Racial Disproportionality, Race Disparity, and Other Race-Related Findings in Published Works Derived from the National Survey of Child and Adolescent Well-Being

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ABOUT THE ALLIANCE

In 2004, the Casey-CSSP Alliance for Racial Equity in Child Welfare was established to develop and implement a national, multiyear campaign to address racial disparities and reduce the disproportionate representation of children from certain racial or ethnic communities in the nation's child welfare system.

The Alliance includes the Annie E. Casey Foundation and its direct service agency, Casey Family Services, Casey Family Programs, the Jim Casey Youth Opportunities Initiative, the Marguerite Casey Foundation, the Center for the Study of Social Policy (CSSP), and parents and alumni of foster care. The Race Matters Consortium and Black Administrators in Child Welfare (BACW) are also partners in this work.

The efforts of the Alliance to reduce disparities and the disproportionate number of children and youth of color in the care of child welfare agencies are ultimately aimed at improving the outcomes for all children in care by:

- Learning what works to achieve race equity in child welfare services, in partnership with states and local communities

- Developing and disseminating new knowledge to the field

- Promoting effective federal and state policy through education about policy options

- Designing and implementing data collection, research, and evaluation methods that document evidence-based practices and strategies

- Ensuring that birth parents and foster youth and alumni are leaders in helping child welfare agencies achieve race equity in child welfare services and programs

For more information, go to www.cssp.org/major_initiatives /racialEquity.html.

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EXECUTIVE SUMMARY

This paper draws on peer-reviewed papers and chapters from data gathered during the National Survey of Child and Adolescent Well-Being (NSCAW) to examine correlates and contributors to racial disproportionality. NSCAW was commissioned in 1997 by the Administration on Children, Youth and Families, U.S. Department of Health and Human Services, to learn about the experiences of children and families who come in contact with child welfare agency–supervised services. The first national longitudinal study of its kind, NSCAW is examining the characteristics, needs, experiences, and outcomes for these children and families.

This report summarizes published and in-press articles and chapters based on the NSCAW study in order to examine the evidence on the relationship between race/ethnicity and several important areas related to child welfare and well-being. Topics in this review include:

(1) Child factors and related services, including (a) early childhood development and early intervention services and (b) mental health and substance abuse treatment need and access

(2) Parental factors and related services including (a) parental arrest and child involvement with child welfare services agencies and (b) domestic violence—epidemiology and services

(3) Reunification and related services

The sample size varies in these studies, as authors have endeavored to select subsamples of NSCAW that are best suited to answer their question. The CPS sample of NSCAW was 5504[a] children who underwent child maltreatment investigations between November 1999 and April 2001. The sample for each specific analysis, however, may vary due to substantive or methodological reasons (e.g., whether the analysis is limited to in-home, out-of-home, or reunified cases, or whether there are missing data on variables to be included in the analysis). The analyses in these studies were, generally, not intended to isolate the effects of race or ethnicity on child welfare outcomes or child well-being. All of the studies did, however, include race and ethnicity in their multivariate models—allowing for an understanding of whether race and ethnicity was associated with outcomes of interest, above and beyond other family and child characteristics.

Findings

Overall: Race/ethnicity was not found to be a significant predictor in the receipt of services for children remaining at home, nor was it an indicator of whether children would be placed

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[a]   After some initial papers and reports were written, three cases were dropped from the study because they involved participants who were incarcerated and were judged not to have given allowable informed consent.

in out-of-home care. Differences were found by race, however, with respect to reunification and services received.

CHILD FACTORS

Early Childhood Development and Early Intervention Services: What can NSCAW studies tell us about the relationship between early childhood development needs and service receipt? The findings show that race and ethnicity are strongly correlated with the overall level of child welfare involvement and the receipt of services. White children are more likely to remain at home than to be removed from their homes following the investigation of the case. Race and ethnicity were also found to be predictive factors in service receipt: Black children are less likely to receive developmental services than white children, and the racial inconsistencies in services received remain even after controlling for need.

Mental Health and Substance Abuse Treatment Need, Use, and Access: What can NSCAW studies tell us about the relationship between race, mental health care services, and substance abuse treatment need, use, and access? Race/ethnicity accounts for differentials in overall mental health service use. Specifically, African American and Hispanic children were more likely to use services than white children even though African American children did not demonstrate elevated need as a group—that is, their mental health problems were no greater than other children. In the 6- to 10-year-old age group, however, African American children showed significant unmet need. They were less likely to receive mental health services than white children in this age group when other variables were controlled.

Racial/ethnic disparities in mental health service use are also related to the organization of services. African American and Hispanic children are less likely to receive specialty mental health services than white children (while holding the county variable constant). In another study of caregivers, Hispanic caregivers were significantly more likely to receive substance abuse services, and black non-Hispanic caregivers were significantly less likely to receive mental health services.

Emotional and behavioral problems for youth and *need for mental health treatment* were measured using the Achenbach Child Behavior Checklist (Achenbach, 1991). Interaction between Achenbach Child Behavior Checklist (CBCL) score and race/ethnicity was found to be statistically significant: African American children used fewer services than children of Caucasian ancestry at all values on the CBCL, which suggests lower service use at equal levels of need. As the CBCL levels increased, the inconsistency in service use was reduced. Nonetheless, the relative percentage of African American children receiving services was still smaller. Race/ethnicity (African American versus White) was found to predict outpatient

mental health services use while other variables were constant. This does not suggest the reason for the non-use of services, only the occurrence.

PARENT/FAMILY FACTORS

Domestic Violence: What do we know about the relationship between domestic violence, race, and child welfare system participation from the NSCAW studies? Race was not found to be a significant predictor in the underidentification of domestic violence in a home. Race/ethnicity was, however, found to be a significant factor in the continuation of domestic violence occurrences in a case. Caregiver[b] race or ethnicity was associated with severe physical violence (relative to no violence) reported at 18 months, with African American women having approximately twice the odds for reporting severe physical violence compared to white non-Hispanic women. In addition, African American women who were referred to child welfare agency–supervised services reported approximately three times greater risk of experiencing more severe forms of physical violence (e.g., getting beaten up, choked, threatened with a weapon) compared to white non-Hispanic women when age, marital status, socioeconomic factors, and other background variables were controlled.

Parental Arrest: What is the relationship between parental arrest, race, and entry into the child welfare system? NSCAW-related studies have found that parents of African American children who entered out-of-home care were significantly more likely to have experienced a recent arrest, and African American children with incarcerated parents were also found to be overrepresented in the proportion of investigated cases. At the same time, family and child risk factors identified by child welfare workers (e.g., serious mental illness, active domestic violence) at the time of intake were lower among African American parents who had been arrested than among other arrested parents. This suggests that some of the overrepresentation of entrances into foster care is mediated by police actions in arresting African American parents and, perhaps, by child welfare agency inaction in developing mechanisms that help divert children from foster care during parental arrests.

Reunification: What do we know about the relationship between race, reunification, child's age, and receipt of services? Findings show that race and reunification have differing relationships, depending on a child's age. Overall, for children younger than 7 months and children older than 10 years of age, racial differences are large; indeed, the greatest racial variation between predictors of reunification and the outcome of reunification is evidenced for infants and adolescents.

African American infants are less likely to experience reunification than white infants; in addition, African American youth over 10 years of age, as well as youth of other racial and

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[b]   The information from the study from which this information was extracted (Connelly et al., 2006) was taken from permanent caregivers, generally biological family members.

ethnic groups over 10, are significantly less likely to return home than white youth. For youth over 10 years old, the likelihood of reunification continues to be significantly smaller for children of color compared to white children even when controlling for risk factors, child behavior, and agency and parent actions. Offsetting the lower risk of reunification for some age groups are parenting support (for infants) and a higher frequency of seeing mothers during visits (for children 10 and older).

Summary

A wide array of findings was drawn from the analyses. Some findings suggest that race and ethnicity effects are related to developmental status or to the organization of mental health services in the agency, in addition to the potential association with parental arrest. These findings offer more specificity about how to further understand and address racial disproportionality. Findings related to parental arrest indicate that African American families that experience arrest are more common than non-African American families that experience arrest but have fewer family and child risks, suggesting that child welfare interventions for African Americans before and after arrest should be developed to address this aspect of their experience.

Other than this finding, there is a lack of a consistent race or ethnicity effect, suggesting a continued need to better understand how unfair services to African American children and families are most likely to arise, e.g., under which circumstances, which children of what age and with what challenges, and in which families.

INTRODUCTION

Data about service receipt are often difficult to interpret. The meaning of analyses of racial disproportionality and disparity in child welfare agency-supervised services depends, in some measure, on the extent to which race and ethnicity seem to be the primary factors in determining disproportionality or disparity. Alternately, these differences may be attributable to other co-occurring factors. Both the absence of a race effect and the presence of a race effect can, at times, be explained by other variables that obscure the true relationship between race and the particular outcome of interest.

The first of the three most fundamental challenges to interpreting most child welfare research is determining what "case status" means. That is, whether it is good or bad to receive a given service (like placement into foster care) may depend on many factors. The second fundamental problem is that the source of child welfare agency–supervised services information is generally the child welfare worker, and there is little direct information from the parent or child. This reliance on a single source of information is a substantial divergence from the ideals of social science research. The third difficult area of interpretation is that of explaining the causes of racial disproportionality and disparity. If findings offer explanations arising from factors that are not evenly distributed among children and families of different ethnic or racial groups, this leaves open the possible explanations that differences in outcomes may be attributable to these factors.

The National Survey of Child and Adolescent Well-Being (NSCAW) offers new opportunities to gain insight into these issues because the study has developmental measures (not just case status measures) and includes parental self-reporting on parenting behavior and other health and mental health measures. The study also has many more indicators of family and child functioning than has ever been available in a child welfare study. In addition, NSCAW features a national sample that was drawn to be representative of cases investigated following a child maltreatment allegation. The overall NSCAW sample size for these analyses is generally 5504 children undergoing child maltreatment investigations between November 1999 and April 2001. The sample for each specific analysis, however, may vary due to substantive or methodological reasons (e.g., whether the analysis is limited to in-home, out-of-home, or reunified cases, or whether there are missing data on variables to be included in the analysis).

Researchers oversampled infants to ensure there would be enough cases going through to permanency planning. In addition, researchers oversampled for sexual abuse cases (to ensure that there would be adequate statistical power to analyze this kind of abuse alone) and cases receiving ongoing services after investigation (to ensure adequate power to understand the process of services) (Dowd, Kinsey, Wheeless, Suresh, & NSCAW Research Group, 2002).

The race/ethnic groups were determined from information provided by the child, caregiver, or caseworker. When more than one race was reported by a respondent, the rarest race (of five categories) was assigned based on 1990 U.S. Census data. The race order (from rarest to most common) was: American Indian/Alaskan Native<Asian/Native Hawaiian/other Pacific Islander<Black/African American<White<Other (Dowd et al., 2002). In addition, Research Triangle Institute (RTI) created a derived variable to combine the two separate variables that defined race and ethnicity. Those who were classified as Hispanic based on the ethnicity variable ("is the child of Hispanic origin?": yes/no) were assigned to the Hispanic category on the combined variable as well. American Indian/Alaskan Native, Asian/Native Hawaiian/other Pacific Islander, and Other were assigned to the non-Hispanic Other category. The racial/ethnic groups that will be the focus of the analyses are white, black, and Hispanic/Latino, because the sample size was too small for Native Americans despite concerns about racial disparity.

This report summarizes published and unpublished-but-in-press articles and chapters based on the NSCAW study. Topics in this review include the following:

(1) Child factors and related services including (a) early childhood development and early intervention services and (b) mental health and substance abuse treatment need and access

(2) Parental factors and related services including (a) parental arrest and child involvement with child welfare services agencies and (b) domestic violence—epidemiology and services

(3) Reunification and related services

In the spring and summer of 2006, we inventoried the published and in-press papers with these topics, conducted a preliminary reading of those papers to determine whether race and ethnicity was included in modeling of the dependent measures of concern, and completed our final selection of 11 articles or chapters and the baseline NSCAW report. (U.S. Department of Health and Human Services, 2005).

CHILDREN AND CAREGIVERS WITH COMPLETED CWS INVESTIGATIONS

Knowledge of the demographics of children and families involved in the child welfare system is important to understanding the implications of findings on the relationship between race/ethnicity and service receipt. In the NSCAW sample, which represents the nation's children who had completed investigations for maltreatment in the late 1990s (whether or not they

were subsequently substantiated), the racial demographics of these children are as follows: 47% white/non-Hispanic, 28% African American/non-Hispanic, 18% Hispanic/Latino, and 17% Other. "African American children are overrepresented among children who are investigated (as compared with children in the general American population)." (NSCAW Research Group, 2005, pp. 3– 6.) See Table 1.

| Table 1 |
| Characteristics, Living Situations, and Maltreatment of Children Involved with the Child Welfare System: Age, Gender, Race/Ethnicity, and Setting of Children Entering the Child Welfare System (Weighted) |

Race/ Ethnicity	Total	Setting						
		In-Home			Out-of-Home			
		No Services	Services	TOTAL In-Home	Foster Care	Kinship Foster Care	Group Care	TOTAL Out-of-Home
Percent/(SE)								
African American	28.1 (2.5)	26.0 (2.6)	30.9 (3/1)	27.3 (2.6)	38.4 (5.6)	33.7 4.3)	18.0 (5.9)	34.6 (3.8)
White	46.9 (3.7)	47.9 (4.1)	45.4 (3.8)	47.2 (3.7)	38.9 (5.6)	47.7 (5.1)	61.9 (9.5)	44.8 (4.1)
Hispanic	18.0 (2.9)	19.3 (3.4)	16.6 (3.1)	18.6 (3.1)	14.9 (4.5)	13.1 (3.2)	12.0 (4.5)	14.0 (2.8)
Other	6.9 (0.8)	6.8 (1.0)	7.2 (1.3)	6.9 (0.8)	7.8 (2.2)	5.6 (1.8)	8.1 (3.9)	6.7 (1.4)

Note: Percentages are based on weighted data; standard errors are in parentheses. Source: U.S. Department of Health and Human Services Administration for Children and Families, 2005, p. 62.

In addition to examining the racial breakdown of children and families involved with child welfare agency–supervised services, it is also important to review the race/ethnic contributions in service receipt and placement. Table 1 also depicts the simple bivariate relationship between race/ethnicity and service receipt (those who either received no services, those where cases were closed at intake, or those who received in-home services); and the comparison of in-home versus out-of-home care (NSCAW Research Group, 2005). Race/ ethnicity was not found to be a significant predictor in the receipt of services for children remaining at home, nor was it an indicator in whether children would be placed in out-of-home care (NSCAW Research Group, 2005).

Another important factor to examine is the racial breakdown of current caregivers (in-home and out-of-home) of the children in the study: 51% of the caregivers are white/non-

Hispanic; 26% are African American/non-Hispanic; 17% are Hispanic; and 7% are classified as being of Other race/ethnicity (Table 2). The NSCAW report also included information on the correspondence between race/ethnicity of the foster caregivers and children in their care (NSCAW Research Group, 2005). See Table 3. Most (92%) white children were placed with a self-identified white caregiver, whereas only two-thirds (66%) of African American children were placed with a self-identified African American caregiver. Among the one-third of African American children not identified as placed with an African American caregiver, about half were placed with a caregiver identified as white. For Hispanic children, only 42% were placed with a caregiver self-identified as Hispanic.

Table 2								
Current Caregiver Demographics by Service Setting								
Race/ Ethnicity	Total	Setting						
		In-Home			Out-of-Home			
		No Services	Services	TOTAL In-Home	Foster Care	Kinship Foster Care	Group Care	TOTAL Out-of-Home
Percent/(SE)								
African American	25.5 (2.7)	23.5 (2.9)	28.4 (2.9)	24.8 (3.4)	24.0 (2.8)	29.6 (4.0)	51.9 (12.2)	30.9 (3.6)
White	51.4 (2.7)	51.2 (4.3)	51.2 (3.8)	51.2 (3.8)	51.2 (3.8)	56.8 (4.7)	41.3 (11.4)	53.9 (5.2)
Hispanic	16.3 (3.3)	17.6 (4.0)	15.4 (3.0)	17.0 (3.5)	13.2 (7.0)	9.2 (2.2)	X	10.4 (3.5)
Other	6.8 (1.0)	7.8 (1.3)	5.0 (0.8)	7.0 (1.1)	5.8 (1.6)	4.4 (1.1)	X	4.8 (0.9)

Note: Children in group care and other types of care were eliminated from these analyses because there were multiple caregivers but only one was interviewed; therefore, determining a "match" between caregivers and children was not possible. Source: U.S. Department of Health and Human Services Administration for Children and Families, 2005, p. 209.

Table 3				
Non-kinship Foster Care: A Comparison of the Child to Caregiver Race/Ethnicity				
Race/ Ethnicity of Child	Race/Ethnicity of Current Caregiver			
	African American- Percent (SE)	White Percent (SE)	Hispanic Percent (SE)	Other Percent (SE)
African American	**65.5** (6.0)	16.0 (4.7)	13.4 (7.2)	5.1 (2.9)
White	3.3 (1.2)	**92.4** (2.0)	2.9 (1.3)	2.4 (1.1)
Hispanic	3.6 (1.6)	48.5 (20.5)	**42.0** (21.0)	2.7 (2.0)
Other	4.7 (2.2)	42.4 (9.4)	9.1 (5.5)	**31.4** (7.9)

Note: Bold numbers indicate that the caregiver is the same race/ethnicity as the child. Children in group care and other care are excluded. Source: U.S. Department of Health and Human Services Administration for Children and Families, 2005, p. 210.

CHILD FACTORS

Early Childhood Development and Need for Early Intervention Services

OVERVIEW AND METHODS

Identification of early child development needs and the receipt of related early intervention services is an important topic in the child welfare arena. Children involved in the child welfare system often have a higher level of developmental and behavioral need than those who are not. Minimal research exists that examines the relationship between race and ethnicity and the need and receipt of services within the child welfare population. There is one published NSCAW article related to early childhood development and the need for early intervention services that includes race and ethnicity as a predictor of service use (Stahmer, Leslie, Hurlburt, Barth, Webb, & Landsverk, et al., 2005). The purpose of that study was to determine the level of developmental and behavioral need in young children entering the child welfare system, to determine the level of early intervention services use, and to observe variation in need and service use based on age and level of involvement in the child welfare system. This article does not solely focus on the relationship between early childhood development and the need for early intervention services and race/ethnicity, although it does include race/ethnicity in the analysis.

Participants. The sample for that study focused specifically on 2,813 children who were 6 years of age and younger from the study sampling frame. The cohort included children from birth to 14 years of age at the time of sampling who had contact with the child welfare system during a 15-month period that began in October 1999. The racial/ethnic mix of the sample was 29 percent African American, 47 percent white, 19 percent Hispanic, and 5 percent Other.

Procedure. Field representatives performed several interviews with caregivers regarding the children in their care in order to assess the child directly. Assessments were conducted at an average of 5.3 and 13.2 months after onset of the child welfare investigation. Children included in that article were between 1 and 71 months of age at the time of the first interview.

Measures. *Sociodemographic* information was collected regarding the child's age, gender, and race/ ethnicity. The *level of child welfare system involvement* and the *history of alleged maltreatment* of children were both obtained from child welfare agency workers. Workers were asked to identify the types of maltreatment that had been alleged by using a modified maltreatment-classification scale. Measures were obtained in five areas to estimate the *risk for developmental and behavioral problems* in young children and the need for early intervention

services. Comprehensive screening assessments were used to measure *developmental/cognitive status*, which varied with the age of the child. The *language and communication level* was assessed in order to determine the possibility of language delay, using the Preschool Language Scales. In order to understand *behavioral needs*, the Child Behavior Checklist (CBCL) was used. *Social skills* were measured in children 3 to 5 years of age by using the Social Skills Rating Scale (SSRS). *Adaptive behavior* was measured using the Vineland Adaptive Behavior Scale screener. Measures were categorized into five domains for analyses: developmental/ cognitive status, adaptive behavior, behavior problems, communication, and social skills. *Service use* information regarding whether a child had received any services was obtained from interviews with current caregivers.

MAJOR FINDINGS IN RELATION TO RACE/ETHNICITY

In a simple bivariate comparison, race/ethnicity was found to be related to the overall level of child welfare system involvement (p <.01). Children remaining at home were more likely to be white than children removed from their homes.[c] This was true for in-home cases that were opened to child welfare agency–supervised services as well as for those that were not open. Children remaining at home with an open case were less likely to be Hispanic than children removed from their homes (all differences were at the p < .05 level). Differences in child welfare services received were also strongly associated with maltreatment type.

Service Use. A multivariate analysis determined the relationship between race/ethnicity and service use in the mental health, education, or primary care sectors. Age, race/ethnicity, and level of risk were significantly related to service use. Over all, a strong relationship was shown between developmental risk and service receipt: Children with two areas of developmental and behavioral risk were five times as likely to receive services (p ≤ .001). Younger children were less (OR=.33) likely to receive services (p < .001). To summarize:

> The level of child welfare system involvement was also found to predict service use; children living at home, regardless of whether they had an active case, were much less likely to receive services for developmental or behavioral problems than children living in out-of-home care; children at home without an active case were the least likely to receive services.

(Stahmer et al., 2005, p. 896.)

Race/ethnicity was also found to be associated with service use; it was determined that black children were about half as likely to receive services as white children: OR = 0.44 (0.25, 0.79; p < .05). Stahmer et al. (2005) also found this difference to be consistent at the various levels

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[c]   This finding appears to run counter to the earlier finding that there was no difference in the placement by race, suggesting that the finding stated, here, might be an age-related finding.

of risk especially when two risk factors were present. While the reasons for these differences were not addressed in their study, the authors did find that the racial inconsistencies in services received remained even after controlling for need. (See Table 4.)

Table 4 Logistic-Regression Analysis of Any Service Use (Educational, Mental Health, or Primary Care) According to Model Variables (N=2813)				
	B Coefficient	SE	Odds Ratio (95% Confidence Interval)	P
Developmental and behavioral need (ref = no risk)				0.001
1 risk score	1.02	0.32	2.76 (1.47, 5.19)	
≥ 2 risk scores	1.64	0.36	5.18 (2.54, 10.58)	
Age (ref = 3–5 y)				0.000
0–2y	− 1.10	0.2	0.33 (0.22, 0.50)	
Race/ethnicity (ref = white/nonHispanic)				0.0173
Black/non-Hispanic	− 0.82	0.29	0.44 (.025, 0.79)	
Hispanic	− 0.27	0.41	0.76 (0.33,1.74)	

Source: Stahmer et al., 2005, p. 897.

Developmental Conclusions

The findings show that race and ethnicity are strongly correlated with the overall level of child welfare system involvement and the receipt of services. White children are more likely to remain at home than to be removed from their homes when a child welfare case is opened. Race and ethnicity were also found to be predictive factors in service receipt: Black children are less likely to receive services than white children and the racial inconsistencies in services received remained even after controlling for need.

Mental Health and Substance Abuse Treatment Need, Use, and Access

OVERVIEW AND METHODS

Four NSCAW articles address mental health and substance abuse diagnosis, treatment, or the access to mental health services. These four articles are cited within this review (Burns et al., 2004; Hurlburt, et al., 2004; Leslie, Hurlburt, Landsverk, Barth, & Slymen, 2004; Libby, Orton, Barth, & Burns, 2007). None of these articles focused their examination on the relationship between substance abuse and treatment or the access to mental health services on the one hand, and the race/ethnicity of children or parents on the other. Each of them did include race/ethnicity in their analysis, however. Moreover, Burns et al. (2004) identified factors related to the need for and use of mental health services among youth, with special attention to differences by age groups (3–5, 6–10, and 11+), at the time of entrance into NSCAW.

Participants. The sample was limited to children ages 2 years and above (N=3,803) to correspond to age-related measures of mental health need. 29.6% of the sample included in these analyses fell into the preschool group (2 to 5 years), 41.9 in the school age group (6 to 10 years), and 28.6% in the adolescent group (11 to 14 years). The racial demographics of the sample consisted of 47.6 percent white, 28 percent African American, 17.5 percent Hispanic , and 7 percent members of other racial/ethnic groups.

Procedure. Logistic regression was used to examine variables associated with service use. Demographic variables were included in all models. Clinical need measures and the nature of available services varied due to the presence of multiple informants; separate models were estimated by age group.

Measures. Burns et al. report that:

> Emotional and behavioral problems for youth and *need for mental health treatment* was measured using the Child Behavior Checklist (CBCL); the Youth Self Report (YSR); and the Teacher's Report Form (TRF). Data on the use of *mental health services* in the 12 months preceding the survey interview are based on an adapted version of the Child and Adolescent Services Assessment (CASA). A modified Maltreatment Classification Scale (Manly et al., 1994) was used to identify the types of maltreatment alleged in the most recent report using emotional abuse, and neglect. Youth were categorized as being in one of four possible living situations at the time of the investigation: (1) with their permanent primary caregiver, typically

a parent; (2) non-relative foster care; (3) kinship foster care; or (4) group home/residential treatment center. Child welfare workers identified family risk factors based on the information/knowledge available to them at the time of the case investigation. (Burns et al., 2004.)

MAJOR FINDINGS IN RELATION TO RACE/ETHNICITY

In order to understand disparity in mental health service receipt, logistic models were used to examine factors related to service use across the three age groups (see Table 5). "While controlling for other factors, children across all age groups scoring in the clinical range on the CBCL were 2.5–3.6 times more likely to receive mental health services." (Burns et al., 2004, p. 965.)

Table 5 Multivariable Logistic Regression Models of Past-Year Mental Health Service Use by Youth (Ages 2–15) Who Were Subjects of Investigated Reports of Maltreatment (N = 3,211)						
Selected Variables	Ages 2– 5 (N=970)		Ages 6– 10 (N=1,274)		Ages 11– 14 (N=971)	
	OR 95%	CI	OR 95%	CI	OR 95%	CI
Demographic Characteristics						
Child age (continuous)	1.3	.9 – 1.7	1.0	.9 – 1.2	.9	.8 – 1.2
African American (versus white)	.5	.2 – 1.2	.4*	.2 – .8	.7	.3 – 1.4
Hispanic (versus white)	.8	.3 – 2.3	.6	.2 – 1.8	1.4	.7 – 2.9
Other (versus white)	3.0	.8 – 10.9	.3	.1 – .8	1.0	.2 – 4.1
Male (versus female)	1.9	.9 – 4.3	.8	.5 – 1.4	1.2	.7 – 2.1
Clinical range CBCL						
(64 and above versus below 64)	3.5*	1.3 – 9.5	2.9**	1.6 – 5.2	2.7*	1.5 – 5.1
Placement						
In-home (versus out-of-home)	.6	.3 – 1.5	.4**	.2 – .6	.4*	.2 – .7
Parental Risk Factors						
Parent severe mental illness	2.0	.5 – 8.6	1.6	.8 – 3.0	2.4*	1.3 – 4.3
Impaired parenting skills	.6	.3 – 1.5	.8	.4 – 1.5	1.3	.6 – 2.6
Parent physical impairment	2.8	.9 – 8.5	.7	.3 – 1.9	.8	.4 – 1.9
Monetary problems	1.2	.5 – 2.8	1.4	.7 – 2.9	1.3	.7 – 2.2

*p < .01; **p < .001. Source: from Burns et al., 2004, Table 2, p. 965.

In summary, African American youth did not demonstrate elevated need as a group—that is, their mental health problems were no greater than other children—but they did show significant unmet need among the 6- to 10-year-old age group, and they were less likely to receive mental health services than white youth in this age group when other variables were controlled. For African American youth age 6–10, the OR = .4 (.2,.8) p <.01 and for school-age children and adolescents living at home, the OR = .4 (.2,.6) p <.001, indicating a significantly reduced likelihood of receiving mental health care.

The second study in this group endeavored to further understand the disparity in care for children from ethnic communities (Hurlburt et al., 2004). Specifically, this study examined how patterns of specialty mental health service use among children involved in the child welfare system vary as a function of the degree of coordination between local child welfare and mental health agencies.

Participants. This article focused specifically on children in NSCAW who were removed from their homes or were living in a family in which a case was opened for child welfare agency supervised services after substantiation of abuse or neglect (N=2823). The racial/ethnic mix of the study's participants was 33% African American, 47% white, 13% Hispanic, and 7% members of other groups.

Procedures. This study uses data from initial interviews with child welfare workers and initial and 12-month follow-up interviews with current caregivers. County-level data were also collected from agency informants by trained research assistants.

Measures. Hurlburt et al. reported:

> *Sociodemographics and placement* information were collected and classified from study participants. The child welfare worker identified the types of suspected *maltreatment* using a modified Maltreatment Classification Scale (Manly et al., 1994). For each case in the NSCAW, caseworkers reported the presence or absence of risk factors that resulted in the family having contact with child welfare. The Child Behavior Checklist (CBCL) was used to estimate emotional and behavioral problems for youth and the *need for mental health treatment*. Current caregivers responded to questions about children's *mental health service use* in an adapted version of the Child and Adolescent Services Assessment. The strength of linkages existing between child welfare and mental health agencies at the local level was assessed through 2 different interview modules, one focusing on mental health services available to children in the child welfare system and one focusing

on characteristics of the local mental health agency in the county. Regional variation in specialty *mental health provider supply* was estimated. Variables that describe the child population size and the level of poverty in the county were included as control variables in multivariate models. Hurlburt et al., 2004.

MAJOR FINDINGS IN RELATION TO RACE/ETHNICITY

Multivariate models were used to predict the relationship between specialty mental health service use and each of the child- and family-level predictors (see Table 6). Hurlburt et al. (2004) found the interactions of CBCL score with the strength of interagency linkages (between the local child welfare and mental health service systems), in addition to the interaction of race/ethnicity with interagency linkages to be significant. Race/ethnicity accounted for differentials in service use; specifically, African American children were 0.61 times as likely and Hispanic children were about half as likely to use services as white children.

Table 6						
Multivariable Logistic Regression Models of Specialty Mental Health Service Use During One Year						
Race/Ethnicity	Step 1: Child and Family Predictors (N=2275)		Step 2: County-Level Control Variables Added (N=2182)		Step 3: Provider Supply and Linkage Variables Added (N=2099)	
	β	OR (CI)	β	OR (CI)	β	OR (CI)
African American	− 0.50	**.61 (.39 – .94)**	− 0.49	**.61 (.38 – .97)**	− 1.91	.15 (.03 – .63)
Other	− 0.68	**.51 (.28 – .93)**	− 0.62	**.53 (.30 – .96)**	− 0.84	.43(.07 – 2.52)
Hispanic	− 0.43	.65 (.36 – 1.17)	− 0.36	.70 (.38 – 1.29)	− 0.74	.48 (.13 – 1.75)
White	1.00		1.00		1.00	

Bold OR (CI) =p<.05. Source: Hurlburt et al., 2004, p. 1222.

Racial/ethnic disparities in service use are also related to the organization of services. African American and Hispanic children are less likely to receive specialty mental health services than white children (while holding the county variable constant).

> Yet, linkages between child welfare and mental health moderated the relationship between race/ethnicity and service use with the effect primarily focused on service use patterns by African American children; OR = 0.15

(0.03– 0.63); p < 04. In counties with stronger child welfare/mental health linkages, differentials in service use between African American children and white children diminished. As linkage levels increase, differences in rates of service use between white and African American children diminish; OR = 1.12 (1.01, 1.25). Hurlburt et al., 2004, p. 1223.

The authors believed that the coordination of services between child welfare and mental health agencies, as it relates to the mental health needs of children, may be able to prevent disparities in mental health care use among African American children.

In order to estimate the prevalence and severity of family mental health and substance abuse problems, and the impact on children involved with child welfare systems and their caregivers, the third study measured the co-occurrence of caregiver alcohol, drug, and mental health (ADM) problems with children's behavioral problems (Libby, Orton, Barth, & Burns, 2007). Understanding whether this level of co-occurrence varies by race and ethnicity could be important to culturally and racially competent service planning.

Participants. Analyses presented were limited to children who were 2 to 14 years of age baseline in the core NSCAW sample. Interviews were completed at baseline and at 18 months to collect data from the child, current caregiver, and the child welfare worker. In order to keep data consistent, only children with caregivers who were constant between baseline and 18 months were included in these analyses (N=1,876).

Procedure. Logistic regression was used to: (1) estimate relationships between baseline child and caregiver characteristics and caregiver ADM problems, (2) estimate relationships between child and caregiver risk factors and caregiver service receipt for substance use problems at 18 months, and (3) estimate relationships between child and caregiver risk factors and caregiver service receipt for mental health problems at 18 months (Libby et al., 2007).

Measures. The Composite International Diagnostic Interview-Short Form (CIDI-SF) was used to interview caregivers at baseline in order to assess substance dependence (drug or alcohol dependence separately) and occurrence of a major depressive episode. At the time of investigation, child welfare workers assessed caregiver risk factors for substance use and emotional problems; the youth were not given standardized interviews, however. Consequently, the Child Behavior Checklist (CBCL) was used to estimate emotional and *behavioral problems for youth* and *the need for mental health treatment*. A modified Maltreatment Classification Scale was used to identify types of maltreatment. At 12 and 18 months, the child welfare worker was asked questions regarding referrals made for each

caregiver and services received by the caregiver since the last interview. Subsequent action was taken depending upon the status of the referral or service receipt (Libby et al., 2007).

MAJOR FINDINGS IN RELATION TO RACE/ETHNICITY

Table 7 presents results from the multivariate logistic regression model; only children whose caregiver had a baseline ADM problem (40%) were included in these models. Libby et al. (2007) found that there was no significant difference between the caregiver's race/ethnicity and the caregiver's ADM problems at baseline. In further analysis, the study estimated the likelihood of service receipt for substance use and mental health problems by the caregiver between baseline and 18 months. The study found that Hispanic caregivers were significantly more likely to receive substance abuse services (OR=10.96 (3.32, 36.17), p<0.01), and black/non-Hispanic caregivers were significantly less likely to receive mental health services (OR=0.23 (.72, 8.7), p <0.001).

Table 7						
Predicting Baseline Caregiver ADM Problems and Wave 3 Caregiver ADM Service Receipt with Baseline Child ADM Problems and Baseline Caregiver Risk Factors						
	Caregiver ADM problem at baseline		Caregiver received services for substance problem at Wave 3[1]		Caregiver received services for mental health problem at Wave 3[1]	
	OR	(95% CI)	OR	(95% CI)	OR	(95% CI)
Child had clinically significant (>= 64) CBCL at baseline						
Externalizing	3.40	(2.26, 5.10)**	0.98	(0.39, 2.46)	3.22	(1.34, 7.72)**
Internalizing	1.32	(0.71, 2.43)	0.40	(0.11, 1.42)	0.92	(0.32, 2.60)
Child in-home at baseline	---	---	0.30	(0.12, 0.76)*	0.51	(0.17, 1.54)
Out-of-home at baseline			1.00	---	1.00	---
Child's age (years)						
2 – 5	1.79	(1.04, 3.10)*	0.24	(0.07, 0.83)*	2.06	(0.71, 5.95)
6 – 10	1.18	(0.79, 1.74)	2.82	(0.88, 8.99)	0.95	(0.43, 2.11)
11 – 14	1.00	---	1.00	---	1.00	---
Child's gender (female)	1.11	(0.71, 1.77)	0.99	(0.39, 2.56)	0.45	(0.22,0.94)*

Table 7 continued on next page.

* p < .05; ** p < 0.01

[1] Only caregivers with an ADM problem at baseline were included in this model.

Table 7 continued from previous page.

	Caregiver ADM problem at baseline		Caregiver received services for substance problem at Wave 3[1]		Caregiver received services for mental health problem at Wave 3[1]	
	OR	(95% CI)	OR	(95% CI)	OR	(95% CI)
Caregiver race/ethnicity						
Black/non-Hispanic	1.39	(0.80, 2.40)	2.51	(0.72, 8.70)	0.23	(0.11, 0.51)**
Hispanic	0.81	(0.43, 1.57)	10.96	(3.32, 36.17)**	1.29	(0.34, 4.91)
Other	0.83	(0.35, 1.99)	2.02	(0.50, 8.14)	0.53	(0.12, 2.47)
White/non-Hispanic	1.00	---	1.00	---	1.00	---
N	*1413*		*745*		*745*	

* $p < .05$; ** $p < 0.01$

[1] Only caregivers with an ADM problem at baseline were included in this model.

Source: Libby et al., 2007, Table 6–3, p. 115

The final study on mental health service needs and use determined whether interactions between clinical and non-clinical factors, specifically race/ethnicity and abuse type, affect service use among children in foster care (Leslie, Hurlburt, Landsverk, Barth, & Slymen, 2004).

Participants. A group of children were specifically selected for this study to represent children who had been in out-of-home placement for approximately 12 months at the time of sampling, termed the "One Year in Foster Care" (OYFC) sample (N=1, 291). More than half (56%) of this sample had caregiver interviews completed. The racial demographics of the sample included 37% Caucasian, 39% African American, 16% Hispanic, and 8% Other. In addition, 57% of children were placed in nonrelative foster care, followed by 33% placements in kinship and 11% placements in group homes.

Procedure. Caregivers and children were interviewed if permission was granted. Interview data were entered directly into computers by the field representatives. The sample of children selected for this study had been living with their current caregiver for an average of 17.84 months. What's more, 71.5% of the child/caregiver sample matched on reported race/ethnicity.

Measures. *Sociodemographics and placement* information were collected and classified from the study's participants. The child welfare worker identified the types of suspected

maltreatment using a modified Maltreatment Classification Scale. For each case in the NSCAW, caseworkers reported the presence or absence of risk factors that resulted in the family having contact with child welfare. The Child Behavior Checklist (CBCL) was used to estimate emotional and behavioral problems for youth and the *need for mental health treatment*. The *use of mental health services* was measured using an adapted version of the Child and Adolescent Services Assessment (CASA). The current study included information on the use of outpatient and residential services since the time of the investigation leading to the current out-of-home placement (Leslie et al., 2004).

MAJOR FINDINGS IN RELATION TO RACE/ETHNICITY

In the multivariate analysis examining the use of outpatient mental health service, race/ethnicity was found not to be a significant factor related to service use; when comparing African American children to white children, however, African-Americans were OR = .34 times as likely to access services (95% CI .14, .86).

In additional multivariate analyses, the study investigated whether the level of need (according to CBCL score) for services differed by race/ethnicity of the child, after applying statistical controls to account for other differences. The authors found that the interaction between CBCL score and race/ethnicity was statistically significant using a likelihood ratio test. In addition, African Americans used fewer services than children of white ancestry at all values on the CBCL. The authors ran a regression analysis with an interaction term with CBCL as a continuous variable by race/ethnicity; the African American by CBCL score interaction term was significant at p < .01, while other racial/ethnic groups' interactions were found not to be significant. AfricanAmerican youths were less likely to access services compared to whites when CBCL scores were lower. As the levels increased, the inconsistency in service use decreased. Nonetheless, the quantity of African American children receiving services remained smaller than the number of white children receiving services.

While all other variables in the regression model were held constant, race/ethnicity (African American versus white) was found to predict outpatient mental health services use.

> This finding may represent expanded use of services by Caucasian children at lower CBCL scores—i.e., more preventive interventions—or constrained use of services by African-American children. However, given that a CBCL score of 64 or greater represents the 98th percentile with respect to need for services, the authors anticipate that this finding reflects unmet need.

(Leslie et al., 2004, p. 708.) This paper did not assess factors that contributed to limiting access to services for African American children.

Substance Abuse and Mental Health Conclusions

These studies of mental health and substance abuse treatment strengthen previous findings that children in foster care have high rates of need and that race/ethnicity is associated with less access to mental health services. African American children were significantly less likely to use services than white and Hispanic children (Hurlburt et al., 2004) unless they were in well-coordinated service systems. Although African American children did not display elevated need as a group or diminished services as a group, African American youth age 6–10 should receive special attention as they were found to have a significantly reduced likelihood of receiving mental health care versus other races in their age group (Burns et al., 2004).

When examining the relation of race/ethnicity to receipt of mental health services by caregivers, Libby et al. (2007) found that black non-Hispanic caregivers were significantly less likely to receive mental health services than other races. Leslie et al. (2004) found race/ethnicity not to be a significant factor in outpatient mental health service receipt, however. Leslie et al. also found that race/ethnicity (African American versus white) was a predictor of outpatient mental health services use even while other variables were held constant. Further analysis must be conducted in order to truly understand the racial disparities in service need and receipt, but these studies offer some important new insights into these dynamics.

PARENT FACTORS

Parental Arrest and Child Involvement with Child Welfare Agencies

OVERVIEW AND METHODS

Impact of parental arrest on service use has long been discussed in the literature (e.g., Pelton, 1991; Shireman, Miller, and Brown, 1981); however, there is a lack of detailed information regarding ways that race and ethnicity may be related to the overlapping responses to parental arrest within the child welfare population.

One NSCAW article related to parental arrest and children involved with child welfare services agencies is that of Phillips, Barth, Burns, and Wagner, 2004 (previously cited in this review). This study provided the first national estimate of parental arrest among children who are the subjects of reports of maltreatment investigated by child welfare agencies. The article also compared the relationship between arrested parents of different racial/ethnic groups in the analysis.

Participants. The sample for this study focused specifically on children who were the subjects of reports of maltreatment investigated by child welfare agencies. The sample of 5,504 children selected from completed case investigations/assessments forms the basis for the present analyses.[d] Approximately half the children were white (46.1%), and about one-quarter were African American (28.4%); smaller proportions were Hispanic children (18.4%) or children of other racial/ethnic groups (3.8%).

Procedure. The children, from birth to age 15, were selected to take part in the NSCAW survey between October 1999 and December 2000. Approximately 11% of the children were in out-of-home placements. Boys and girls were equally represented.

Measures. The recent arrest of a parent was determined through two sources of information: the child welfare worker's and a parent's reports. Child welfare workers were asked to identify parent risk factors that existed at the time of the case investigation and the types of maltreatment that had been alleged using a modified Maltreatment Classification Scale (Manly, Cicchetti, and Barnett, 1994). Regarding the type of placement, children were categorized as being in one of five possible living situations:

(a) with the person who was their permanent primary caregiver, typically their parent, at the time of the investigation

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[d] In some research, the sample is identified as 5501, because three parents were interviewed in prison and their data was later removed. Also, some published and in-press NSCAW papers make reference to investigations/assessments because there were a few states that had already begun to implement an alternative response system, and in these states, the investigation was called an assessment.

(b) with relatives

(c) in non-relative foster care

(d) in institutional placements (e.g., residential treatment and group homes)

(e) "other"

The Child Behavior Checklist (CBCL; Achenbach, 1991; Achenbach & Rescorla, 2000), completed by the primary caregiver of children age 2 years and older, was used to estimate clinically significant emotional and behavioral problems.

MAJOR FINDINGS IN RELATION TO RACE/ETHNICITY: PARENTAL ARREST AND PLACEMENT IN OUT-OF-HOME CARE

Race and ethnicity have a significant association with variation in the rates of parental arrest, which, in turn, has a significant association with placement into foster care. African American children with incarcerated parents were found to be overrepresented in the proportion of investigated cases with a recent arrest. Yet the risk factors identified by child welfare workers at the time of intake were lower among African American parents who had been arrested than among other arrested parents. Thus, African American parents who are arrested may have less cumulative risk than other arrested parents. This suggests that some of the overrepresentation of entrances into foster care is mediated by police actions in arresting African American parents and, perhaps, child welfare agency inaction in developing mechanisms that help divert children from foster care during parental arrests.

Race and ethnicity had a significant relationship (p <.001) to the variation in the rates of parental arrest. Approximately 12.5% of the children assessed for maltreatment by child welfare agencies had parents who had recently been arrested. African American children with incarcerated parents were overrepresented in this sample; only 28% of African American children were subjects of maltreatment reports, but they constituted 43% of the children with arrested parents (see Table 8). In contrast, Hispanic children were underrepresented; Hispanic children comprised approximately 18% of the investigated maltreatment reports but only represented 10% of children whose parents had experienced incarceration. Last, it was found that the proportion of all arrests involving whites is considerably higher (69.7%) than the proportion of arrested white parents in this study. Nearly one in every five African American children (19.9%) in the sample had a parent who had been recently arrested—this was double the rate for white children and about four times the rate for Hispanic children and children from other races and ethnicities. Compared with other children who come to the attention of child welfare agencies, those with arrested parents are significantly more likely to be in out-of-home care.

Table 8			
Comparison of Demographic Characteristics of Children Whose Parents Were or Were Not Arrested (N=5,322)			
Race/ Ethnicity of Child	Recent Parental Arrest		
	Yes	No	TOTAL
African American	43.1	26.1	28.4
White	42.6	46.7	46.1
Hispanic	10.5	19.8	18.4
Other	3.8	7.5	7.1
Significance: F(2.4, 217.4) = 10.1, p<.001			

Note. Values are weighted percentages. Source: Phillips et al., 2004, p. 178.

Parental Arrest Conclusion

Parents who were arrested had a greater number of risk factors (e.g., impaired parenting, serious mental illness, trouble meeting basic needs, active domestic violence, and substance abuse). Other notable factors, although not statistically significant, were that:

> [T]he rate of four parental risk factors (i.e., impaired parenting, physical impairment (at the level of a trend), trouble meeting basic needs, and substance abuse) were lower among African American parents who had been arrested than among other arrested parents. Arrested African American parents also were different from non African American parents in that they had the fewest children over age 11 (14.6%) and the highest rate of prior reports of maltreatment (76.3%). Further, reported rates of emotional maltreatment (9.8%) were lowest and reported rates of failure to supervise (54.2%) and sexual maltreatment were highest among arrested African American parents relative to other arrested parents (11.6%). (Phillips et al., 2004, p. 181).

Domestic Violence: Epidemiology and Services

OVERVIEW AND METHODS

The overlap between domestic violence and child welfare agency-supervised services has long been known and increasingly documented. Yet relatively little attention has been given to ways that race and ethnicity may be related to the occurrence, and response to, domestic violence within the child welfare population. We cite NSCAW articles related to domestic violence in addition to information found in the ACF report: Connelly, Hazen, Coben, Kelleher, Barth, and Landsverk, 2006; Hazen, Connelly. Kelleher, Barth, and Landverk, 2006; Hazen, Connelly, Kelleher, Landsverk, and Barth, 2004; Kohl, Barth, Hazen, and Landsverk, 2005. None of these articles focused their examination on the relationship between domestic violence and race/ethnicity, although each of them included race/ethnicity in their analysis.

A pair of articles examined the underlying epidemiology of domestic violence within the child welfare population: Hazen et al., 2004 and Hazen et al., 2006. The purpose of these studies was to determine the prevalence and correlates of intimate partner violence among female caregivers of children reported to child protective services in addition to determining the relationship between intimate partner violence and child behavior problems.

Participants. The analyses presented in these papers are limited to the core child protective services sample (N=5,504) of the NSCAW study. These analyses included children who were not in out-of-home placement at the time of the baseline interview. Among these 4,037 cases, 3,612 (89.5%) had baseline interviews with a female caregiver in which data on intimate partner violence were obtained. The samples vary slightly along racial/ethnic lines but consist of approximately 27% African American individuals, 49% white individuals, 17% Hispanic individuals, and 7% individuals of other racial/ethnic groups.

Procedure. Information about child and caregiver mental health, service use, and family environment information was obtained from caregiver interviews. Child welfare workers were interviewed regarding initial case investigation and prior contact with child protective services.

Measures. Researchers gathered *demographic and background information* was gathered from caregivers on a range of demographic characteristics. The following scales were used during assessment in this study respectively: The Conflict Tactics Scales (CTS1) was used to assess information regarding *intimate partner violence* and the physical violence scale was employed to assess caregivers' experiences with intimate partner violence; the World Health Organization Composite International Diagnostic Interview Short-Form was used to assess

mental health and substance use issues of the caregiver; the Child Behavior Checklist (CBCL) was used to assess *child behavior problems*; and the physical health scale of the Short-Form Health Survey (SF-12) was used to assess the *physical health* of the caregiver. (Hazen et al., 2004, pp. 305–306).

MAJOR FINDINGS IN RELATION TO RACE/ETHNICITY

NSCAW Research Group (2005) stipulated that several characteristics (i.e., gender, types of maltreatment, etc.) of children who were placed in out-of-home care were comparable to those who remained at home. Hazen et al. (2004) found that

> [D]espite these general findings it cannot be concluded that the children who were in out-of-home care have families with similar incidence or intensity of intimate partner violence as the children described in this paper. In fact, the presence of intimate partner violence in the home may have influenced some child protective services caseworkers to place children in out-of-home care." (Hazen et al. [2004], p. 304.)

Hazen et al. (2006) found that the use of corporal punishment (p <.05) and psychological aggression (p =.05) in the presence of severe intimate partner violence were significant moderators in child behavior problems and had some relationship to race/ethnicity. Hispanic children were likelier to have lower externalizing scores compared with non-Hispanic white children (B = – 2.67; p < .05). Black children had the lowest externalizing scores relating to aggressive and delinquent behavior; race was not found to be significantly associated with the internalizing behavior of children.

Another study provides further understanding of the intersection of domestic violence, child welfare, and race/ethnicity. In this study, information was obtained about whether child welfare workers recognized domestic violence in the home during the investigative process for maltreatment (Kohl et al., 2005). This study also endeavored to determine the factors associated with the child welfare worker's underidentification of domestic violence in cases; the level of domestic violence services use over the 18-month period following the investigated maltreatment; how the caseworker's identification of domestic violence compared to caregiver self-report of domestic violence victimization; and the factors associated with referral and receipt of domestic violence services.

Participants. Analyses for this study involved the permanent female caregivers (N=3135) of children remaining in the home following allegations of maltreatment. Caregivers were included in the study regardless of the outcome of the child maltreatment investigation. This

allowed for comparisons between caregivers in families who did and did not receive child welfare services. Families receiving ongoing services had some level of follow-up contact with the child welfare agency following the investigation, while those without services did not. In this sample of female caregivers of children remaining at home, 27% received child welfare services and 73% did not get those services. The sample consisted of 25% African American individuals, 51% white individuals, 17% Hispanic individuals, and 7% individuals of other racial/ethnic groups.

Procedures. The indicators for domestic violence used in this study came from two sources: child welfare worker interviews and caregiver interviews. Face-to-face interviews were conducted with the permanent caregiver of children remaining in the home, with or without child welfare services, at baseline and at 18 months. The child welfare worker also participated in a face-to-face interview at baseline, 12 months after, and 18 months after the investigation.

Measures. The child welfare worker was given a risk assessment instrument to complete for each caregiver at the time of entrance into the system to determine if *active domestic violence* toward the caregiver was present and if there was a history of domestic violence in the home. *Domestic violence services* data were also collected from the caregiver and the child welfare worker. Following the questions about domestic violence victimization on the caregiver interview, the women were asked about domestic violence services. When a referral was made, a follow-up question inquired as to whether the referral resulted in the receipt of services. Through the data analysis approach, descriptive statistics were calculated on demographic characteristics of the overall sample and for caregivers who did and did not report domestic violence victimization within the 12 months preceding the baseline interview. Next, analyses were conducted to identify the level of agreement between caregiver report of domestic violence and child welfare worker report of domestic violence. The rates for sensitivity and specificity were determined. Logistic regression analysis was then used to examine the factors influencing the underidentification of domestic violence by the worker. Each case received a cumulative risk score, and analyses focused on active or recent domestic violence because this is a more likely predictor of current need for domestic violence services (Kohl et al., 2005).

MAJOR FINDINGS IN RELATION TO RACE/ETHNICITY

The study focused on female caregivers of children remaining in the home following the investigation (N=3,165). Within this sample, there were no significant differences by race or ethnicity, poverty level, education, or presence of spouse or other intimate partner in the home.

The study found that while child welfare workers indicated that active domestic violence was present in only 12% of families investigated for maltreatment, 31% of caregivers reported domestic violence victimization in the past year. Underidentification occurred in nearly a quarter of the families—the worker did not identify domestic violence when the caregiver had reported domestic violence in 22% of the cases. Race was not, however, found to be a significant predictor in the underidentification of domestic violence services.

When examining factors associated with the referral to domestic violence services and the receipt of these services, African American women involved with domestic violence may be less likely than other women to be referred for domestic violence services; OR = .46 (2.0, 1.1), although the differences are not statistically different at p < .05.

Another NSCAW study also examined the longitudinal course of intimate partner violence among female caregivers of children receiving child welfare agency-supervised services in order to further examine the correlation between domestic violence, child welfare, and race/ethnicity (Connelly et al., 2006).

Participants. The sample was comprised of 1,153 female caregivers for whom data on intimate partner violence were obtained at baseline and who reported a history of physical intimate partner violence in the previous 12 months; 861 participants within this sample provided data at the 18-month follow-up. The racial/ethnic mix of the sample was 24% African American, 53% white, 16% Hispanic, and 7% other.

Procedure. Demographic information, child and caregiver mental health status, and family environment (including experiences with intimate partner violence) were obtained from caregivers' interviews.

Measures. *Demographic and background information* was gathered from caregivers on a range of demographic characteristics. The CTS1 Physical Violence Scale was employed to assess caregivers' experiences with *intimate partner violence*. This measure was divided into Minor and Severe subscales, based on the severity of the violent act. The caregiver's *mental health and substance use* (e.g., major depression, alcohol dependence, and drug dependence) were assessed with screening scales from the World Health Organization Composite International Diagnostic Interview Short-Form. The *community environment* was measured using the abridged Community Environment Scale. Caregivers responded to questions on *social support* and related family resources adapted from the Duke–University of North Carolina Functional Social Support Scale and the Sarason Social Support Questionnaire. The analyses focused on the cessation or continuation of severe and minor physical violence victimization reported in the preceding 12 months (participants were interviewed at 18 months post-baseline) (Connelly et al., 2006).

MAJOR FINDINGS IN RELATION TO RACE/ETHNICITY

The most important predictors of nonresponse at the 18-month follow-up included insurance coverage of the child, the relationship of the caregiver to the child at baseline, type of abuse and neglect, sampling strata, baseline caregiver being unemployed, child race or ethnicity, urbanicity of the primary sampling units, case substantiation (whether services were arranged for or provided for a family who contacted child protective services to investigate), and level of severity of risk to child (whether caregiver had serious mental health problems, a recent history of arrests, or intellectual or cognitive impairments). In all cases, none of the variables reviewed had statistically significant bias.

Racial or ethnic background was an important factor in female caregivers' risk for intimate partner violence victimization. As shown in Table 9, caregiver race or ethnicity was associated with severe physical violence (relative to no violence) reported at 18 months with African American women having approximately two times the odds for reporting severe physical violence compared to non-Hispanic white women.

Table 9

Polychotomous Logistic Regression Predicting Severe and Minor Interpersonal Violence at 18 Months by Race or Ethnicity

Variables	Severe physical violence/ no physical violence (past year)			Less severe physical violence/ no physical violence (past year)		
	OR	CI	p	OR	CI	p
Non-Hispanic White						
Caregiver age (continuous)	0.98	.92 to 1.04	0.4923	1.02	.95 to 1.08	0.6459
Intimate Partner in Household						
No partner in household at baseline and 18 months	Reference[e]	Reference	Reference	Reference	Reference	Reference
Partner in household at both baseline and 18 months	2.35	.66 to 8.41	0.186	1.97	.59 to 6.59	0.2694
Partner in household at either baseline or 18 months	0.95	.36 to 2.52	0.9243	1.23	.37 to 4.06	0.7359
Intimate Partner Violence at Baseline[f]						
Less severe	Reference	Reference	Reference	Reference	Reference	Reference
Severe	2.82	1.20 to 6.64	0.0184	0.48	.21 to 1.11	0.0845
African American						
Caregiver age (continuous)	0.97	.90 to 1.04	0.3427	0.9	.82 to .99	0.0297
Intimate Partner in Household						
No partner in household at baseline and 18 months	Reference	Reference	Reference	Reference	Reference	Reference
Partner in household at both baseline and 18 months	2.08	.27 to 16.05	0.4781	6.78	1.28 to 35.95	0.025
Partner in household at either baseline or 18 months	1.44	.43 to 4.78	0.5514	13.4	2.01 to 89.50	0.008
Intimate Partner Violence at Baseline						
Less severe	Reference	Reference	Reference	Reference	Reference	Reference
Severe	0.89	0.19 to 4.23	0.8774	1.13	.027 to 4.67	0.8644

Table 9 continued on next page.

[e]   The value of reference variables was used as the point of comparison for other values.

[f]   Intimate partner violence.

Table 9 continued from previous page.

Variables	Severe physical violence/ no physical violence (past year)			Less severe physical violence/ no physical violence (past year)		
	OR	CI	p	OR	CI	p
Hispanic						
Caregiver age (continuous)	1.15	1.01 to 1.32	0.0345	0.91	.78 to 1.06	0.2114
Intimate Partner in Household						
No partner in household at baseline and 18 months	Reference	Reference	Reference	Reference	Reference	Reference
Partner in household at both baseline and 18 months	1.47	0.11 to 20.40	0.7725	1.88	.41 to 8.64	0.4152
Partner in household at either baseline or 18 months	6.91	.53 to 89.56	0.1374	0.75	.09 to 6.11	0.7822
Intimate Partner Violence at Baseline						
Less severe	Reference	Reference	Reference	Reference	Reference	Reference
Severe	1.1	.10 to 11.59	0.9348	1.06	.24 to 4.69	0.9368

Source: Connelly et al., 2006, pp. 789–790.

The correlates of intimate partner violence victimization differed across racial or ethnic groups (see Table 9). White women who reported severe intimate partner violence at baseline had nearly three times the odds for reporting severe violence at 18 months relative to women who reported only minor violence at baseline. White women also tended to have lower odds for reporting less serious violence at 18 months. African American women who were living with a partner at both baseline and 18 months or who were living with a partner at either of these time points had significantly greater odds for experiencing minor violence at 18 months.

Domestic Violence Conclusion

The current findings show that underidentification of domestic violence by child welfare workers is still a prevailing issue; the percentage of domestic violence cases reported by caregivers continues to exceed those recognized by child welfare workers. Race was not, however, found to be a significant predictor in the underidentification of domestic violence services (Kohl, 2005). When examining children's externalizing scores, Hazen et al. (2006)

found that Hispanic children were more likely to have lower externalizing scores compared with non-Hispanic white children while black children had the lowest externalizing scores relating to aggressive and delinquent behavior.

Race/ethnicity was found to be a significant factor in the onset of domestic violence cases. Connelly et al. (2006) found that white women were more likely than other races to report severe violence at baseline; however, they were less likely to report less severe violence at 18 months. African American women living with a partner were significantly more likely to experience minor violence and were two times more likely to report severe physical violence compared to non-Hispanic white women at 18 months.

REUNIFICATION

OVERVIEW AND METHODS

NSCAW offers the opportunity to further test the relationship between reunification and race using more information about parents and children. To date, only one study (the NSCAW) has addressed issues related to reunification and race, although this was not the focus of the study. Wildfire, Barth, and Green (2007) examined the likelihood of reunification following the first out-of-home placement episode for study children with reunification defined as "returning to own home" within 18 months.

Participants. Among the study children 1,568 children, from birth to age 14, entered out-of-home placement at least one time prior to 18 months. At the 18-month data collection mark, 30% of these children had returned to their own home (the subjects in the analysis described below) with an additional 8% having exited out-of-home placement to live with a relative. The sample consisted of 41% white children, 36% black children, 17% Hispanic children, and 6% other race/ethnicites.

Procedures. Wildfire et al. (2007) divided case characteristics that might predict reunification into three categories: child-specific characteristics, familial risk factors, and agency or parent actions following the referral.

Measures. Wildfire et al. described the measures ot this study as follows:

> *Cox Proportional hazard* models were used to test the relationship between child, family and agency characteristics and actions and the rate of reunification. Hazard ratios were then calculated (HR) for each parameter entered into the model. The HR estimates the comparative rate of reunification for children with different characteristics. Covariate were included in the model to calculate the HR while controlling for the relationship of other child and family characteristics to reunification. (Wildfire et al., 2007).

MAJOR FINDINGS IN RELATION TO RACE/ETHNICITY BY AGE

The results of Cox regression models presented in Table 10 reveal that race and reunification have differing relationships, depending on a child's age. African American infants (birth to 6 months) are significantly less likely to be reunified by 18 months (HR = .42; p>.05); so, too, are African American youth older than 10 (HR = .14, p < .01).

Table 10	
Significant Results (HR) from Multivariate Analysis of Reunification Rate by Child's Age at Baseline	
Significant Variables	HR
Birth – 6 months[1]	
Race (reference = white)	^
African American	.42*
Abuse type (reference = physical abuse)	**
Failure to provide/supervise	.24**
Parenting support (reference = none)	6.74**
Compliance with case plan (reference = compliance with none/some)	5.4***
7 months – 2 years[2]	
Male	1.78^
Compliance with case plan (reference = compliance with none/some)	4.47***
3 – 5 years[3]	
Male	4.21*
Abuse type (reference = physical abuse)	*
Sexual abuse/other	.13**
Cumulative risk (reference = high risk)	29.69^
Compliance with case plan (reference = compliance with none/some)	6.03*
6 – 10 years	
Substance abuse	.53*
Initial kin placement (reference = initial placement not kin)	4.53*
Other, borderline/clinical	49.90***
Over 10 years[4]	
Race (reference = white)	**
African American	.14**
Other	.13**
Placed in new neighborhood (reference = placed in new neighborhood)	2.0^
Frequency seeing mom (reference = never)	**
< 1 time per week	3.33*
1 time per week or more	4.76*

Source: Wildfire et al., (2007), Table 9–3. p. 164.

[1]   Other variables in the final model for children less than 7 months old included child's gender, child's race, trouble paying basic expenses, parental substance abuse.

[2]   Other variables in the final model for children between the ages of 7 months and 2 years included child's race, parental substance abuse, trouble paying basic expenses, level of cumulative risk for family, initial placement with kin.

Notes on Table 10 continued on next page.

3   Other variables in the final model for children between the ages of 3 and 5 years included child's race, CBCL score.

4   Other variables in the model for children over 10 years included child's gender, CBCL score, self-reported delinquency score, initial placement with kin, compliance with case plan.

^   .05 < p <=.10 , * .01 < p <= .05, ** .001 < p <= .01, *** p <=.001

When controlling for child characteristics, family risk factors, and agency and parent actions, the racial disparity in reunification disappears for children 7 months through 2 years and 3 to 5 years. However, since these analyses target reunification by 18 months specifically and do not include other exits from care, this finding should not be understood as indicating that the often-found disparity in length of stay disappears as well for this age group.

At the age extremes (infants or adolescents), the relationship between predictors of reunification and the outcome of reunification shows more variation. For example, among the younger age groups, compliance with the case plan is related to reunification, but thist is not so for the children 6 to 10 years and older. Similarly, gender is associated with reunification (reunification happens faster for boys) for the group age 7 months to 2 years, the group age 3 to 5, and the group age 6 to 10, but not for the oldest and youngest groups. A cumulative risk that categorizes the total number of risk factors present for a child into three factors (high risk, medium risk, and low risk based upon tertiles of the distribution) is a major factor for younger children's reunification but less so for older children. Children placed in non-kinship placement (HR = 4.53) are 5 times as likely to be reunified as those placed in kinship care (Wildfire et al., 2007).

Overall, for children younger than 7 months and older than 10 years, racial differences are large. African American infants are less likely to experience reunification than white infants; in addition, African American youth over age 10, as well as youth of other racial and ethnic groups, are significantly less likely to return home than white youth. For youth over age 10, the likelihood of reunification continues to be significantly smaller for children of color compared to white children even when controlling for risk factors, child behavior, and agency and parent actions. This is not, however, the case for the sample as a whole. Table 11 depicts the cumulative probability of experiencing reunification by 18 months by age and race (Wildfire et al., 2007. For 6- to 10-year-olds, children initially placed in a non-kinship placement are almost 5 times more likely to reunify than children initially placed with kin. Neither race nor age was statistically significant predictors of reunification.

Table 11

Cumulative Probability of Reunification within18 Months of Entry to Placement by Child Age and Ethnic Group

Child Age at Baseline	Ethnic Group			
	African American	White	Other	Total
<7 months	.16	.30	.31	.25
7 months–2 years	.40	.38	.51	.44
3–5 years	.41	.25	.23	.27
6–10 years	.29	.42	.55	.40
11–15 years	.20	.58	.45	.40
Total	.27	.41	.43	.37

Note: All analyses are on weighted data. Source: Wildfire et al., in press, p. 25.

Reunification Conclusions

These results move us closer to understanding the dynamics of reunification by race and age group. Given the many findings that indicate that infants entering care are disproportionately African American and older children entering care are disproportionately white (Wulczyn, Barth, Yuan, Jones Harden, & Landsverk, 2005), these race-by-age interactions are especially critical to understand. Further analyses of NSCAW and administrative data should routinely test for interactions between racial and age groups with regard to reunification and other exits from care. This analysis suggests that understanding the differential of times to reunification will benefit from the addition of explanatory case characteristics but also calls for more attention to the way that they influence each other.

OVERALL CONCLUSIONS

This report summarized published and in-press articles and chapters based on the NSCAW study in order to examine the evidence on the relationship between race/ethnicity and several important areas related to child welfare and well-being. Although a wide pattern of findings emerges from the analyses, some consistencies do appear, as shown in Table 12.

Table 12		
Summary of Study Areas and Findings		
Study Area(s)	**Citation(s)**	**Findings**
NSCAW Findings	NSCAW Research Group, 2005	Race/ethnicity was not found to be a significant predictor in the receipt of any ongoing child welfare agency-supervised services for children remaining at home (as compared to remaining at home with no ongoing child welfare agency-supervised services), nor was it an indicator as to whether children would be placed in out-of-home care.
Parental Arrest	Phillips et al., 2004	Parents of African American children who entered out-of-home care were significantly more likely to have experienced a recent arrest—perhaps precipitating the removal.
		Risk factors identified by child welfare workers at the time of intake (e.g., serious mental illness) were lower among African American parents who had been arrested than among other arrested parents.
Reunification	Wildfire et al., in press	Reunification rates were lower for African American children who were infants or are over 10 years old, after other factors had been controlled.
		Offsetting the lower risk of reunification for these age groups were parenting support (for infants) and a higher frequency of seeing mothers during visits (for children 10 and older).
Early Childhood Development and Need for Early Intervention Services	Stahmer et al., 2005	White children were more likely to remain at home than to be removed from their homes when a CWS case was opened.
		African American children were about half as likely to receive developmental services. Racial inconsistencies in services received remained even after controlling for need for developmental services.
Substance Abuse Need and Treatment and Mental Health Service Access	Burns et al. 2004; Hurlburt et al., 2004; Leslie et al., 2005	African American youth did not demonstrate elevated need as a group, but did show significant unmet need among school-age youth when other variables were controlled.
		African America youth age 6–10 displayed a high level of need; they were found to have a significantly reduced likelihood of receiving mental health care than children of other races or ethnicities in their age group.
		The discrepancy in mental health service provision may be reduced in agencies that have high levels of coordination between child welfare and mental health services.

Table 12 continued on next page.

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Study Area(s)	Citation(s)	Findings
Domestic Violence	Connelly et al., 2006; Hazen et al., 2006; Hazen et al., 2004; Kohl et al., 2005	Race was not found to be a significant predictor in the underidentification of domestic violence services. Race/ethnicity was, however, found to be a significant factor in the continuation of domestic violence cases. African American women referred to child welfare services reported approximately three times greater risk of experiencing more severe forms of physical violence (e.g., getting beaten up, choked, threatened with a weapon) compared to non-Hispanic white women, when age, marital status, socioeconomic factors, and other background variables were controlled.

Race/ethnicity was not found to be a significant predictor in the receipt of services for children remaining at home, nor was it an indicator in whether children would be placed in out-of-home care (NSCAW Research Group, 2005). Race and ethnicity are strongly associated with the overall level of child welfare involvement, however, at least for younger children. Stahmer et al. (2005) found that young white children were more likely to remain at home than to be removed from their homes when a child welfare services case was opened. Given the many findings that indicate that child welfare agency-supervised services are populated by more younger African American children and more older white children (Wulczyn et al., 2005), future analyses of the relationship of race to service dynamics should stratify the analyses by age or test age by race interactions. Such analyses will be helpful to service providers who aim to reduce racial disparity and disproportionality.

The race/ethnicity of children is associated with behavior problems and, for some age groups, to a disparity in receipt of mental health services. Even when African American youth age 6–10 displayed a high level of need, they were found to have a significantly reduced likelihood of receiving mental health care than children of other races or ethnicities in their age group (Burns et al., 2004). Stahmer et al. (2005) also found that racial inconsistencies in services received remained even after controlling for need for developmental services. African American children were about half as likely to receive developmental services—a difference that held across all levels of risk, among younger children. On a promising note, the discrepancy in mental health service provision may be reduced in agencies that have high levels of coordination between child welfare and mental health services (Hurlburt et al., 2004).

An important contributor to involvement in child welfare agency–supervised services and to placement of children is parental arrest. Race/ ethnicity were found to have a significant relationship to the variation in the rates of parental arrest. Parents of African American

children who entered out-of-home care were significantly more likely to have experienced a recent arrest—perhaps precipitating the removal. It appears that the parental arrest was a key reason for the removal of African American children, as the arrested African American parents had fewer risk factors than other arrested parents.

Underidentification of domestic violence continues to be a problem in child welfare agency–supervised services, although race was not found to be a significant predictor in the underidentification of domestic violence services (Kohl, 2005). Race/ethnicity was, however, found to be a significant factor in the continuation of domestic violence cases (Connelly et al., 2006). African American women referred to child welfare services reported approximately three times greater risk of experiencing more severe forms of physical violence (e.g., getting beaten up, choked, threatened with a weapon) compared to non-Hispanic white women, when age, marital status, socioeconomic factors, and other background variables were controlled.

Each of these findings furthers the knowledge base of the implications of race/ethnicity disparity within the child welfare system. Further research is needed in order to understand why these disparities exist and to create programs and collaborations to address these issues in a culturally sensitive manner.

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Casey-CSSP Alliance for Racial Equity in Child Welfare

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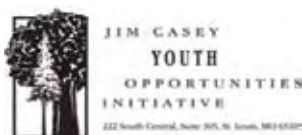
Casey Family Programs is the largest national foundation whose sole mission is to provide and improve—and ultimately prevent the need for—foster care. The foundation draws on its 40 years of experience and expert research and analysis to improve the lives of children and youth in foster care in two important ways: by providing direct services and support to foster families and promoting improvements in child welfare practice and policy. The Seattle-based foundation was established in 1966 by UPS founder Jim Casey and currently has an endowment of $2 billion.
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The **Marguerite Casey Foundation** was created by Casey Family Programs in 2001 to help expand Casey's outreach and further enhance its 37-year record of leadership in child welfare. Based in Seattle, the Marguerite Casey Foundation is a private, independent grant-making foundation dedicated to helping low-income families strengthen their voice and mobilize their communities.
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Jim Casey Youth Opportunities Initiative was created in 2001 by Casey Family Programs and the Annie E. Casey Foundation. Based in St. Louis, the Initiative is a major national effort to help youth in foster care make successful transitions to adulthood.
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The **Annie E. Casey Foundation** is a private charitable organization dedicated to helping build better futures for disadvantaged children in the United States. It was established in 1948 by Jim Casey, one of the founders of United Parcel Service, and his siblings, who named the Foundation in honor of their mother. The primary mission of the Foundation is to foster public policies, human-service reforms, and community supports that more effectively meet the needs of today's vulnerable children and families. In pursuit of this goal, the Foundation makes grants that help states, cities, and neighborhoods fashion more innovative, cost-effective responses to these needs.
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Casey Family Services was established by United Parcel Service founder Jim Casey in 1976 as a source for high-quality, long-term foster care. Casey Family Services today offers a broad range of programs for vulnerable children and families throughout the Northeast and in Baltimore, Maryland. The direct service agency of the Annie E. Casey Foundation, Casey Family Services operates from administrative headquarters in New Haven, Connecticut, and eight program divisions in Connecticut, Maine, Maryland, Massachusetts, New Hampshire, Rhode Island, and Vermont.
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