


Mitigating the Impact of Institutionalized Racism on the Experience of Child Welfare-involved Black/Brown Families: What's A CAP to Do?

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CHAMP Presentation
 March 9, 2022


Presentation Objectives

- Review the definitions of racial disproportionality vs. racial disparities in the child welfare system
- Review the foundations of institutional and structural racism overlaid with implicit bias on the experience of black/brown families in the child welfare system
- Through case review,
 - reflect on bias in the field of child protection and envision ways to use our roles as Child Abuse Pediatricians (CAPs) to mitigate its effect on black/brown families



Introduction

- Race and socioeconomic status often impact decisions in every stage of the child welfare system (i.e. reporting, foster care placements, termination of parental rights decisions)
- Despite decades of efforts, Black children remain overrepresented in foster care at a rate more than 1.6x their proportion of the general population.
- While the national dialogue has focused largely on Black children, racial disproportionality has also been observed for Native American and Latin x children, although to a lesser degree and with variation by state.



Definitions

Disproportionality vs. Disparity

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The Child Welfare System: Disproportionality vs. Disparity

Racial Disproportionality

- refers to one racial group's representation in the child welfare system being out of proportion with that same racial group's representation in the general population

vs.

Racial Disparity

- refers to inequitable outcomes experienced by one racial group when compared to another racial group in the child welfare system



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Disproportionality & Disparity: Conversations & Historical Conceptualizations

- The historical lens that continues to shape current determinants of health for Black families must consistently be applied to understand the roots of current racial disparities and the endurance of inequitable outcomes.
- The history of enslavement and dehumanization of Black people along with racist policies form an inequitable foundation that continue to impact social, legal, and political factors shaping the experiences of Black children and families.
- Therefore, any conversation on disproportionality and disparity will be fundamentally flawed **IF** they do not account for the role of these historical events, policies, social dynamics, and economic influences!

Detlaff, A. J., & Boyd, R. 2020. Racial Disproportionality and Disparities in the Child Welfare System: Why Do They Exist, and What Can Be Done to Address Them? *The ANNALS of the American Academy of Political and Social Science*, 692(1): 253-274.



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“The Foundation”

Enslavement: Chattel Slavery and the ‘Enslaved’ Status

- In 1619, a year prior to the arrival of the Mayflower, a ship arrived at the British colony of Virginia.
- This initiated the system of chattel slavery which lasted for the next 250 years.
- Generations of Blacks were born into slavery with this enslaved status passed down to their children.
- Enslaved people were considered property to be bought, sold, traded, and disposed of.

• Hannah-Jones, Nikole. 2019. 1619 Project. *New York Times Magazine*.
• DeGray, Joy. 2005. *Post traumatic slave syndrome: America's legacy of enduring injury and healing*. Milwaukee, OR: Uptone Press.



Codifying Dehumanization: The Three-fifths Compromise (1787)

- This agreement was reached during the US Constitutional Convention as founders were attempting to form a union and preserve the country in its early stages.
- The **Three-fifths Compromise** legally codified the perceived subhuman status of Blacks (counted enslaved Black person as 3/5 of a human)
- This imperfect compromise allowed for preservation of the republic while also “confronting the moral and systemic evils of slavery”
 - counting the whole number of slaves benefited Southern states, “reinforcing the institution of slavery,” so dehumanizing Blacks allowed a “reduction of the political power” of slaveholding states



The Institutionalized Forced Separation of Families

- The slave trade institutionalized the forced separation of Black families
- Enslaved people were denied the right to form families and keep their families intact
 - couples could not marry
 - ties to parents, siblings and extended families were not honored by enslavers/courts
 - slaves had no claim to their own children so their children could be bought, sold, and traded at their owner's discretion

Williams, Heather. 2012. *Help me to find my people: The African American search for family lost in slavery*. Chapel Hill, NC: University of North Carolina Press.



Racism, Poverty, Stress & Child Maltreatment

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Poverty: Impact of Institutionalized Racism & Biases

- The racialized nature of poverty is a direct consequence of slavery and racism.
- This structural racism is upheld by formal and informal policies intentionally and adversely targeting Blacks ensuring
 - their disproportionate representation among the poor
 - wealth suppression endures across generations with
 - o residential segregation
 - o discrimination in labor markets
 - o unequal access to quality education

Chetty, Raj, Nathaniel Hendren, Maggie Jones, and Sonya Porter. 2018. *Race and economic opportunity in the United States: An intergenerational perspective*. Cambridge, MA: National Bureau of Economic Research.



Institutionalized Racism, Health & Stress “Weathering”

- The experience of racial stressors across the life course that contributes to the accelerated deterioration in health
- Occurs as a consequence of the cumulative physiologic burden placed on biological systems by repeated experiences with
 - discrimination
 - stigma
 - economic adversity
 - political marginalization

Gerontimus, Arline, Margaret Hicken, Danya Keene, and John Bound. 2006. “Weathering” and age patterns of allostatic load scores among Blacks and Whites in the United States. *American Journal of Public Health*, 96:826-33.



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Institutionalized Racism, Health & Stress “Racial Battle Fatigue”

- The physical and psychological symptoms that result from the chronic experiences of racism and microaggressions.
- Symptoms include constant anxiety, hypervigilance, elevated heart rate and blood pressure, extreme fatigue, etc.
- For Black families, the experience of this stress related to enduring racial discrimination may have adverse consequences on parenting and similarly maltreatment risk.

Sato, José, Nana Dawson-Andah, and Rhonda BeLue. 2011. The relationship between perceived discrimination and generalized anxiety disorder among African Americans, Afro Caribbeans, and non-Hispanic Whites. *Journal of Anxiety Disorders*, 25:258-65.



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A “Triple Threat” Poverty, Stress and Child Maltreatment

- The layering of this stress (weathering and racial battle fatigue), poverty and its associated economic hardships are well-established risk factors for child maltreatment.
- This loading includes specific factors including
 - unemployment
 - single-parent household structure
 - food insecurity
 - housing insecurity

Institute of Medicine and National Research Council. 2014. *New directions in child abuse and neglect research*. Washington, DC: The National Academies Press.




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Poverty & Family Structure

State-level Data on the Number of Reports and Substantiated Cases of Child Maltreatment

- Children more likely subject to abuse and neglect if they have:
 - **working mothers and absent fathers**
 - 10% to 15% increase of maltreatment in this cohort → predicted to cause a 21% increase in substantiated cases of maltreatment
 - a single working mother may appear more neglectful/abusive possibly due to leaving their children in the care of someone who is neglectful/abusive
 - **two non-working parents or parents whose income is below 75% of the official poverty level**
 - results in an increase from 10% to 15% in the cohort of children with two unemployed parents → predicted to cause an increase in maltreatment by 26%
 - **absent fathers, unemployed fathers, and increased poverty**


Paxson, C., & Waldfogel, J. 2002. Work, Welfare, and Child Maltreatment. *Journal of Labor Economics*, 20(3): 435-474.



While the connection between poverty and child maltreatment is uncontested...

... that connection between poverty and racism remains relatively unacknowledged in conversations on etiology of racial disparities in the child welfare system!!

Dettlaff, A. J., & Boyd, R. 2020. Racial Disproportionality and Disparities in the Child Welfare System: Why Do They Exist, and What Can Be Done to Address Them? *The ANNALS of the American Academy of Political and Social Science*, 692(1): 253-274.



Racism & Child Welfare Policies

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"First Excluded then Included ... then Victimized" Black Children in Child Welfare Systems

- Racism
 - **EXTERNAL** to child welfare systems creates the conditions of risk that may lead to maltreatment in Black families
 - **WITHIN** child welfare systems exacerbates and maintains the inequities
- Similar to the history of most formal structures in the US, the history of the child welfare system is no different
 - appears to be designed with the goal of maintaining the legacies of slavery
 - policies and structures first excluded Black children and upon modification to ensure inclusivity, ultimately perpetuated their oppression



The Children's Aid Society: A Child Welfare System for White Children

- Prior to the mid-1800s, there was some institutional care for White children.
- There was little involvement of formal systems in the lives of White families as White children were viewed solely as the responsibility of their parents.
- In 1853, the origins of the child welfare system began when **Charles Loring Brace**, a philanthropist, established the **Children's Aid Society**
 - provided a means of caring for abandoned and orphaned White children living on the streets of New York

O'Connor, Stephen. 2004. *Orphan trains: The story of Charles Loring Brace and the children he saved and failed*. Chicago, IL: University of Chicago Press.



The Orphan Train Movement

- Brace also believed that the resettling of these children could support the expansion of the American West
- His efforts resulted in the relocation of White children for placement in "family care" to grow into "productive adults"
- This led to the Orphan Train Movement, which resettled more than 200,000 White children through the early 1900s.

O'Connor, Stephen. 2004. *Orphan trains: The story of Charles Loring Brace and the children he saved and failed*. Chicago, IL: University of Chicago Press.



The Child Welfare System for Black Children & Families

- Historically, Black children were the property of their slave owners and remained largely excluded from child welfare services through the mid-1900s
- A series of policy changes came about in the 1960s which had a significant impact on the involvement of Black children in the child welfare system
- **The Social Security Act in 1935**
 - afforded the creation of the **Aid to Families with Dependent Children Program (AFDC)**
 - provided states great discretion in eligibility requirements

• Bates, Julia. 2016. The role of race in legitimizing institutionalization: A comparative analysis of early child welfare initiatives in the United States. *Journal of the History of Childhood and Youth*, 9:15-28.
• Bell, Winifred. 1965. *Aid to dependent children*. New York, NY: Columbia University Press.



The Clauses to the AFDC

- To no surprise, the policy-makers designed requirements to qualify for this aid, many of which served to maintain racial oppression
- Several clauses that were used to justify the denial of benefits or expulsion of Black families from receiving aid included the...
 - "**home suitability**" clauses: homes were viewed as "**immoral**" if the parents were not married
 - "**illegitimate child**" clauses: if parents were not married, they could receive no aid

• Bates, Julia. 2016. The role of race in legitimizing institutionalization: A comparative analysis of early child welfare initiatives in the United States. *Journal of the History of Childhood and Youth*, 9:15-28.
• Bell, Winifred. 1965. *Aid to dependent children*. New York, NY: Columbia University Press.



The Impact of Public Outcry on Policies

- In 1959, the State of Florida,
 - removed >14,000 children from their welfare program, more than 90% of whom were Black
- In 1960, the state of Louisiana
 - expelled >23,000 children from AFDC, the majority of whom were Black, on the grounds of unsuitability
- This led to much backlash from public attention to these expulsions and formed the basis of the **Fleming Rule**.

Lawrence-Webb, Claudia. 1997. African American children in the modern child welfare system: A legacy of the Fleming Rule. *Child Welfare*, 76:9-30.



“Righting the Wrong”: The Flemming Rule of 1960

- The **Flemming Rule**
 - prohibited states from denying eligibility for AFDC due to unsuitability clauses
 - required states to either provide services to make an unsuitable home livable **OR** provide a suitable home for a child
- The law also required that states investigate homes that had been deemed unsuitable.
- If the home was determined to be unsafe, the children were placed in foster care to ensure their safety

Lawrence-Webb, Claudia. 1997. African American children in the modern child welfare system: A legacy of the Flemming Rule. *Child Welfare*, 76:9-30.



5 Steps Forward ... 20 Steps Back: Public Welfare Amendments to the Social Security Act of 1935

- In 1962, following The Flemming Rule, the **Public Welfare Amendments to the Social Security Act** were enacted.
 - These amendments emphasized removal as an intervention when caseworkers deemed families neglectful.
 - The combination of several factors including structural racism and bias led to the racial disproportionality we currently see in the child welfare system!
- With **predominantly White caseworkers**, the impact of the Public Welfare Amendments were
- a majority of children placed in foster care following implementation of the Flemming Rule were Black
 - a majority of the disproportionate number of Black families that were expelled from AFDC had households that were subsequently deemed unsafe by White caseworkers



The Child Abuse Prevention Treatment Act (CAPTA) of 1974

- Since this time, the role of child welfare policies and their implementation has continued to disproportionately impact Black children and families.
- CAPTA
 - introduced mandatory reporting laws and established mandatory minimum federal definitions of child maltreatment
 - resulted in a rapid growth of maltreatment allegations and increased the placement of more children into foster care (Black children > White children)



CAPTA & The White Middle-class Lens

- CAPTA allowed states broad discretion to expand on the definition of child maltreatment. This flexibility resulted in
 - laws that varied widely by state
 - laws that often reflected the current social problems within the context of those states
- Over time, many of these definitions were largely influenced by
 - beliefs about appropriate parenting standards that reflected a White, middle-class lens
 - racial narratives such as the "war on drugs," "welfare queens," "crack babies"



Racial Bias in Decision-making in the Child Welfare System

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Decision-making Points in Child Welfare

- Racial disparities can occur at every decision-making point in the child welfare system.
- Decisions are made by child welfare caseworkers, supervisors, administrators, judges, other legal professionals, as well as professionals external to the child welfare system.
- Decision points
 - point of initial report
 - acceptance of reports for investigation
 - substantiation of maltreatment
 - entries into and exits from foster care



Decision Points & Disparities

- **Point of initial referral,**
 - multiple studies demonstrate that Black children are **more likely to be reported for suspected maltreatment** than White children
- **Once a report is made,**
 - allegations involving Black children are **more likely to proceed to investigation** than those involving White children
- **Once accepted,**
 - allegations involving Black children are **more likely to be substantiated** than those involving White children
- **Following an investigation,**
 - Black children are **more likely to be removed from their homes and placed into foster care** than White children
- **Once in care, studies show Black children**
 - are **less likely to be reunified** with their families
 - spend a **longer time in care** than White children
 - **more likely to experience termination of their parental rights**



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Adding Insult to Injury...

- Qualitative studies describe the experience of Black families encountering bias in their interactions with child welfare systems.
- These studies have consistently documented Black families' experiences of
 - disrespectful treatment
 - cultural misunderstandings
 - harsh judgments of differing parenting styles
 - lack of culturally appropriate services
- Studies including child welfare and legal professionals
 - highlight these professionals affirming the experiences of Black families, acknowledging the role of racial biases not only in their own decision-making, but also in assessment measures, and interventions to assist families

Miller, Keva, Katherine Cahn, and E. Roberto Orellana. 2012. Dynamics that contribute to racial disproportionality and disparity: Perspectives from child welfare professionals, community partners, and families. *Children and Youth Services Review*, 34:2201-7.



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Surveillance Bias & Service Engagement

- Poverty and other vulnerabilities experienced by families of diverse racial and ethnic backgrounds amplifies their exposure to social services systems
 - financial
 - food stamps
 - housing assistance
- This social service exposure may further "increase their visibility to mandated reporters" — a phenomenon referred to as **surveillance bias**.
- This increases the number of entities surveilling these families which may foster apprehension and derail service engagement in instances where they are needed.

Fong K. 2020 Getting Eyes in the Home: Child Protective Services Investigations and State Surveillance of Family Life. *American Sociological Review*, 85(4):610-638.



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Racial Bias in Clinical Decision-making

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Racial Bias and Clinical Decision-making

- Beyond the institutional racism embedded within child welfare systems through its origins and policies, racial biases among medical professionals further contribute to the racial inequities experienced by black/brown families.
- Multiple studies have shown that race can significantly impact decision-making among medical professionals at the point of diagnosis.



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Clinical Decisions, Bias & Child Maltreatment Disparities

- Jenny et al. (1999) found that among children seen in a hospital for head injuries, abusive head trauma was significantly more likely to be overlooked by physicians if the child was White.
- Lane et al. (2002) found that non-White children with accidental injuries were more than 3x as likely than White children to be reported for abuse, even after controlling for income.
- Hymel et al. (2018) found that non-White children with head injuries were nearly twice as likely to be reported for abusive head trauma than White children with similar injuries.
- Among children who present with head injuries, studies show Black children are more likely than White children to be referred for full skeletal surveys and more likely to be reported for maltreatment (e.g., Lane et al. 2002; Lindberg et al. 2012).



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Let's Review a Case...

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Background: Bone Fractures and Biases

- Study highlighted that racial differences do exist in the evaluation and reporting of pediatric fractures for child abuse, particularly in toddlers with accidental injuries.
- In their sample, while minority children had higher rates of abusive fractures, they were also more likely to be evaluated and reported for suspected abuse, even after controlling for the likelihood of abusive injury.
- The study suggested that African American and Latino toddlers hospitalized for injuries such as bone fractures were >5x more likely to be evaluated for child abuse, and >3x more likely to be reported to child protective services, than White children with similar injuries.

DM, Monteith R, Christian CW. Racial differences in the evaluation of pediatric fractures for physical abuse. JAMA. 2002 Oct 2; 288(13):1603-9.



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History of Present Illness

- An 8-month-old African American male presented to a local hospital with a right distal femur fracture.
- He transferred from this local hospital to another for further evaluation and management.
- The referring hospital did not have Pediatric Orthopedics or a CAP on staff.
- Prior to the transfer, the family was informed that due to the injury and age of the child, the case was reported to the state's central registry.
- The Child Protection Team was consulted upon the arrival of the child to Maimonides Medical Center.



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Social History

- This 8-month-old male is one of 2 children for this African American family.
- The other child is a 2-year-old female.
- Mother is a Social Worker at a Foster Care Agency.
- Father works with the Board of Education.
- No previous history of child welfare involvement.
- No history of domestic violence.



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The Family's Routine

- Dad takes care of both children (the 8-month-old patient and his 2-year-old sister) while Mom is at work.
- Mother leaves for work between 8 - 9 am every morning.
- The child was noted to be "normal" before she left for work that morning.
- Mother returned home from work about 5 pm that day.
- Later in the evening, upon changing the baby's diaper, mother noticed the baby winced in pain when moving his right leg.
- Father denied witnessing any traumatic events that day.
- Given the decrease movement of the child's leg and his expressing pain, the parents brought the child to his primary care provider who referred the child to the nearest Emergency Room



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The Maimonides Emergency Room Course

- On physical exam,
 - there was edema noted at the right femur
 - tenderness to palpation of the limb
 - inability to bear weight on the right extremity
 - no signs of trauma or bruises to the skin
 - neurologically intact infant with no changes in behavior from baseline
 - irritable when his right leg is manipulated
- Repeat x-rays of the limb was done
- X-ray results:
 - + **fracture** of the right distal femur described as "**Type II Salter Harris fracture**"



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Hospital Course

- Orthopedics casted the patient's leg.
- The Child Protection Team was consulted due to concerns for possible child physical abuse.
- Our team recommended admission for a comprehensive evaluation which included:
 - MRI
 - Ophthalmology consultation
 - a full skeletal survey to rule out any occult injuries given the patient's age and the presence of an existing fracture in a nonverbal child



Evaluation Highlights

- **Skeletal survey**
 - unremarkable for other fractures except a + fracture of the right distal femur described as "**Type II Salter Harris fracture with a buckle component**"
- **MRI**
 - no signs of acute or chronic bleeds; no signs of shear injuries
- **Ophthalmology**
 - no retinal injuries



X-Ray Imaging



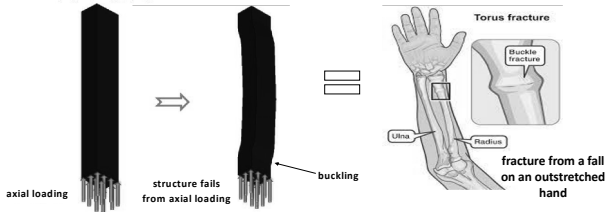
Additional History Revealed...

- Patient is a developmentally normal 8-month-old who is mobile and active.
- He is pulling to stand often supporting himself using the furniture.
- Parents have wood floors in the home with area rugs and on the exposed areas of the wooden floor, they place a comforter on the floor when the baby plays in an effort to "pad the surface he is playing on."
- He has suffered a few falls while playing on the comforter, but "nothing serious" as per mother and father.



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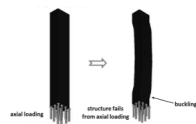
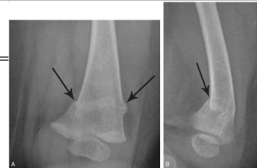
Possible Mechanism: Axial Loading & Physiologic Correlate



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Possible Mechanism of Injury

- Buckle fractures are quite common in children.
- Can result from
 - axial loading when a child falls from a standing height and drops on to the knees
 - the upward force from the ground on impact, accompanied by the downward force from the weight of the child creates combined compressive forces on the knee
 - a combination of these forces result in a buckle fracture of the distal femur
- It is plausible that a comforter on the floor may cause the child to be more unstable when pulling to a stand resulting in a fall to his knees.



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The Child Abuse Team's Disposition

- Given the
 - negative skeletal survey, imaging, ophthalmology findings
 - lack of any other concerning findings on physical exam
 - the parent's consistent recollection of events that they did not directly observe any falls, though the child has been falling more with his increased activity
 - father recalled 2 episodes where he picked the infant up on the floor after finding him on the floor crying, but child was consolable after both events
 - immediate seeking of care with an appropriate level of concern
- The Team concluded that the findings in this patient appeared most consistent with an accidental mechanism of injury.



Communication of the Team's Disposition with ACS

- Upon reaching out to the ACS caseworker, our team learned they were in the process of obtaining emergency removal of this patient and his sister from their parents.
- The worker noted that they were acting on their conversation from a physician at the transferring hospital that confirmed that this fracture was definitely caused by abuse.
- Our attempts to convince that unless this diagnosis was made by a CAP, it is possibly an inappropriate diagnosis fell on deaf ears.



Based on what you now know about the realities for this family experience in the child welfare system...

Is there any further role for the Child Maltreatment Provider?



We escalated to speak to the supervisor....

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Accommodating the Family

- The children were placed in kinship care with maternal grandmother.
- Our team requested an evaluation of the sibling of this child in our efforts to complete our evaluation to support a stronger argument on behalf of this family.
- Our team had the grandmother bring the 2-year-old sibling to the Pediatric Emergency Room during the index child's admission so we could do a physical exam.
- The sibling's physical exam was unremarkable.

Why Advocate?
 "Unless someone like you cares
 a whole awful lot, Nothing is
 going to get better. It's not!"
 - Dr. Seuss, The Lorax

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**Advocating for Families:
Impact Statement Highlights**

Themes

- Understanding child development and the age-appropriate capabilities of this child
- Unreasonable expectations for the parent of a child of this age – no history can be an acceptable explanation with appropriate context
- Parents doing their best to provide a safe play area
- The fracture pattern is indicative of a plausible mechanism
- Accidents happen!!!!

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First Impact Statement Highlights

- "In efforts to provide a safe space for their child, the parents admitted to placing a comforter to provide additional padding to the floor. However, the comforter does not lend to the stability of a child pulling to a stand, allowing for the possibility of the child slipping and falling on to the knee in the process."
- "In consideration of these factors in the area where the child routinely plays, the proposed mechanism by which this patient's fracture resulted is quite plausible."
- "Although a specific witnessed event causing the injury was not reported by the parents, the mobile nature of a child makes 24-7 observation challenging."
- "It may also be very difficult to identify that such a subtle and common movement, such as a fall on the knee may not be deemed "traumatic" by a lay person."



Post Impact Statement I

- After receiving our written impact statement,
 - the ACS worker and supervisor communicated that the removal was "already a done deal" and since children were placed with maternal grandmother that "the family did not mind..."
- Our team felt this was absolutely unacceptable as a case should not be indicated against this family
- **Another consideration:** *The fiscal impact on this family*
 - mother is a social worker and father works for the Board of Education so the impact of having "a case" is significant for job security




The Child Protection Team Outpatient Follow-up

- Patient and his sister followed-up in our clinic 4 weeks later.
- On physical exam both children are doing well with no marks, lesions, or bruises on thorough skin examination.
- The patient's cast was already removed as his fracture was fully healed. He was now using his leg without any limitations.
- Children remained appropriately bonded to both parents with what appeared to be healthy family dynamics upon re-evaluation by our multidisciplinary team.
- The children were still considered in "kinship care" with maternal grandmother.



Second Impact Statement Highlights

- "The Child Protection Team continues to endorse their disposition that both children were in no imminent danger in the care of their parents that warranted their removal."
- "There are no concerns for their well-being while in the care of their parents who have remained appropriate, cooperative, and forthcoming from the beginning of this investigation."
- "The injury that brought [the patient] to our care remains consistent with an accidental mechanism, and the physical exam findings on both children which remains unremarkable speaks to an appropriate caregiving environment provided by parents vested in the best outcomes for their children..."
- "Factors that influenced the decision that led to the removal of these children may be based on the same historical factors that have resulted in the over-representation of Black families in the current child welfare system..."



**Outcome After Two Impact Statements
and Several Phones Calls to
ACS Worker & Supervisor**

**The children were returned to their parents!!!!
&
The case was not indicated!!!!**

The Role of Impact Statements

The Process

- **Communicating Your Clinical Decision-Making**
 - means of communication with lay persons (i.e. child welfare workers), colleagues, law enforcement
 - provides an opportunity for deliberation and capitalizing on teachable moments as it relates to each case
 - allows time to reflect and write down your perspective, or discuss how you derived your disposition to uncover when and how biases may be impacting decisions
- **Perspective Exchange**
 - an evidence-based approach for mitigating biases
 - present events such that child welfare workers are pushed to consider all factors you may know about the patient (i.e. race, socioeconomic status, and the implication of both for best outcomes) for a more "in their shoes" approach to decision-making



Test Your Biases: Harvard IAT

- Implicit Association Tests(IAT) measure attitudes and beliefs that people may be unaware of
- You can explore your own biases by taking a free test on the Project Implicit website:
<https://implicit.harvard.edu/implicit/takeatest.html>



In Summary...


- The racist origins of the child welfare system have led to decades of policies that contribute to the disproportionate involvement of Black children and families.
- The harmful effects of these policies are exacerbated by decision making that may be influenced by racial biases.
- Although disproportionate need may result from factors external to the child welfare system, once Black children come to the attention of this system, they become involved in a system that institutionally perpetuates and maintains these inequities, resulting in ongoing harm to these children and families.
- As CAPs we are in positions to do something about it!



Take Home Message

Our efforts to address racism and implicit bias, including cultural sensitivity and diversity training, are a start but they are not enough. There are many layers and much complexity to this deeply ingrained injustice. It will take decades of sustained effort on many fronts to eradicate. Despite the huge task before us, there is a guiding principle. Do the right thing. Regardless of the consequences to one's career, comfort, or material well-being, do the right thing.

APSAC Commitment to Eliminate Systemic Racism and Implicit Bias in the Child Maltreatment Field



Thank you!


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