SHORT	Case was opened for 3 months or less	Nominal	No = 0 Yes = 1
LONG	Case was opened for 18 months or more	Nominal	No = 0 Yes = 1

Table A2

*Selected Independent Variables*

Variables	What it measures	Level of Measurement	How coded
Child			
AGECATC	Child's age when entered CPS system	Interval	0-1 = 0 2-5 = 1 6-11 = 3 12-19 = 4
RACE	The race of the primary child	Nominal	Caucasian = 0, African American = 1, Latino/a = 2
GENDER	Child's gender	Nominal	0 = no 1 = yes
EMOPRB	Child has emotional problems.	Nominal	0 = no 1 = yes
AGECATP	The age of primary caretaker when case was opened.	Nominal	0 = 14-19 1 = 20-29 3 = 30-39 4 = 40-49 5 = 50-90

Table A2 (continued)

*Selected Independent Variables*

Variables	What it measures	Level of Measurement	How coded
RacePC	The race of primary caretaker in the open case.	Nominal	0 = Caucasian 1 = African American
HHCHILD	The number of children reported to be in household when the case was opened.	Nominal	0 = 0-1 1 = 2-9
MOM	mother is a single parent	Nominal	0 = no 1 = yes
CRIME	family is living in high crime and drug area	Nominal	0 = no 1 = yes
HOUSE	family is having housing problems	Nominal	0 = no 1 = yes
AFDC	Family is receiving AFDC	Nominal	0 = no 1 = yes

Table A2 (continued)

*Selected Independent Variables*

Variables	What it measures	Level of Measurement	How coded
SUBABPC	represents primary caretaker has a substance abuse problem	Nominal	0 = no 1 = yes
	Family		
PREOPEN	child was a member of a previously opened case	Nominal	0 = no 1 = yes
SUBSTAN	Substantiated child maltreatment	Nominal	0 = no 1 = yes
URBAN	Urbanicity	Nominal	1 = 200,000; 2 >= 25,000; 3 >= 5,000; 4 < 5,000

Table A3

*Demographic Variables Gender and Ethnicity Used in Analysis*

Variables	<i>n</i>	<i>%</i>
Child		
Gender		
Girls	1070	50.69
Boys	1025	48.55
Missing	16	0.76
Ethnic Background		
Caucasian	1214	57.51
African American	625	29.61
Latino	187	8.86
Missing	85	4.02
Caregiver		
Caucasian	1199	56.80
African American	496	23.50
Latino	142	6.73
Missing	274	12.98

*Note.* N = 2109.

Table A4

*Description of Dependent and Independent Variables Used in Analyses*

Dependent variable labels	<i>n</i>	<i>%</i>
<b>Substantiated child maltreatment</b>		
No	722	34.20
Yes	1387	65.77
Missing	4	0.19
<b>Was placed in Foster Care</b>		
No	979	46.38
Yes	1123	53.20
Missing	9	0.43
<b>Short</b>		
No	1624	76.93
Yes	289	13.69
Missing	196	9.38
<b>Long</b>		
No	625	29.61
Yes	886	41.97
Missing	600	28.42
<b># of Services provided by case worker</b>		
0 to 6 services	1126	53.34
7 to 18 services	983	46.57
Missing	2	0.19

Table A4 (Continued)

*Description of Dependent and Independent Variables Used in Analyses*

Independent variable labels	<u>n</u>	<u>%</u>
Child		
Age of primary child		
0 to 1	186	8.81
2 to 5	471	22.31
6 to 11	598	28.33
12 to 21	828	39.22
Missing	28	0.1
Emotional problems child		
No	1065	50.45
Yes	703	33.30
Missing	343	16.25
Family		
Age of primary caretaker		
14 to 19	45	2.13
20 to 29	518	24.54
30 to 39	849	40.22
40 to 49	307	14.54
50 to 90	105	4.97
Missing	287	13.59



Table A4 (Continued)

*Description of Dependent and Independent Variables Used in Analyses*

Independent variable labels	<i>n</i>	<i>%</i>
Number of children in household		
1 child	685	32.45
2 children or more	1417	67.12
Missing	9	0.43
Housing problems		
No	1641	77.78
Yes	468	22.17
Missing	2	0.09
Receiving AFDC		
No	832	39.41
Yes	786	37.23
Missing	493	23.35
Hi crime and drug area		
No	1399	66.27
Yes	359	17.05
Missing	353	16.72
Substance abuse problems – primary caretaker		
No	1300	61.58
Yes	539	25.53
Missing	272	12.88

Table A4 (Continued)

*Description of Dependent and Independent Variables Used in Analyses*

Independent variable labels	<i>n</i>	<i>%</i>
<i>Single mother</i>		
No	1406	66.60
Yes	696	32.97
Missing	9	0.42
<i>Agency</i>		
<i>Previous case openings</i>		
No	1197	56.70
Yes	876	41.50
Missing	40	1.89

*Note.* N = 2109.

Table A5

*Dependent and Independent Variables*

Dependent variables	What it measures	How coded
SUBSTAN	Substantiated child maltreatment	No = 0 Yes = 1
SERVCAT	Worker provided more than six services	No = 0 Yes = 1
PLACE	Child was placed into out of home care	No = 0 Yes = 1
SHORT	Case was opened for 3 months or less	No = 0 Yes = 1
LONG	Case was opened for 18 months or more	No = 0 Yes = 1
<hr/>		
Independent Variables	Child	
AGECATC	Child's age when entered CPS system	0 = 1 to 2 1 = 2 to 5 2 = 6 to 11 3 = 12 to 19
AFRIAMERICAN	The race of the primary child	Caucasian = 0, African American = 1
GENDER	Child's gender	0 = no 1 = yes

Table A5 (continued)

*Dependent and Independent Variables*

Variables	What it measures	How coded
EMOPRB	Child has emotional problems.	0 = no 1 = yes
AGECATP	The age of primary caretaker when case was opened.	0 = 14 to 19 1 = 20 to 29 3 = 30 to 39 4 = 40 to 49 5 = 50 to 90
RacePC	The race of primary caretaker in the open case.	0 = Caucasian 1 = African American
HHCHILD	The number of children reported to be in household when the case was opened.	0 = 0 to 1 1 = 2 to 9
MOM	mother is a single parent	0 = no 1 = yes
CRIME	family is living in high crime and drug area	0 = no 1 = yes
HOUSE	family is having housing problems	0 = no 1 = yes
AFDC	Family is receiving AFDC	0 = no 1 = yes

Table A5 (continued)

*Dependent and Independent Variables*

Independent variables	What it measures	How coded
Family		
PREOPEN	child was a member of a previously opened case	0 = no 1 = yes
PREPLACE	child was previously placed in out of home care	0 = no 1 = yes
SUBABPC	represents primary caretaker has a substance abuse problem	0 = no 1 = yes
Interaction		
R2AFDC	AFRIAMERICAN*AFDC	
R2AGEC	AFRIAMERICAN*AGECATC	
R2AGEP	AFRIAMERICAN*AGECATP	
R2CHIL	AFRIAMERICAN*HOUSCHILL	
R2EM	AFRIAMERICAN*EMOPROB	
R2SUB	AFRIAMERICAN*SUBABPC	
R2HOUS	AFRIAMERICAN*HOUSE	
R2PREPLA	AFRIAMERICAN*PREPLACE	
R2PREOPEN	AFRIAMERICAN*PREOPEN	
R2MOM	AFRIAMERICAN*MOM	
R2GEN	AFRIAMERICAN*GENDER	
R2CRIM	AFRIAMERICAN*CRIME	

Table A6

*Comparison of African American and Caucasian Children by Selected Variables*

Variable	African American% (CI)	Caucasian% (CI)	$X^2$	<i>p</i>	OR	<i>n</i>
AFDC	52.57 (.480 .571)	45.31 (.420 .486)	6.72	.009	1.34	1403
EMOBPROB	32.14 (.281 .364)	45.71 (.426 .488)	25.60	.000	.56	1519
HOUSE	73.28 (.696 .767)	78.75 (.763 .810)	6.94	.008	.74	1839
HOUSCHIL	71.59 (.679 .751)	64.90 (.621 .676)	8.33	.004	1.36	1834
SUBABPC	42.44 (.381 .468)	24.10 (.216 .267)	56.49	.000	2.32	1624
MOM	41.73 (.378 .457)	29.89 (.273 .326)	25.73	.000	1.68	1834
PREOPEN	42.43 (.385 .465)	44.74 (.419 .476)	0.87	.351	.91	1806
AGECAT_C						
0-1	12.16 (.097 .150)	6.74 (.054 .083)	15.26	.000	1.91	156
2-5	27.07 (.236 .308)	19.80 (.176 .222)	12.44	.000	1.50	405
6-11	28.69 (.251 .324)	28.20 (.257 .308)	0.01	.912	1.01	516
12-19	32.09 (.284 .359)	45.26 (.424 .481)	9.27	.000	.57	742
AGECAT_P						
14-19	3.85 (.024 .059)	1.84 (.011 .028)	6.87	.009	2.25	41
20-29	34.61 (.305 .389)	24.88 (.223 .276)	16.52	.000	1.60	451
30-39	42.50 (.382 .469)	48.58 (.456 .516)	5.22	.022	.78	750
40-49	10.96 (.084 .140)	19.65 (.173 .221)	18.97	.000	.50	271
50-59	7.88 (.057 .105)	5.05 (.038 .065)	5.04	.025	1.60	96

Note. N = 2109; (CI) = 95% confidence intervals, OR = odds ratio, p = p value

Table A7

*Comparison of African American and Caucasian Children by Dependent Variables (N=2109)*

Variable Labels	African American% (CI)	Caucasian% (CI)	X <sup>2</sup>	p	OR (CI)	n
Substantiated Child Maltreatment	70.56 (.668 .741)	62.85 (.600 .656)	10.85	.001	1.41 (1.14 1.75)	1839
Placed in Out of Home Care	63.67 (.597 .674)	47.27 (.444 .501)	44.30	.000	1.95 (1.59 2.40)	1832
CPS involvement < 3 months	9.06 (.063 .108)	17.88 (.142 .183)	22.51	.000	0.46 (.32 .64)	1654
CPS involvement ≥ 18 months	73.12 (.687 .772)	52.09 (.487 .555)	53.21	.000	2.50 (1.94 3.24)	1299
Services provided 7 or more services	48.48 (.445 .525)	46.29 (.435 .491)	0.79	.373	1.01 (.90 1.33)	1839

Note. N = 2109; (CI) = 95% confidence intervals, OR = odds ratio, p = p value

Table A8

*The Effects of Race on Rates of Substantiated Child Maltreatment by Selected Variables*

Variable	African American% (CI)	Caucasian% (CI)	$X^2$	<i>p</i>	OR	N
AFDC	66.41 (.603 .722)	61.69 (.568 .664)	1.52	.217	1.23	671
EMOPROB	79.01 (.719 .850)	70.69 (.663 .748)	4.20	.040	1.56	626
HOUSE	68.12 (.636 .724)	59.10 (.559 .622)	10.70	.001	1.48	1414
SUBABPC	81.28 (.755 .862)	76.78 (.712 .817)	1.46	.227	1.31	486
HOUSCHIL	72.65 (.682 .767)	66.41 (.630 .697)	5.14	.023	1.34	1232
MOM	71.54 (.656 .769)	60.49 (.573 .667)	8.12	.004	1.64	1834
PREOPEN	71.71 (.658 .771)	62.87 (.603 .687)	6.03	.014	1.50	794
AGECAT_C						
0-1	64.00 (.521 .748)	66.67 (.553 .768)	0.12	.726	0.89	156
2-5	65.87 (.581 .730)	66.39 (.600 .724)	0.01	.914	0.98	405
6-11	77.40 (.705 .834)	65.19 (.599 .703)	8.16	.004	1.83	516
12-19	71.72 (.649 .779)	59.56 (.553 .637)	9.19	.002	1.72	742
AGECAT_P						
14-19	57.14 (.340 .782)	80.00 (.563 .943)	2.62	.106	1.67	41
20-29	76.11 (.692 .821)	70.48 (.647 .758)	1.73	.188	1.33	451
30-39	71.94 (.655 .778)	64.28 (.588 .695)	8.31	.004	1.65	750
40-49	70.17 (.607 .723)	58.41 (.573 .667)	2.62	.106	1.67	271
50-90	63.41 (.469 .779)	56.36 (.423 .697)	0.29	.589	1.22	96

Note. N = 2109; (CI) = 95% confidence intervals, OR = odds ratio, p = p value



Table A9

*The Effects of Race on Rates of Children Placed by Independent Variables*

Variable	African American% (CI)	Caucasian% (CI)	$X^2$	$p$	OR	N
AFDC	62.06 (.558 .681)	47.47 (.426 .524)	13.42	.000	1.81	1397
EMOPROB	78.75 (.716 .848)	62.07 (.575 .665)	14.83	.000	2.26	624
HOUSE	63.82 (.592 .682)	45.17 (.420 .484)	42.91	.000	2.14	1408
SUBABPC	71.10 (.646 .770)	59.02 (.528 .650)	7.63	.006	1.71	1617
HOUSCHIL	63.74 (.591 .682)	45.34 (.418 .489)	38.43	.000	2.12	1827
MOM	58.30 (.520 .644)	43.06 (.379 .483)	14.01	.000	1.85	619
PREOPEN	64.45 (.582 .703)	49.81 (.455 .541)	14.94	.000	1.83	788
AGECAT_C						
0-1	44.00 (.325 .560)	45.68 (.346 .571)	0.04	.833	0.93	156
2-5	55.69 (.478 .634)	42.02 (.357 .486)	7.35	.007	1.73	405
6-11	69.14 (.617 .759)	37.39 (.322 .428)	46.52	.000	3.75	512
12-19	72.59 (.658 .787)	55.35 (.510 .596)	17.88	.000	2.14	739
AGECAT_P						
14-19	47.62 (.257 .702)	40.00 (.191 .639)	0.24	.623	1.36	41
20-29	53.89 (.463 .613)	38.89 (.330 .450)	9.82	.000	1.84	450
30-39	60.45 (.537 .670)	42.31 (.380 .467)	20.47	.000	2.08	747
40-49	59.65 (.458 .724)	49.77 (.429 .567)	1.76	.185	1.49	270
50-90	58.97 (.421 .744)	58.18 (.441 .713)	.01	.939	1.03	94

Note. N = 2109; (CI) = 95% confidence intervals, OR = odds ratio

Table A10

*The Effects of Race on Length of Time in Placement (SHORT) by Selected Variables*

Variable	African American% (CI)	Caucasian% (CI)	$X^2$	<i>p</i>	OR	N
AFDC	10.71 (.070 .155)	18.13 (.144 .224)	5.94	.015	.54	1272
EMOBPROB	5.63 (.026 .104)	10.10 (.075 .132)	2.92	.087	.53	1504
HOUSE	10.26 (.075 .136)	19.88 (.173 .227)	18.37	.000	.46	1274
HOUSCHIL	8.10 (.056 .112)	16.62 (.139 .196)	15.70	.000	.44	1652
SUBABPC	5.85 (.030 .102)	12.03 (.082 .168)	4.77	.029	.45	1443
MOM	10.53 (.069 .152)	20.47 (.163 .252)	9.79	.002	.46	1652
PREOPEN	8.44 (.052 .129)	18.70 (.153 .224)	12.41	.000	.40	1624
AGECAT_C						
0-1	16.44 (.088 .269)	18.18 (.103 .286)	0.08	.778	.88	150
2-5	4.89 (.020 .098)	19.51 (.143 .256)	15.41	.000	.21	348
6-11	11.54 (.070 .176)	23.20 (.186 .283)	9.04	.002	.43	462
12-19	7.42 (.040 .124)	14.09 (.112 .174)	5.31	.021	.49	679
AGECAT_P						
14-19	5.55 (.001 .272)	16.67 (.036 .414)	1.12	.289	.29	36
20-29	16.52 (.102 .246)	22.78 (.176 .287)	6.85	.009	.47	392
30-39	9.74 (.060 .148)	19.75 (.163 .236)	9.93	.002	.44	681
40-49	14.58 (.061 .278)	14.95 (.102 .208)	0.00	.949	.97	242
50-59	2.70 (.001 .142)	11.76 (.044 .239)	2.41	.121	.21	88

Note. N = 2109; (CI) = 95% confidence intervals, OR = odds ratio

Table A11

*The Effects of Race on Length of Time in Placement (Long Stayer) by Selected Variables*

Variable	African American% (CI)	Caucasian% (CI)	$X^2$	<i>p</i>	OR	N
AFDC	73.91 (.669 .801)	51.74 (.458 .576)	23.08	.000	2.64	985
EMOBPROB	81.06 (.733 .873)	62.03 (.567 .672)	15.71	.000	2.62	477
HOUSE	74.11 (.691 .787)	51.30 (.475 .551)	48.60	.000	2.72	1299
HOUSCHIL	75.16 (.700 .799)	52.55 (.483 .568)	42.43	.000	2.73	1294
SUBABPC	75.36 (.673 .823)	56.57 (.488 .640)	11.95	.000	2.35	1114
MOM	65.90 (.583 .729)	49.06 (.429 .552)	12.05	.000	2.01	1294
PREOPEN	68.67 (.610 .756)	50.41 (.452 .557)	15.46	.000	2.16	1274
AGECAT_C						
0-1	33.33 (.196 .496)	27.66 (.156 .426)	0.34	.561	1.31	89
2-5	78.76 (.701 .859)	52.83 (.448 .608)	19.19	.000	3.31	272
6-11	75.19 (.668 .824)	47.50 (.410 .540)	26.28	.000	3.35	369
12-19	77.70 (.701 .841)	56.68 (.517 .616)	20.38	.000	2.66	552
AGECAT_P						
14-19	-	-	-	-	-	20
20-29	64.55 (.548 .734)	41.48 (.341 .491)	14.41	.000	2.57	286
30-39	70.55 (.624 .778)	44.74 (.396 .500)	27.95	.000	2.96	517
40-49	66.67 (.504 .803)	57.40 (.499 .653)	1.2	.273	1.48	210
50-59	77.78 (.608 .899)	80.00 (.645 .909)	0.06	.812	0.87	76

Note. N = 2109; (CI) = 95% confidence intervals, OR = odds ratio

Table A12

*The Effects of Race on Number of Services by Selected Variables*

Variable	African American% (CI)	Caucasian% (CI)	$X^2$	<i>p</i>	OR	N
AFDC	44.92 (.387 .512)	44.10 (.393 .490)	0.04	.834	1.03	1403
EMOPROB	57.40 (.494 .651)	57.97 (.533 .625)	0.02	.899	0.97	1519
HOUSE	41.70 (.371 .464)	40.69 (.376 .439)	0.13	.717	1.04	1839
SUBABPC	58.90 (.521 .655)	60.67 (.545 .666)	0.16	.692	0.93	1624
HOUSCHIL	52.91 (.482 .576)	46.95 (.434 .505)	4.06	.044	1.27	1804
MOM	52.31 (.460 .585)	44.75 (.395 .500)	3.46	.062	1.35	1834
PREOPEN	51.55 (.453 .578)	50.37 (.460 .547)	0.10	.756	1.05	1806
AGECAT_C						
0-1	48.00 (.363 .598)	45.68 (.346 .571)	0.08	.772	1.10	156
2-5	48.50 (.407 .563)	45.38 (.389 .519)	0.39	.535	1.13	405
6-11	48.02 (.405 .556)	43.66 (.383 .491)	0.89	.344	1.19	516
12-19	50.51 (.433 .577)	49.60 (.450 .535)	0.09	.765	1.05	742
AGECAT_P						
14-19	52.38 (.298 .743)	30.00 (.119 .543)	2.11	.146	2.57	41
20-29	51.67 (.441 .592)	47.60 (.415 .537)	0.72	.398	1.18	451
30-39	51.58 (.448 .583)	47.83 (.435 .522)	0.88	.348	1.16	750
40-49	45.61 (.324 .593)	46.26 (.394 .532)	0.01	.930	0.97	271
50-90	43.90 (.285 .602)	43.64 (.303 .577)	0.00	.979	1.01	96

Note. N = 2109; (CI) = 95% confidence intervals, OR = odds ratio

Table A13

*Results of Logistic Models Predicting Child Maltreatment*

Substan	Model 1		Model 2		Model 3	
	OR (CI)	SE (p)	OR (CI)	SE (p)	OR (CI)	SE (p)
Variables						
AFRIAMERICAN	1.24 (0.88 1.75)	.22 (.22)	0.38 (0.09 1.65)	.28 (.20)	0.38 (0.15 0.98)	.18 (.05)
AFDC	0.77 (0.57 1.03)	.12 (.08)	0.79 (0.55 1.13)	.14 (.19)	0.76 (0.56 1.03)	.12 (.07)
EMOPROB	1.83 (1.31 2.57)	.32 (.00)	2.02 (1.37 2.98)	.40 (.00)	1.86 (1.32 2.61)	.32 (.01)
AGECAT_C	0.84 (0.70 1.00)	.08 (.06)	0.71 (0.56 0.88)	.08 (.01)	0.72 (.058 0.89)	.09 (.01)
AGECAT_P	0.76 (0.63 0.92)	.08 (.01)	0.80 (0.62 1.01)	.10 (.06)	0.77 (0.06 0.94)	.08 (.01)
PREOPEN	0.80 (0.59 1.09)	.13 (.16)	- -	- -	- -	- -
PREPLACE	2.28 (1.67 3.14)	.37 (.01)	2.17 (1.49 3.17)	.42 (.01)	2.22 (1.62 3.06)	.36 (.01)
HOUSCHIL	1.73 (1.26 2.39)	.28 (.01)	1.84 (1.27 2.66)	.35 (.01)	1.64 (1.19 2.24)	.26 (.01)
HOUSE	0.66 (0.46 0.97)	.13 (.03)	0.58 (0.36 0.92)	.14 (.02)	0.67 (0.46 0.98)	.13 (.04)
MOM	0.76 (0.56 1.04)	.12 (.09)	0.74 (0.51 1.08)	.14 (.12)	0.75 (0.55 1.03)	.12 (.07)
SUBABPC	1.74 (1.22 2.49)	.32 (.01)	1.62 (1.04 2.51)	.36 (.03)	1.75 (1.20 2.49)	.32 (.03)
R2AGEC			1.64 (1.12 2.39)	.32 (.01)	1.53 (1.12 2.10)	.25 (.01)
R2AFDC			0.95 (0.48 1.87)	.33 (.88)	- -	- -
R2EM			0.69 (0.30 1.55)	.28 (.37)	- -	- -
R2AGEP			0.96 (0.63 1.45)	.20 (.84)	- -	- -
R2PREPLA			1.07 (0.52 2.17)	.39 (.86)	- -	- -
R2AHOUSE			1.56 (0.71 3.42)	.63 (.27)	- -	- -
R2SUB			1.27 (0.59 2.73)	.50 (.54)	- -	- -
R2CHIL			0.63 (0.30 1.33)	.24 (.23)	- -	- -

Table A13 (continued)

*Results of Logistic Models Predicting Child Maltreatment*

Variables	Model 1		Model 2		Model 3	
	OR (CI)	SE (p)	OR (CI)	SE (p)	OR (CI)	SE (p)
R2MOM			0.96 (0.48 1.93)	.34 (.92)	-	-
Model Statistics	X <sup>2</sup>	p	X <sup>2</sup>	p	X <sup>2</sup>	p
-2 LOG L	515.7		511.19		513.18	
LR X <sup>2</sup> (9, 889)	113.24				118.28	
Goodness of Fit	678.49	.44	562.36	.33	564.68	.39
lrtest X <sup>2</sup> (1, 889)					5.79	.02
Pseudo R <sup>2</sup>	.099		0.107		.103	
AfriAmerican R <sup>2</sup>					.003	
%change odds					-61.5	
% Correctly Classified	68.50		69.63		69.52%	

Note.  $n = 889$ .

All models were statistically significant at the .05 level.

OR = odds ratio; (CI) = 95% confidence intervals; SE = standard errors (p) = p value.

p < .05 level.

Table A14  
*Logistic Models Predicting Number of Services Worker Provided*

SERVCAT.	Model 1		Model 2	
	OR (CI)	SE (p)	OR (CI)	SE (p)
Variables				
AFRIAMERICAN	1.06 (0.71 1.57)	.21 (.78)	1.20 (0.44 3.25)	.61 (.73)
AFDC	0.69 (0.48 0.98)	.13 (.04)	0.67 (0.44 1.03)	.15 (.07)
EMOPROB	2.27 (1.57 3.28)	.43 (.01)	2.17 (1.42 3.32)	.47 (.01)
PREOPEN	1.62 (1.14 2.30)	.29 (.01)	1.49 (0.98 2.26)	.32 (.06)
PREPLACE	2.77 (1.93 3.96)	.51 (.01)	3.35 (2.19 5.12)	.73 (.01)
HOUSE	0.30 (0.19 0.45)	.06 (.01)	0.30 (0.18 0.52)	.08 (.01)
SUBABPC	1.55 (1.04 2.31)	.32 (.03)	1.39 (0.84 2.30)	.36 (.20)
R2AFDC			0.95 (0.45 2.17)	.40 (.97)
R2EM			1.26 (0.53 2.97)	.55 (.60)
R2PREOP			1.31 (0.60 2.87)	.52 (.49)
R2PRELA			0.50 (0.22 1.13)	.21 (.10)*
R2AHOUSE			0.88 (0.36 2.15)	.40 (.78)
R2SUB			1.47 (0.63 3.47)	.64 (.38)
Model statistics	X <sup>2</sup>	p	X <sup>2</sup>	p
-2 LOG L	371.55		369.61	
LR X <sup>2</sup> (9)	131.71		135.59	
Goodness of Fit	120.66	.29		
lrtest X <sup>2</sup> (1)	0.07	.78		
Pseudo R <sup>2</sup>	.15		.16	
AfriAmerican R <sup>2</sup>				
Correctly Classified	68.66%			
%change odds			5.7	

*Note.*  $n = 635$ .

All models were statistically significant at the .05 level.

The interaction variable  $r2prepla$  (.124 ) was not statistically significant at the .1 level in the next model. Therefore, that model was not reported because none of the interaction variables had any statistically significant effect on the models.

OR = odds ratio; (CI) = 95% confidence intervals; SE = standard errors; (p) = p value.

$p < .05$ .



Table A15

*Logistic Models Predicting Child Placed in Out of Home Care Place*

Variables	Model 1		Model 2		Model 3	
	OR (CI)	SE (p)	OR (CI)	SE (p)	OR (CI)	SE (p)
AFRIAMERICAN	1.43 (1.03 1.99)	.24 (.03)	1.41 (1.01 1.95)	.24 (.04)	0.54 (0.18 1.60)	.30 (.27)
AFDC	0.84 (0.63 1.11)	.12 (.23)	0.84 (0.63 1.11)	.12 (.22)	0.97 (0.69 1.36)	.17 (.86)
EMOPROB	2.26 (1.66 3.08)	.36 (.01)	2.25 (1.65 3.05)	.35 (.01)	2.24 (1.57 3.21)	.41 (.01)
AGECAT_C	1.25 (1.25 1.46)	.10 (.01)	1.25 (1.08 1.45)	.10 (.01)	1.14 (0.95 1.38)	.11 (.14)
CRIME	1.38 (0.96 2.00)	.26 (.08)	1.37 (0.95 1.98)	.26 (.09)	1.53 (0.91 2.56)	.40 (.11)
HOUSCHIL	0.81 (0.60 1.09)	.13 (.17)	- -	- -	- -	- -
HOUSE	0.66 (0.47 0.91)	.11 (.01)	0.66 (0.48 0.93)	.11 (.02)	0.57 (0.38 0.87)	.12 (.01)
SUBABPC	2.09 (1.51 2.88)	.34 (.01)	2.09 (1.51 2.88)	.34 (.01)	1.75 (1.17 2.60)	.36 (.01)
R2AFDC					0.58 (0.31 1.10)	.19 (.10)
R2EM					1.07 (0.53 2.19)	.39 (.85)
R2AGEC					1.30 (0.94 1.79)	.21 (.11)
R2HOUS					1.60 (0.80 3.31)	.59 (.18)
R2SUB					1.76 (0.88 3.52)	.62 (.11)
R2CRIM					0.75 (0.35 1.59)	.29 (.45)
Model statistics	$X^2$	p	$X^2$	p	$X^2$	p
-2 LOG L	564.83		565.78		560.68	
LR $X^2$ (8)	96.76	$X^2$ (7)	94.85	$X^2$ (13)	105.05	
Goodness of Fit	301.49	.13	194.90	.20	299.33	.09
lrtest chi2(1)			4.20	.04		
Pseudo $R^2$	.08		.08		.09	
AfriAmerican $R^2$			.003			
%change odds			40.7			
Correctly Classified	65.13		64.12%		65.02%	

*Note.* n = 889.

Interaction variable African American\*AFDC (.118) was not statistically significant at the .1 level in the subsequent model. Therefore, the model was not displayed. None of the interaction variables had any statistically significant effect on the models.

All models were statistically significant at the .05 level.

OR = odds ratio; (CI) = 95% confidence intervals; SE = standard errors (p) = p value.

p < .05.

Table A16

*Logistic Models Predicting Families Having a CPS Case Opened for 3 Months or Less*

Variables	Model 1		Model 2		Model 3	
	OR (CI)	SE (p)	OR (CI)	SE (p)	OR (CI)	SE (p)
AFRIAMERICAN	0.45 (0.28 0.71)	.10 (.01)	0.48 (0.28 0.70)	.10 (.01)	0.42 (0.12 1.46)	.27 (.17)
AFDC	1.30 (0.91 1.87)	.24 (.15)	1.32 (0.92 1.89)	.24 (.13)	1.16 (0.77 1.73)	.24 (.48)
EMOPROB	0.43 (0.29 0.65)	.09 (.01)	0.41 (0.28 0.62)	.09 (.01)	0.38 (0.25 0.60)	.09 (.01)
AGECAT_P	0.88 (0.71 1.08)	.09 (.21)	-	-	-	-
HOUSCHIL	0.74 (0.51 1.08)	.14 (.12)	-	-	-	-
HOUSE	2.53 (1.49 4.29)	.68 (.01)	2.43 (1.44 4.09)	.65 (.01)	2.63 (1.43 4.82)	.81 (.01)
SUBABPC	0.42 (0.26 0.69)	.10 (.01)	0.43 (0.27 0.69)	.11 (.01)	0.50 (0.29 0.86)	.14 (.29)
R2AFDC					1.97 (0.79 4.96)	.93 (.15)
R2EM					1.48 (0.51 4.30)	.81 (.47)
R2AHOUSE					0.75 (0.23 2.48)	.46 (.64)
R2SUB					0.52 (0.16 1.66)	.31 (.27)
Model statistics	X <sup>2</sup>	p	X <sup>2</sup>	p	X <sup>2</sup>	p
-2 LOG L	377.59		379.64		377.67	
LR X <sup>2</sup> (9)	73.72	.00	69.63	.00	73.58	.00
Goodness of Fit	197.11	.17	20.20	.78		
lrtest X <sup>2</sup> (1)			13.42	.01		
Pseudo R <sup>2</sup>	.09		.08		.09	
AfriAmerican R <sup>2</sup>			.02			
%change odds			-55.2			
Correctly Classified	82.34%		82.34%		82.34%	

Note. N = 1387.

All models were statistically significant at the .05 level.

OR = odds ratio; (CI) = 95% confidence intervals; SE = standard errors (p) = p value.

$p < .05.$

Table A17

*Logistic Models Predicting Families Having A CPS Case Opened For 18 Months Or More*

Variables	Model 1		Model 2		Model 3	
	OR (CI)	SE (p)	OR (CI)	SE (p)	OR (CI)	SE (p)
AFRIAMERICAN	2.23 (1.54 3.22)	.42 (.01)	2.18 (1.52 3.13)	.40 (.01)	5.11 (1.29 20.11)	.36 (.02)
AFDC	0.81 (0.58 1.12)	.14 (.20)	0.81 (0.59 1.13)	.14 (.21)	0.86 (0.58 1.26)	.17 (.43)
AGECAT_C	1.12 (0.93 1.36)	.11 (.22)	- -	- -	- -	- -
AGECAT_P	1.33 (1.08 1.64)	.14 (.01)	1.42 (1.18 1.71)	.14 (.01)	1.56 (1.25 1.96)	.18 (.01)
PREOPEN	0.71 (0.51 0.98)	.12 (.04)	0.72 (0.52 1.00)	.12 (.05)	0.84 (0.57 1.23)	.17 (.37)
HOUSCHIL	1.47 (1.04 2.08)	.26 (.03)	1.49 (1.05 2.11)	.27 (.02)	1.37 (0.92 2.05)	.28 (.12)
GENDER	0.77 (0.56 1.06)	.13 (.11)	- -	- -	- -	- -
R2AFDC					0.84 (0.41 1.73)	.31 (.63)
R2AGEP					0.73 (0.49 1.10)	.15 (.13)
R2PREOP					0.52 (0.24 1.10)	.20 (.09)
R2CHIL					1.75 (0.76 4.03)	.75 (.19)
Model statistics	X <sup>2</sup>	p	X <sup>2</sup>	p	X <sup>2</sup>	p
-2 LOG L	421.83		423.76		420.51	
LR X <sup>2</sup> (9, 641)	44.69	.01	40.84	.01	47.33	.01
Goodness of Fit	240.05	.36	39.95	.97		
lrtest X <sup>2</sup> (1, 641)			18.49	.000		
Pseudo R <sup>2</sup>	.05		.05		.05	
AfriAmerican R <sup>2</sup>					.021	
%change odds					118.4	
Correctly Classified	61.47%		61.31%		78.16%	

Note. n = 641.

Interaction variable "African American\*previously open case" (.130) was not statistically significant at the .1 level in the subsequent model; Therefore, the model was not displayed.

All models were statistically significant at the .05 level.

OR = odds ratio; (CI) = 95% confidence intervals; SE = standard errors (p) = p value.

$p < .05$ .

Table A18

*Comparison of Analyses of Incomplete Data and Complete Data from Logistic Models*

Variables		Incomplete data				Complete data					
Dependent	Independent	OR	SE	p	95% CI		OR	SE	p	95% CI	
SUBSTAN	AFRIAMERICAN	0.38	.18	.05	0.15	0.98	0.51	.17	.05	0.26	0.98
	AFDC	0.76	.12	.07	0.56	1.03	0.81	.08	.09	0.67	0.99
SERVCAT	AFRIAMERICAN	1.06	.21	.78	0.78	1.19	1.13	.25	.68	0.73	1.76
	AFDC	0.69	.13	.04	0.74	1.09	0.89	.09	.28	0.73	1.08
PLACE	AFRIAMERICAN	1.41	.24	.04	1.01	1.95	2.06	.23	.00	1.65	2.57
	AFDC	0.84	.12	.22	0.63	1.11	0.97	.10	.54	0.80	1.17
SHORT	AFRIAMERICAN	0.48	.10	.00	0.28	0.70	0.73	.09	.01	0.58	0.93
	AFDC	1.32	.24	.13	0.92	1.89	1.04	.11	.74	0.84	1.29
LONG	AFRIAMERICAN	2.18	.40	.00	1.52	3.13	1.85	.19	.00	1.52	2.26
	AFDC	0.81	.14	.21	0.59	1.13	1.06	.10	.55	0.88	1.28

*Note.* OR = odds ratio; (CI) = 95% confidence intervals; SE = standard errors (p) = p value.

p < .05