Learning Objectives

1. Review statistics regarding associations of race and ethnicity with child maltreatment reports;
2. Describe racism and bias in child abuse medicine including how it can affect pediatric patients, medical diagnosis, and mandated reports;
3. Discuss case examples and explore potential steps to reduce racism and bias in healthcare for child maltreatment.

Ground Rules for Session

https://blog.rendia.com/culture/
Race and Bias in Child Abuse Diagnosis and Reporting

July 13, 2001

Palusci VJ & Botash AS

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All US Confirmed Reports, NCANDS 2019

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>PA</th>
<th>SA</th>
<th>PM</th>
<th>NE</th>
<th>MN</th>
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<tr>
<td>Non-Hispanic American Indian</td>
<td>914</td>
<td>2,468</td>
<td>14,045</td>
<td>234</td>
<td>615,950</td>
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<td>Non-Hispanic Asian</td>
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<td>528</td>
<td>6,863</td>
<td>159</td>
<td>3,684,072</td>
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<td>6,471</td>
<td>126,236</td>
<td>4,976</td>
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<td>Non-Hispanic Native Hawaiian</td>
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<td>301</td>
<td>1,677</td>
<td>40</td>
<td>147,057</td>
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<td>Non-Hispanic White</td>
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<td>20,666</td>
<td>246,343</td>
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<td>Hispanic or Latino</td>
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<td>10,169</td>
<td>117,916</td>
<td>3,267</td>
<td>18,687,565</td>
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<td>Non-Hispanic Two or More Race</td>
<td>3,214,455</td>
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</table>

Possible explanations

Researchers reviewed identified four possible explanations (CWIG, 2016):

• Disproportionate and disparate needs of children and families of color, particularly due to higher rates of poverty

• Racial bias and discrimination exhibited by individuals (e.g., caseworkers, mandated and other reporters)

• Child welfare system factors (e.g., lack of resources for families of color, caseworker characteristics)

• Geographic context, such as the region, state, or neighborhood.

Negative Outcomes Associated with Racism

• Racism has significant adverse effects on the individual who receives, commits, and observes racism (Trent and AAP, 2019).

• Racism is a core social determinant of health that is a driver of health inequities with health effects similar to, if not more than, traditional ACEs (Trent and AAP, 2019).

• Current research with adequate comparisons provides no robust evidence to support the idea that children have worse outcomes from child welfare system involvement, but few studies focused on Black children (Barth et al, 2020).

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Key Stages Where Bias Can Affect Outcomes in Child Protection

Reporting

• A Toronto child welfare agency in 2015 found that Black children were five times more likely than White children to be reported for maltreatment when compared to White children (Children’s Aid Society of Toronto, 2015).

• Black children are reported at approximately twice the rate of white children. It is unknown if this disproportionality is attributable to higher risk or to bias in reporting or assessment (Drake et al, 2011).

• Report rates are based on poverty and other risk factors and not race (Lanier et al. 2014).

• Reports decrease among mandated reporters who take care of children with increasing family poverty (Kim et al. 2018).

• Higher rates of substantiated and unsubstantiated reports based on geographical SES (Marco et al. 2020).

Investigation

• African American children are more likely to be screened in and confirmed, and these effects are not limited to the U.S. (Boatswain-Kyte et al; NCANDS, 2018; Trent and AAP 2019; Barth et al. 2020).

• Morton and colleagues (2011) found that rates of disparity actually decreased as Black American children moved across the system, serving to return population-based disparity values closer to 1 for every decision point after investigation.
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Services
- For AHT, communities with more need receive fewer prevention services (Beaulieu 2020).
- While representing 9% of the general population in 2011 in Canada, Black children represented 24% of children receiving child protection services (Boatswain-Kyte et al, 2020).

Court Petition
- African American children are more likely to be brought to court (Boatswain-Kyte et al, 2020).

Disproportionality in the U.S. Child Protection System

Foster Care / Adoption
- Black children were five times more likely than White children to enter out-of-home placement (Boatswain-Kyte et al, 2020).
- Not only are there more children and youth of color in foster care, but they are more likely to remain in care for longer periods of time, re-enter care and age out of care without permanence (Advocacy in Action, 2020).

US Confirmed Medical Reports, NCANDS 2019

Comparison of Non-Hispanic Black/White Victim Rate-Ratios (Confirmed reports, NCANDS 2019)

Rate-Ratios for Disproportionality
- Compares the proportions reported for two populations:
  - Total number of victims for Population A
  - Number of children in Population A
  - Total number of victims for population B
  - Number of children in population B
  - A rate-ratio greater than one means that Population A is more likely to be reported than Population B

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**Health, Bias and Child Maltreatment Reporting**

- Associations between race and increased CM have been reported in administrative data.
- Bias has been recognized within the medical community since the 1970s, and it has been suggested that it accounts for at least some of these effects since it can result in significant diagnostic errors.
- Stereotypes link race and social class to child abuse diagnosis.
- To the extent that medical sources were more likely to report physical and medical neglect, this may explain at least part of the increased rates for certain racial groups to have disproportionately higher numbers of confirmed reports in NCANDS.

Sedlak 2010; Drake 2011; Boatswain-Kyte et al; Maguire-Jack et al; Najdowski, 2018; NCANDS 2018; Trent and AAP, 2019

**Where is Bias in Health Care?**

- Hospitals
- Physicians in general
- Nurses
- Social Workers
- Pediatricians
- Child Abuse Pediatricians
- **ALL OF THEM!**

**Hospital Reports (1985)**

- Using NIS data -- hospitals failed to report almost half of cases meeting the study’s definition of abuse (Hampton and Newberger, 1985).
- Although not specifically looking for bias, these issues distinguished reported from non-reported cases:
  - income
  - mother’s role in abuse
  - emotional abuse
  - race
  - maternal employment
  - sexual abuse


**Physician Implicit Bias**

- Physicians held an implicit association between European Americans relative to African Americans and the concept of “compliant patient” and for African Americans relative to European Americans and the concept of “preferred medical care.”
- Medical care differed by patient race in 1 of 4 case vignettes. No significant relationship was found between implicit and explicit measures, or implicit measures and treatment recommendations.
- Pediatricians held less implicit race bias compared with other MDs and others in society. Among pediatricians we found evidence of a moderate implicit “perceived patient compliance and race” stereotype.
- Further research is needed to explore whether physician implicit attitudes and stereotypes about race predict quality of care.

Sabin et al., 2008

**Bias in Pediatric Health Care**

- Black children received opioid analgesia significantly less frequently than White children for appendicitis in EDs (12.2% vs 33.9%, adjusted odds ratio = 0.2).
- Compared with their White peers, African American children had 3.43 times the odds of dying within 30 days after surgery, 18% relative greater odds of developing postoperative complications, and 7% relative higher odds of developing serious adverse events.
- Racial and ethnic differences in COVID-19 related disruptions have been seen, but not in mental health risk, protective factors, perceived stress, or child abuse potential.


**AHT Evaluation and Reporting**

- Jenny, Hymel et al. (1999):
  - 31.2% of 173 abused children with head injuries had been seen by physicians after AHT and the diagnosis was not recognized.
  - More likely in very young White children from White, intact families.
  - 27.8% were reinjured after the missed diagnosis.
  - 4 of 5 deaths might have been prevented by earlier recognition of abuse.
AHT Evaluation and Reporting

- Hymel et al. (2018) described the evaluation and reporting of young children admitted to a pediatric intensive care unit:
  - Significant race/ethnicity-based disparities in AHT evaluation and reporting were observed almost exclusively in lower risk non-White patients.
  - The authors concluded, "in the absence of local confounders, these disparities likely represent the impact of local physicians’ implicit bias in 2 of their study sites.”

Fractures and AHT

- For fractures, Lane and colleagues (2002) found that under-represented minority (URM) children were more likely to be evaluated and reported, even after controlling for the likelihood of abusive injury.
  - "It is possible that biases on the part of mandated reporters may contribute to these differences.”
- Lane and colleagues (2012) found that young age, male gender, and poverty were risk factors for abusive abdominal trauma.

Drug Exposed Infants and Injuries

- More mothers and babies are tested for drugs of abuse based on their race during labor and the newborn period, despite clinical guidelines.
  - Ellsworth et al. 2010).
- Laskey and colleagues (2012) surveyed 5000 pediatricians using clinical vignettes with varying race (Black/White) and status (high SES/low SES), concluding that physicians had greater willingness to consider abuse as a potential cause of injury in low SES children but not Black children.

Definitions

- Race: A social construct based on phenotypic qualities
- Racism: A “system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call ‘race’) that unfairly disadvantages some individuals and communities, unfairly advantages other individuals and communities…”
- Ethnicity: Belonging to a social group that has a common national or cultural tradition
- Health Equity: “Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”

Additional Definitions

- Health Disparity: Differences in health outcomes of populations, commonly associated with race, ethnicity, gender, gender identity, age, disability and other
- Disproportionality: Usually refers to over- or under-representation of a population receiving services
- Bias
  - Implicit – attitudes or beliefs at an unconscious level
  - Explicit – attitudes or beliefs at a conscious level
Unconscious Bias & Why It Matters

Unconscious Bias = Assumptions and expectations we have that we are not even aware of.

Biases affect us and our decision-making processes in a number of ways:

- Our Perception — how we see people and perceive reality
- Our Attitude — how we react towards certain people (including emotions)
- Our Behaviors — how receptive/friendly we are towards certain people
- Our Attention — which aspects of a person we pay attention to
- Our Listening Skills — how much we actively listen to what certain people say
- Our Micro-Affirmations — how much or how little we comfort certain people in certain situations

Unconscious/Implicit Bias

- Reporters
- Investigators
- Medical examiners
- Treatment
- Legal system
- Mental health providers
- Families and patients
- All!

Where is Bias in Child Abuse?

- A 16 year old mom brings in her 14 month old who had chewed on some liquid dishwasher pods she found under the sink.
- The same 16 year old returns to the ED two weeks later because the daughter drank Tide.
- What if the mom is 32 years old and a pediatrician?

Abusive           Unwise          Acceptable       Ideal

* Spectrum adapted from James Garbarino, PhD, researcher and author of Parents Under Siege

Relevant Types of Bias

<table>
<thead>
<tr>
<th>Bias</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Recency effect</td>
<td>Recent events easier to remember</td>
</tr>
<tr>
<td>In-group preference</td>
<td>Categorize people into groups and then attribute positive attributes to their own group</td>
</tr>
<tr>
<td>Availability bias</td>
<td>Making decisions based on immediate information that comes to mind</td>
</tr>
<tr>
<td>Confirmation bias</td>
<td>Paying more attention to information that reinforces previously held beliefs and ignoring evidence to the contrary</td>
</tr>
<tr>
<td>Anchoring bias</td>
<td>First piece of information becomes baseline for comparison or subsequent decisions</td>
</tr>
<tr>
<td>Halo effect</td>
<td>Assumptions based on attribution of good or bad to “all” aspects</td>
</tr>
</tbody>
</table>

Parenting Skills vs. Abuse

- A 16 year old mom brings in her 14 month old who had chewed on some liquid dishwasher pods she found under the sink.
- The same 16 year old returns to the ED two weeks later because the daughter drank Tide.
- What if the mom is 32 years old and a pediatrician?

Diagnosis and Reporting

- Most, if not all, clinical decision-makers are at risk of error due to biases.
- These errors may be further compounded when the diagnosis and reporting of suspected child abuse is being considered (emotional effect) and the clinician is under added stress.
- Not all potentially biased decisions are incorrect.
- It is important for physicians to report suspicions of child abuse.

Diagnostic Errors

- influenced by knowledge gaps, communication skills, and access to resources as well as cognitive and implicit biases. (Singh, 2017; Zwaan, 2015)
- Clinical reasoning is “the cognitive process that is necessary to evaluate and manage a patient’s medical problems,” with a dual process(IOM Report, NAS, 2015)
  - Non-analytical – Systems I thinking
  - Analytical – Systems II thinking
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**Framework for Cognitive Bias Applied to Child Abuse**

- **Systems I Thinking**: “Intuitive,” automatic, impulsive; lacks conscious control; based on pattern recognition; uses associations (rules of thumb, mental short cuts); driven to reduce ambiguity; emotionally driven; imposes causal thinking; does not draw upon reasoning process.

- **Systems II Thinking**: Uses metacognition; deliberate, analytical; hypothetical/deductive reasoning; inferential reasoning; uses logic, checks conclusions; reasoning leads logically from premise to conclusions.

Skellern C. Thinking fast and slow… J Paediatrics Child Health. 2020

**What is this finding?**

Figure 82: A report to child protective services was made when the linear marks were noted on the body of the baby in this image. They are transient pigmentary lines of the newborn and are in the flexural creases of the skin. Courtesy of Lori Fraser, MD.

AAP Visual Diagnosis of Child Abuse 4th Edition

**Patient has “Ligature Marks”**

Ligature marks would be abusive when a child is restrained with a rope or cord tied around a body part, most commonly an extremity. There are marks that might seem ligature marks, such as the elastic at the top of socks. In the baby in this image, a report was made to child protective services when the ligature marks on the lower legs were felt to be ligature marks. Careful assessment demonstrated the similarity of the marks to the texture of the knit pattern of the socks. Courtesy of Jamie Hoffman-Rosenfeld, MD.

AAP Visual Diagnosis of Child Abuse 4th Edition

**Bias Over the Years**

- Missed AHT, more likely in very young White children from White, intact families. (Jenny, 1999)
- Significant race/ethnicity-based disparities in AHT evaluation and reporting were observed almost exclusively in lower risk non-White patients. (Hymel, 2018)

**A Story About Bias**

- Race/Ethnicity/Culture
- Education
- Profession
- Poverty
- Age
- Appearance
- Family structure
- Other
Case Discussion

• An 18-year-old male presents to the police station with his mother after being missing for 24 hours.
• He had gone to a friend’s house and remembers drinking something.
• The next thing he remembers is awakening in a drowsy state, his clothes were off, and he was in a strange home/bedroom.
• He dressed himself, left the house, and walked home.

What Else Would You Like to Know?

• What additional information might change the next steps for this teenager?
• Do you think being male would influence his investigation?
• As a non-white male, he may face additional biases, how can these be addressed?

Culture

• Many cultures use “non-traditional” methods to treat illness and conditions
• We have learned to recognize cutaneous findings associated with specific therapies
• Have we learned to understand these practices?
• Moxibustion, coining, cupping, others
  http://champprogram.com/question/22a.shtml#answer

Five R’s of Cultural Humility

- Reflection
  • What did I learn from the encounter?
- Respect
  • Did I treat everyone involved in that encounter respectfully?
- Regard
  • How did unconscious bias drive this interaction?
- Relevance
  • How was cultural humility relevant to this encounter?
- Resiliency
  • How was my personal resiliency affected by this interaction?

Society of Hospital Medicine Practice Management Committee
https://www.hospitalmedicine.org/practice-management/the-5-rs-of-cultural-humility/
Slide adapted from presentation by Drs. Amy Caruso Brown and Nayla Khoury

Suspicions:

We recommend considering the following questions to help differentiate Systems I from Systems II thinking:
• Why do I suspect (not-suspect) maltreatment? If my “gut” is telling me to report (or not), why is that?
• What objective evidence exists?
• Who is this family? If the family does not look like me, share my values, or live on the “other” side of town, is that affecting my thinking?

Next Steps

• Ongoing education regarding indicators for all types of child maltreatment; racial disproportionality; systemic and implicit biases
• Develop structural changes that minimize bias, such as use of an EMR based trigger system to identify reportable concerns (Rumball-Smith J. et al.)
• Strong multidisciplinary teams that incorporate diverse cultural and racial perspectives — take a moment to review for potential biases
• Review institutional protocols for potential bias
• Recognize (and reflect on) personal biases
Race and Bias in Child Abuse Diagnosis and Reporting

AAP 2019: Adapted for Child Abuse

1. Create a culturally safe clinical environment.
2. Use strategies to provide support for youth and families including countering or replacing those messages and experiences with something positive.
3. Train staff in culturally competent care.
4. Assess patients for stressors and social determinants of health often associated with racism (bullying on the basis of race, neighborhood safety, poverty, housing insecurity, and academic access) and connect families to resources.

Summary

• We (child abuse professionals) are part of a much larger society in which we see racism.
• We can more accurately diagnose and support our patients best by recognizing our own potential biases.
• Understanding Systems I vs. Systems II thinking can help us to avoid missing or overcalling abuse.
• We don’t have all the answers, nor all the questions, but what is important is to understand the issues and to reflect upon our role in the process.

AAP 2019: Adapted for Child Abuse

5. Assess patients who report experiencing racism for mental health conditions.
6. Identify strengths and assess youth and families for protective factors – supportive extended family network that can help mitigate exposure to racist behaviors.
7. Advocate for policies and programs that diversify the pediatric workforce and provide ongoing professional education for pediatricians in practice as a strategy to reduce implicit biases and improve safety and quality in the health care delivery system.

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• We realize we could only touch on a portion of the published articles and wish to thank the members of the Society who have made important contributions to this issue.

References

References


