

Research Brief

Trajectories of child protective services contact among Alaska Native/American Indian and non-Native children

Austin AE, Gottfredson NC, Zolotor AJ, Halpern CT, Marshall SW, Naumann RB, Shanahan ME

Child Abuse and Neglect: 2019; 95.

Link to full article: <https://doi.org/10.1016/j.chiabu.2019.104044>

Background

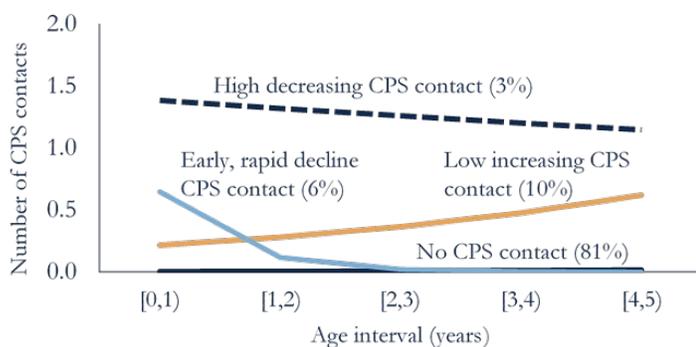
Contact with child protective services (CPS) for suspected maltreatment is an independent marker of child risk and vulnerability. Examining child contact with CPS in Alaska is important as the rate of maltreatment allegations received by CPS agencies in Alaska is higher than the national average. In addition, Alaska Native/American Indian (AN/AI) children have a higher likelihood of contact with CPS compared to non-AN/AI children.

We linked 2009–2011 Pregnancy Risk Assessment Monitoring System (PRAMS) data with administrative data from the Office of Children’s Services. Using these linked data, we identified trajectories of CPS contact from birth to age five years among AN/AI and non-Native children. We also examined preconception and prenatal predictors of these trajectories. Having clear pre-birth predictors of trajectories with CPS contact can help prevent maltreatment by identifying areas for

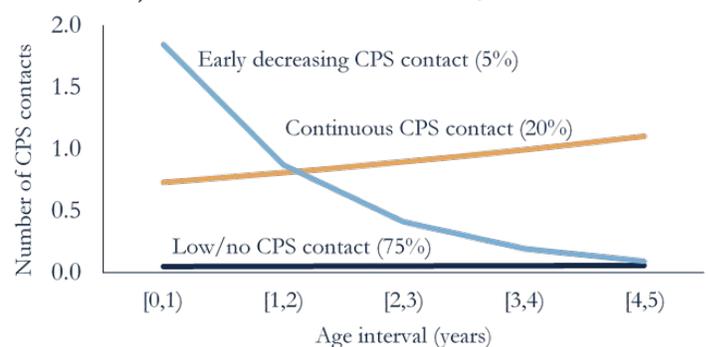
Key findings from this study

- Among AN/AI and non-AN/AI CPS trajectories identified, the majority (75% and 81%, respectively) had low to no CPS contact.
- Among AN/AI, 20% of children followed a trajectory of continuous CPS contact, and 10% of non-AN/AI children followed a trajectory of low increasing contact.
- Maternal substance use during pregnancy was the single strongest predictor among both groups for increasing or continuous CPS contact.

Trajectories of CPS contact: non-Native children



Trajectories of CPS contact: AN/AI children



Implications and recommendations

Maternal substance use may be a particularly important risk factor for future and continued CPS contact among both AN/AI and non-Native children. Integration of substance use assessment and treatment into preconception and prenatal care may help prevent the need for sustained child welfare involvement and ultimately reduce the frequency of future reports of harm to CPS. Reasons for the differential trajectories between AN/AI and non-Native children were beyond the scope of this study, but should be investigated in subsequent analyses.

