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Child Maltreatment in Alaska

Child maltreatment can be neglect, physical abuse, sexual abuse, or emotional abuse. Abuse and neglect are two of the most serious issues facing children, with a high incidence, frequently severe acute physical effects and substantial risk for life-long behavioral and emotional effects.

Seriousness

Healthy People 2010 Targets and National Data

Indicator	Alaska 2007	Nation 2006^	Healthy People 2010 Goals*
Maltreatment (substantiated) of children < 18 years of age rate per 1,000 population	14.1	12.4	10.3

- The rate of substantiated maltreatment for Alaskan children is 40% higher than the Healthy People 2010 goal and 17% higher than the national rate.

Severity

Studies in Alaska have not documented the extent of outcomes associated with abuse. However, hospitalization and death for infants experiencing abuse are common.[1] Many children eventually are placed in foster care. Numerous previous studies have documented severe long-term effects of child abuse including increased risk of criminal behavior, unintended pregnancies, substance use, suicide, and sexually transmitted diseases.[2-7]

Shaken-baby syndrome (SBS) is a form of child abuse that occurs when an infant is violently shaken – affecting between 1,200 and 1,600 children every year. Approximately 25%-30% of SBS victims die from their injuries, while nonfatal injuries include varying degrees of visual impairment, motor impairment, and cognitive impairment.[8]

Urgency

- During 2006-2007, there were 9,692 substantiated maltreatment allegations for victims less than 18 years of age. Of these, approximately 60% were for neglect, 9% for physical abuse, 3% for sexual abuse, and 27% for mental injury.[9]

- In 2007, 2,765 children, or 1.4% of children under 18 years, suffered at least one substantiated allegation of maltreatment against them.[9]

- Previous detailed studies have found that Alaska has one of the highest documented infant physical abuse incidences reported worldwide at 4.6 per 1000 live births, with a hospitalization or fatality incidence of 1.0 per 1,000 live births.[1] Moreover, this study determined that abuse is likely substantially underreported by providers.

- During the period 1992 - 2003 there were 14 (9 male, 5 female) documented fatalities in Alaska associated with shaken baby syndrome. The average age of the victim was 6 months.[10]

- During the period 1992 - 2003, abuse or neglect was a contributing factor in 119 infant deaths. This is a mortality rate of 9.6 per 10,000 live births.[10]

- In Alaska, the absence of substantiated maltreatment recurrence was 92.6% in 2006, which did not meet the national standard of 94.6%.[11] However, this is an improvement over the 2003 baseline of 82.9%. The absence of substantiated maltreatment among Alaskan children in foster care in 2006 was 99.09%, compared to the national standard of 99.68%.[11]

Disparities

- In 2006, children under the age of 1 had the highest annual incidence rate of maltreatment (39.3 per 1,000), followed by children aged 4-7 and 1-3 years of age (23.0 and 22.0 per 1,000 respectively).[11]

- During a study of Alaskan infant physical abuse, the following subgroups were identified as being at particular risk: infants born as the product of a multiple gestation birth, at low birth weight, to young or less educated mothers or fathers, or to black, unmarried, or substance using mothers.[1] Previous studies have documented an association between abuse and poor mental health,[12] substance use,[13] domestic violence,[14] minority and low-income status,[15] lack of a father in the household,[14 15] as well as some of the risk factors identified in Alaska.[16]

- In 2006, Alaska Native or American Indian, non-Hispanic black, and Pacific Islander children, with rates of 50.6, 37.3, and 31.3 per 1,000, respectively, had higher rates of documented and substantiated child maltreatment than Asian, Hispanic, or non-Hispanic

white children – with rates of 1.2, 8.3, and 11.5 per 1,000, respectively.[11]

- Nationally, child victims that were reported with a disability were 54% more likely to experience recurrence of abuse than children without a disability.[11]

Economic Loss

According to a national study, in 2005 the mean length of maltreatment-related hospitalizations for children < 18 years was 7.9 days compared to 4.5 days for stays unrelated to maltreatment. The mean hospital cost for maltreatment-related stays was 75% higher than for non maltreatment-related stays ($14,800 vs. $8,500). Moreover, Medicaid was the primary payer for 71% of the maltreatment-related stays, compared to just 46% for the non maltreatment-related stays.[17] Total economic losses, however, span generations and are virtually impossible to accurately estimate.

Interventions & Recommendations

Consistently effective evidence-based interventions to prevent child abuse are not known. Intensive home visitation programs have shown some success, but not among all populations.[18] Johns Hopkins University School of Medicine and the Alaska Department of Health and Social Services conducted a five-year randomized study of Alaska's home visitation program, called Healthy Families Alaska. This study[19], and a subsequent supplementary evaluation[20], found no effect of home visitation on subsequent reports of harm during the child's first two years of life.

Addressing some of the antecedents of child abuse might prevent future cases. Risk factors for child maltreatment center around four main categories: 1) the child (presence of disabilities, age, gender); 2) the family (presence of substance abuse, history of abuse, domestic violence, mental illness); 3) the community (poverty); and 4) the larger society (weak social networks, unemployment).[21] Family and societal protective factors include positive parent-child relationships, parental monitoring, parental coping skills, access to health care and social services, adequate housing, and good schools.[21]

Recurrent child abuse in theory could be prevented by appropriate foster care placements. In FY 2006, Alaska's rate of absence of substantiated maltreatment in children less than 18 years of age was 92.6% compared to 99.1% for children in foster care.[22]

Capacity

Propriety

Currently, the Office of Children's Services (OCS) has legal jurisdiction for child abuse and neglect and conducts ongoing data analysis. However, OCS has a limited preventative function, and works mainly to decrease recidivism and develop appropriate child placement strategies. This is exemplified by the absence of reductions in child abuse and neglect as an indicator in OCS improvement plans.[21] A 2006 workload analysis found significant issues with unmanageable caseloads, a need for additional front-line and support staff, and high staff turnover and vacancies.[22] Consequently, the Section of Women's, Children's, and Family Health (WCFH), has assumed some responsibility for child abuse and neglect prevention by initiating the Alaska Surveillance of Child Abuse and Neglect (SCAN). Currently, the rate of substantiated harm to children less than 18 years of age is a State Performance Measure in the Title V Block Grant.

Economic Feasibility

Surveillance can effectively be conducted by WCFH for a reasonable cost. Prevention programs themselves, for example Healthy Families, are very expensive, particularly given their variable achievement of success to date.[18,23]

Acceptability

Programs to prevent child abuse and neglect are highly contentious. For example, Healthy Families has been criticized by individual rights advocates for placing government workers in people's homes and providing instructions on how to raise their children. In part because of the difficulty in prospectively identifying appropriate foster homes for the prevention of secondary child abuse, the Office of Children's Services has been the target of criticism.

Resources

Office of Children's Services; Alaska Bureau of Vital Statistics (fatality data); Maternal and Child Health Epidemiology Unit.

Legality

Adequate laws currently exist to conduct adequate surveillance and program evaluation. For prevention efforts, legal status will depend on the particular prevention program being considered. In 2006, the Alaska State Legislature passed statutory changes for foster care licensing, which improved the ability of OCS to evaluate and monitor safety in licensed foster homes.[22]

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Data Sources

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^ National Data Archive on Child Abuse and Neglect (NDACAN). Online data in: U.S. Department of Health and Human Services, Children's Bureau, Statistics & Research. Child Maltreatment Annual Report, 2006. Tables 3-4; 4-1. Washington, DC: U.S. Government Printing Office. Available at http://www.acf.hhs.gov/programs/cb/stats_research/index.htm

* Healthy People 2010. U.S. Department of Health and Human Services. Healthy People 2010. 2nd ed. With understanding and improving health and objectives for improving health. 2 Vols. Washington, DC: U.S. Government Printing Office. 2000.

Notes

In Alaska, child abuse and neglect refers to episodes experienced by persons less than 18 years of age that indicate that the person's health or welfare is harmed or threatened thereby (Alaska Statute 47.17.290). Abuse may include emotional or physical neglect or physical or sexual abuse. In-depth and comprehensive analysis of incidence and identification of high-risk groups in Alaska will be available beginning in late 2009.