

Analysis Brief

Dispelling Myths about Child Abuse among Indigenous People

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Background

We set out to clarify the observed elevated rates of child abuse among the Alaska Native/American Indian (AN/AI) population. Without clarification, the observed association could perpetuate institutional racism and misguided beliefs that likely results from, misunderstandings or lack of knowledge of underlying social determinants, and misinterpretation of crude relative comparison measures. Although AN/AI children receive more reports to the Office of Children's Services (OCS) for abuse, this should not be interpreted as causal.

We linked 2007–2016 Pregnancy Risk Assessment Monitoring System (PRAMS) data with administrative data from OCS. The data were used to adjust for pre-birth factors that independently predict contact with OCS for physical abuse and sexual abuse. We calculated the crude (unadjusted) and adjusted association of self-identifying as AN/AI, and child physical/sexual abuse reports.

Child physical abuse

- Without adjusting for known risk factors, children born to AN/AI mothers are 2.9 times as likely to be reported to OCS for physical abuse compared to children born to non-AN/AI mothers
- The unadjusted odds ratio (OR) for children born to AN/AI mothers and OCS contact for physical abuse is attenuated by 62% ($OR_{unadjusted} = 2.9$, $OR_{adjusted} = 1.1$) when adjusting for maternal substance use during pregnancy, socioeconomic status, marital status, maternal education, number of living children, and timing of prenatal care

Child sexual abuse

- Without adjusting for known risk factors, children born to AN/AI mothers are 3.2 times as likely to be reported to OCS for sexual abuse compared to children born to non-AN/AI mothers
- The unadjusted odds ratio (OR) for children born to AN/AI mothers and OCS contact for physical abuse is attenuated by 60% ($OR_{unadjusted} = 3.2$, $OR_{adjusted} = 1.3$) when adjusting for maternal substance use during pregnancy, socioeconomic status, marital status, maternal education, number of living children, and timing of prenatal care

Implications and recommendations

These findings reaffirm that child abuse is predicted by and associated with multiple social/behavioral factors, such as socioeconomic status and substance use, not ethnicity/race/status. Many of the covariates adjusted for in our models are likely broad indicators of underlying factors such as acute and intergenerational trauma, violence, or other social determinants of health that are disproportionately burdened on the AN/AI population. This information can help clinical providers guard against further stigmatizing the indigenous populations in Alaska by recognizing that while the crude unadjusted association indicates AN/AI have a higher probability of physical and sexual abuse, this elevated risk is due to the disproportion of socioeconomic, substance use, and other behavioral factors. This recognition ensures that conversations are targeted on root causes and facilitates supporting protective factors.

