

# Why It Matters: What Is Disproportionate Representation?

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The disproportionate representation of children of color in special education is a long-standing problem that continues to concern educators. The newly reauthorized Individuals with Disabilities Education Act, IDEA (P.L.108-446), once again addresses the concern and requires states to take more aggressive steps to monitor and respond. Nevertheless, despite national attention and controversy, there remains little consensus about how best to define and respond to patterns of over- and under-identification by ethnicity and gender across disability categories.

The extent of disproportionality, or disproportionate representation, across states and school districts varies considerably, and for many years, the U.S. Department of Education's Office for Civil Rights has monitored efforts to reduce disproportionality. While such monitoring has focused on unusually high rates of identification of minority children in some disability categories, most educators agree that changing practices in order to reduce those numbers will not necessarily improve educational services and outcomes.

Appropriate responses depend on a comprehensive understanding of disproportionality, including a consideration of the factors that underlie the disparities in identification or placement rates. A starting point for a better understanding of disproportionate representation and its significance is to accurately define and report rates of representation. This would provide both a foundation for investigating why disproportionality occurs and the objective, reliable data necessary to chart trends over time—data that can, on examination, point to appropriate responses.

## Defining Disproportionality

Disproportionality means that there are more (or fewer) children from a particular group who are experiencing a given situation than we would expect, based on the group's representation in the general population. The prototype cases for disproportionality challenged the fact that there were too many African American students in special education classes for students with mental retardation, compared to the number of African-American students in the general school population.

Most of the attention to disproportionality still focuses on the over-representation of children of color in some special education disability categories, specifically students with mental retardation and students with emotional and behavioral disorders. However, in recent years, researchers and policymakers have also shown an interest in other forms of disproportionality (e.g., based on gender or socioeconomic class), and in disproportionality with regard to other issues (e.g., placement in gifted and talented programs, placement in particular special education settings, and the occurrence of disciplinary actions; Skiba, et al., 2006).

## **Why Disproportionality Happens**

The fact that disproportionality is widely viewed as a problem reflects a general belief that the proportion of children who have a disability should be about the same across all race/ethnicity groups. This belief leads to the conclusion that if the proportion for one race/ethnicity group is substantially different from the proportion for another group, then the system for identifying children with disabilities is not working the same way across groups. Further, if identification confers some benefit, or imposes some stigma, then the system is not only working differently, but it is discriminatory.

However, an alternative to this general belief has been proposed: namely, that the proportion of children who are identified as students with disabilities may be higher for a given race/ethnicity group because factors that cause disability are more common in that group. An often-cited example suggests that African Americans are overrepresented among students with mental retardation because mental retardation is associated with poverty, and a greater proportion of African American students live in poverty, compared to other race/ethnicity groups (Skiba, et al., 2005).

Most statements about the causes of disproportionality fall under one of these two positions: (a) disproportionality is the result of a system that works in a biased, discriminatory fashion, or (b) disproportionality is the result of social factors that lead to higher rates of disability in some groups. It is common for scholars to maintain that the disproportionality that exists in the U.S. special education system is the result of some combination of these two factors.

## **Tracking Disproportionality**

Since 1998, the Annual Reports to Congress on the Implementation of IDEA have included tables summarizing the race/ethnicity data for students with disabilities, along with a considerable quantity of other data and information about IDEA. With the 26th Annual Report in hand and a little effort, one can calculate that, for the 2002–2003 school year, the number of white students, ages 6–21, who were identified with some form of disability under IDEA represented 8.7 percent of the estimated resident population of white children. For black students, the comparable number is 12.2 percent.

One of the common ways of describing disproportionality is to divide the black percent figure by the white percent figure, yielding what is called a relative risk ratio. The relative risk ratio for the above example is 1.4, meaning that black students are 1.4 times as likely as white students to be identified with some form of disability. For California, the comparable relative risk ratio is 1.67, indicating slightly higher black disproportionality than for the country as a whole.

While there is no universal agreement about how large the relative risk ratio needs to be in order to constitute disproportionality, a national workgroup on the subject has proposed a threshold of 1.2; thus, any relative risk ratio larger than 1.2 would be judged to be evidence of disproportionality.

Disproportionality is not equally present for all disability conditions. Data from the 26th Annual Report indicate that a black student in the U.S. is twice as likely as a white student to be

identified as a child with an emotional or behavioral disorder (EBD) and nearly three times as likely to be identified as a child with mental retardation. Black disproportionality in California is slightly higher than for the U.S. for EBD (relative risk = 2.3) but substantially lower for mental retardation (relative risk = 2.0).

### **The Importance of Understanding and Responding Appropriately**

Disproportionality is important because, in some cases, it may signal the presence of bias in the identification of children with disabilities; and inappropriately identifying children as disabled is harmful. For example, there is some evidence that, all other things being equal, African American boys who go to school in predominantly white school districts are much more likely to be identified as students with EBD than are their white peers (Coutinho, et al., 2002). Some researchers have suggested that educators have a tendency to label children who “stand out” from the general population; in this case, children who “stand out” because of their race/ethnicity may be identified as EBD even though their behavior is not significantly different from their white peers (Oswald, Coutinho, & Best, 2002). To the extent that such inappropriate identification occurs, educators are compelled on ethical, moral, and now regulatory grounds to actively work to overcome it.

There are also some situations that suggest that disproportionality in fact reflects differential susceptibility across race/ethnicity subgroups. Some research suggests that minority children in largely white communities may have increased rates of disability, not because they “stand out” but because of the inherent stress of living as a member of a minority group. There are clear indications, for example, that the risk for schizophrenia is markedly increased for individuals living as minorities (Boydell, et al., 2001). This finding is important because it may suggest ways that the environment could be altered to reduce the vulnerability. If we could understand what it is that is so stressful or toxic about living as a substantial minority in a largely homogenous community, it may be possible to design supports or teach coping strategies that would reduce the risk of disability.

Previous work suggests that disproportionality is exacerbated when considering gender. There is considerable evidence that females are less likely than males to be identified as disabled, regardless of ethnic group (Oswald, Best & Coutinho, 2006). In general, the unequal rates of identification by gender in special education have generated very little controversy. However, a recent study about outcomes described many differential gender effects that favor males who received special education services, including a greater likelihood of high school completion, higher earnings, job benefits, and satisfaction with their jobs (Coutinho, Oswald & Best, 2006). Under-identification may signal that some females who need services are denied specially designed instruction, and those who are identified may not receive appropriately differentiated and improved services for a successful transition to adult life.

Educators’ experiences over the past decades have demonstrated that disproportionality is not a problem that is easily solved, nor can it be successfully ignored. The issue is politically charged and discussion can quickly become heated and divisive. Nonetheless, experience also suggests that a thoughtful analysis of empirical data, in the context of an explicit conceptual framework,

can move the field forward and can help to maintain focus on a universally shared goal: the improvement of educational experiences and outcomes for all children with disabilities.

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