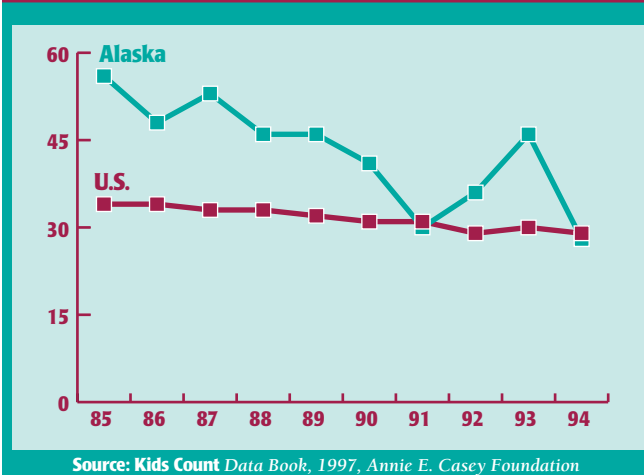


# Children in Danger



## Trend 1985-1994: Child Death Rate (Deaths per 100,000 children ages 1-14)



sharply after the first year of life. However, many children are exposed to high risks as they become adolescents.

The child death rate in the United States has fallen in recent years, due largely to improved medical care and reduced rates of motor vehicle accidents—a major cause of death among children. Despite the overall decline in the child death rate, however, some children—especially poor children living in dangerous neighborhoods—still face hazardous conditions.

### Impact

- The primary cause of death for children of all ages in the United States is unintentional injury—which is often preventable.<sup>1</sup> (See Injury to Children indicator beginning on page 40.)
- Motor vehicle crashes are the single largest cause of injury death for American children between ages 1 and 9. Following motor vehicle crashes, fires and related burns and drownings are the leading causes of unintentional injury deaths among American children. The death rates from fire and drowning among children ages 1-4 are approximately three times the rates among children ages 5-9.

- The rate of child deaths from homicide nearly tripled between 1960 and 1991. Homicide is now the fourth leading cause of death among children ages 1 to 9.<sup>2</sup>
- According to a 1990 estimate, approximately 3,600 children die each year, 20,000 become permanently disabled, 350,000 are hospitalized, and 15 million visit the emergency room because of unintentional injuries.<sup>3</sup>

### Definition

The child death rate is the number of deaths from *all* causes—including both illness and injury—per 100,000 children ages 1-14. (A later indicator, Injury to Children, reports injuries and injury-related deaths.) The data are reported by child's place of residence, not place of death.

### Significance

The death rate among children is an indication of whether children are safe and supervised and are receiving adequate nutrition and health care. Mortality drops

# Child Death (continued)



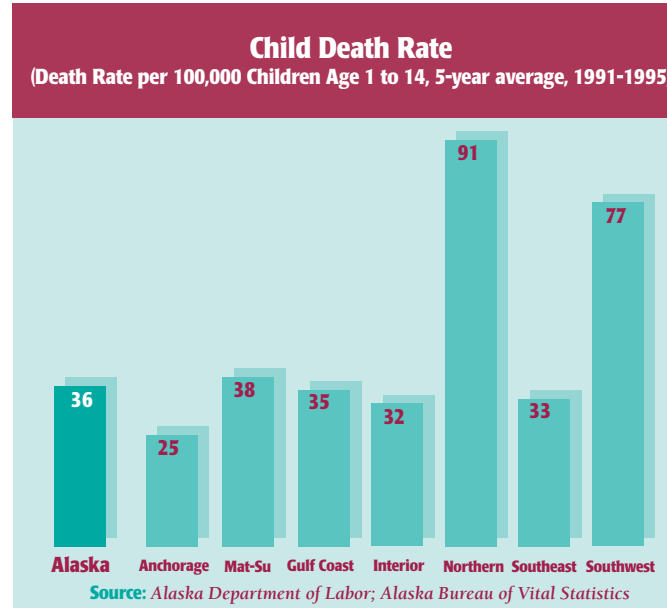
## What About Alaska?

The national Kids Count indicator shows a sharp drop in Alaska's child death rate between 1993 and 1994—so that Alaska's rate for deaths from the combination of illness and injury in 1994 was roughly the national average. In the recent past, the child death rate in Alaska was the highest in the nation.

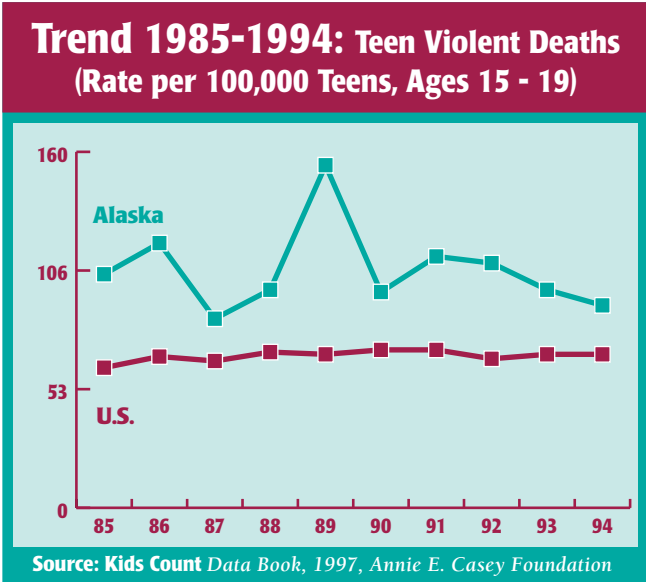
Part of the explanation for that sudden drop from one year to the next may be that Alaska has a relatively small population of children. As we discussed at the beginning of this book, relatively small changes in numbers in small populations can make a sharp change in rates. Still, the overall trend in Alaska's child death rate has been down over the past decade.

Looking at an average over several years—as we do in our regional calculations—helps compensate for the abrupt fluctuations we can see in small populations. From 1991 through 1995, the average child death rate in Alaska was 36 per 100,000, with regional rates varying from a high of 91 in the Northern region to a low of 25 in the Anchorage area.

Although the overall child death rate from all causes is down, the death rate from injuries remains tragically high, as we'll discuss in the Injury to Children indicator on page 40.



# Teen Violent Death



## Impact

- Nearly 80 percent of all deaths among 15- to 19-year-olds in the U.S. in 1994 were due to accidents, homicides, or suicides.<sup>5</sup>
- The average cost of a teen death by violence in the U.S. is close to \$374,000—the highest for any cause of death.<sup>6</sup>
- Nationwide, three out of four homicide victims and two out of three suicide victims under 25 die from gunshot wounds.<sup>7</sup>

## What About Alaska?

From 1991 through 1995, Alaska's violent death rate averaged 109 per 100,000 teens, with regional rates from 77 per 100,000 in the Southeast to 346 in the Northern region.

- Young Alaska Native men are at especially high risk of dying violent deaths.<sup>10</sup>
- Fatal injuries among Alaskan teens each year cost an estimated \$48 million in lifetime lost productivity.<sup>11</sup>
- An estimated 2,600 years of potential life are lost yearly when Alaskan teens die violent deaths.<sup>12</sup>

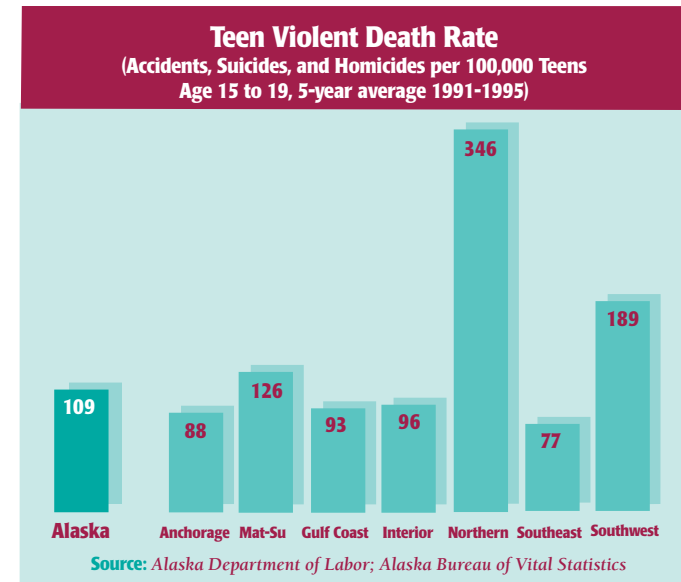
## Definition

The teen violent death rate is the number of deaths from homicides, suicides, and accidents per 100,000 teens ages 15-19. The data are reported by place of residence, not by place where death occurred.

## Significance

Teen deaths in vehicle accidents declined in the U.S. over the past decade (from 8,202 in 1985 to 6,565 in 1994), but homicides more than doubled (from 1,602 to 3,569).<sup>4</sup> The growth of gangs and increased availability of handguns are often cited as causes of the rise in teen violent deaths.

- Gunshot wounds of U.S. teens cost an estimated \$18.6 billion annually —\$12 billion for assault, \$4.1 billion for suicide, and \$2.5 billion for unintentional injury.<sup>8</sup>
- Black youths have the highest homicide rates in the nation, Hispanic youths the second highest. American Indian and Alaska Native youths have the highest suicide rates.<sup>9</sup>



# Injury To Alaska's Children



Information for this indicator is from the Alaska Department of Health and Social Services' 1997 report, *Serious and Fatal Child and Adolescent Injuries in Alaska, 1991-1994*, by Martha Moore

## Definition

The Department of Health and Social Services recently examined injuries—both intentional and unintentional—that resulted in death or hospitalization (for at least 24 hours) among children and adolescents 19 and under in Alaska from 1991 through 1994.

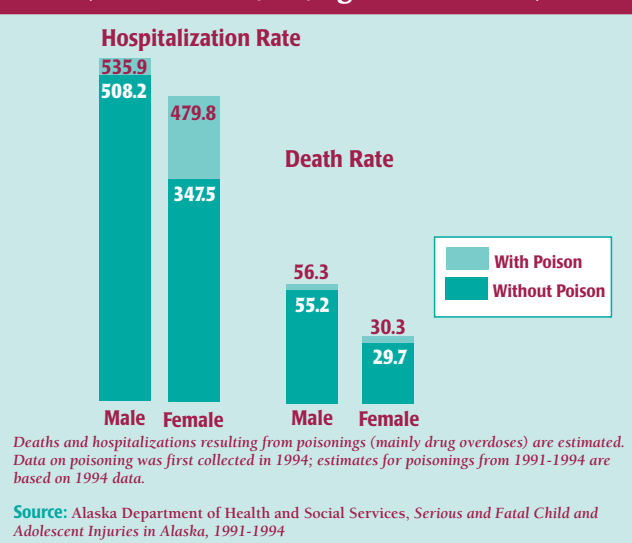
Injuries the department studied are: traumas, burns, drownings, near-drownings, hypothermia, suffocation, and poisonings.<sup>13</sup>

The figures in this indicator report two separate measures of injury: *hospitalization rates* for children who are badly injured; and *death rates* for children who are killed by injuries.

## Significance

Alaska's injury death rate among children and teenagers was still the highest in the nation in the mid-1990s, despite declines over the past decade. But unlike many other threats to children discussed in this book, accidental injuries can often be prevented without much cost or complication.

## Death and Hospitalization Rates by Sex, 1991-1994 (Rates Per 100,000, Age 19 and Under)



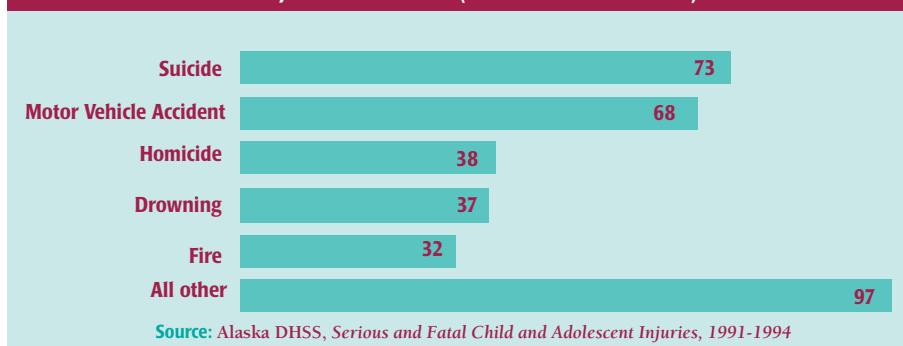
As the Department of Health and Social Services points out, simple but crucial things like making sure children wear life jackets when they're on the water, or helmets when they're riding bikes or snowmachines, could stop many injuries and deaths. The safer playground equipment now being installed in many areas will reduce risks of falls (which are a major cause of injury to younger children) and other playground accidents.

## Impact

- Boys are killed by injuries far more often than girls in Alaska. The injury death rate among boys 19 and under was about 55 per 100,000 from 1991-1994, compared with 30 per 100,000 among girls.
- Hospitalizations for injuries are also more common among boys than girls in

Alaska. But the difference shrinks if we include estimated hospitalizations because of poisonings. In small children, poisonings are almost always accidental ingestion of something poisonous. But in adolescents (especially girls 15 to 19), poisonings are often intentional

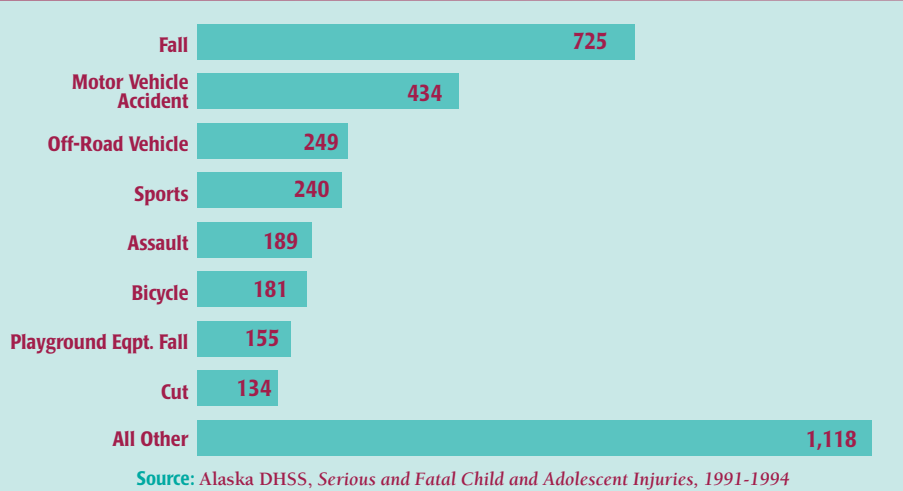
## Leading Causes of Injury Death, Ages 19 and Under Alaska, 1991 - 1994 (Total Deaths: 345)



# Injury To Alaska's Children



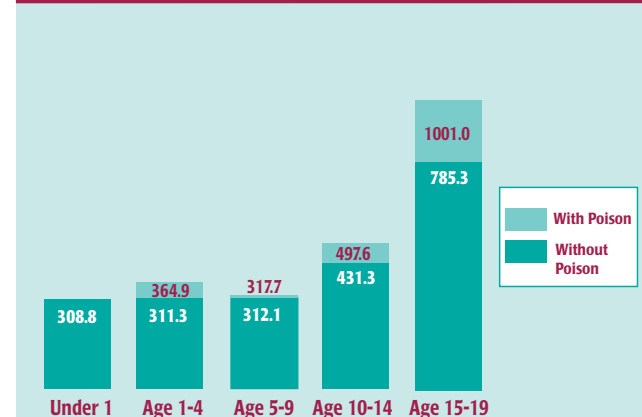
## Leading Causes of Injury Hospitalization Age 19 and Under Alaska, 1991-1994 (Total Hospitalizations: 3,425)



overdoses of drugs. With poisonings included, girls 19 and under had a hospitalization rate of 480 per 100,000, compared with a rate of 536 per 100,000 among boys.

- Injuries that most often kill Alaska's children and teenagers are suicides and car accidents, followed by homicides, drownings, and fires.
- Falls and car accidents most often send Alaska's children and teenagers to the hospital. Accidents with off-road vehicles and in sports also hurt many.
- Older children (15 to 19) are hospitalized much more often—particularly when estimated hospitalizations due to poisoning are included.
- Children 4 and under are most likely to be hurt in falls, but children up to age 14 often suffer serious falls.
- Suicides and suicide attempts are the leading causes of death and hospitalization among 15- to 19-year-olds. Older teenagers are also often hurt or killed in car and off-road vehicle accidents and in homicides and assaults. Many are injured taking part in sports.

## Hospitalization Rates Among Alaska's Children (19 and Under) By Age, 1991-1994\* (Rates per 100,000)



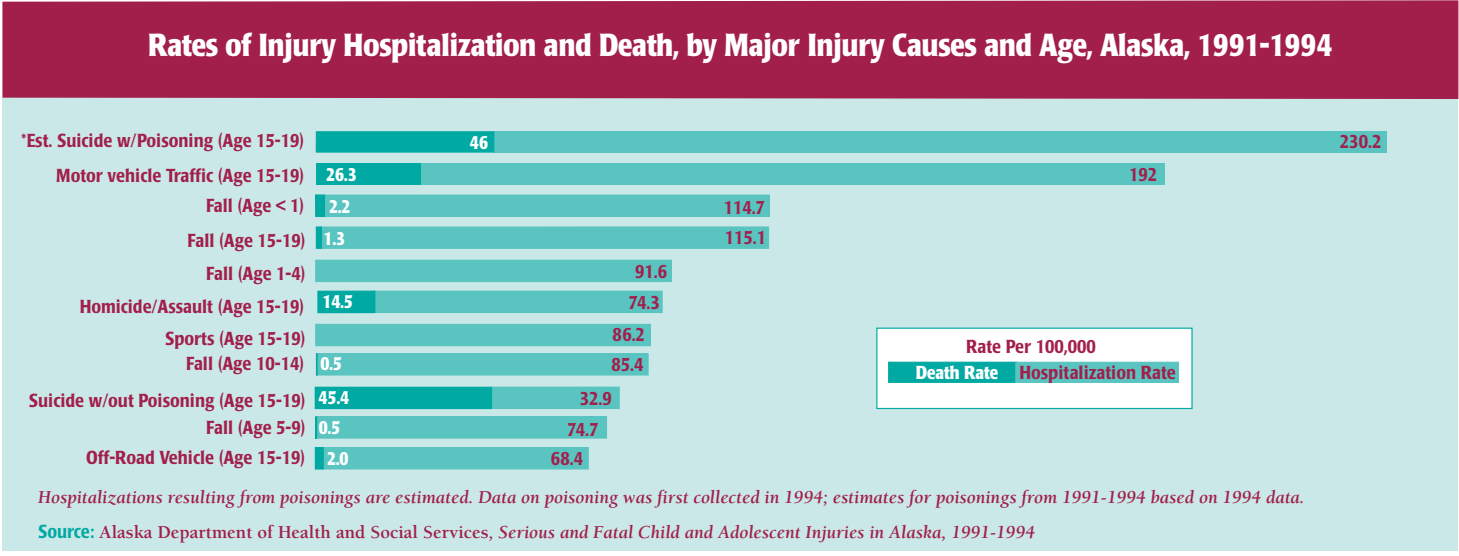
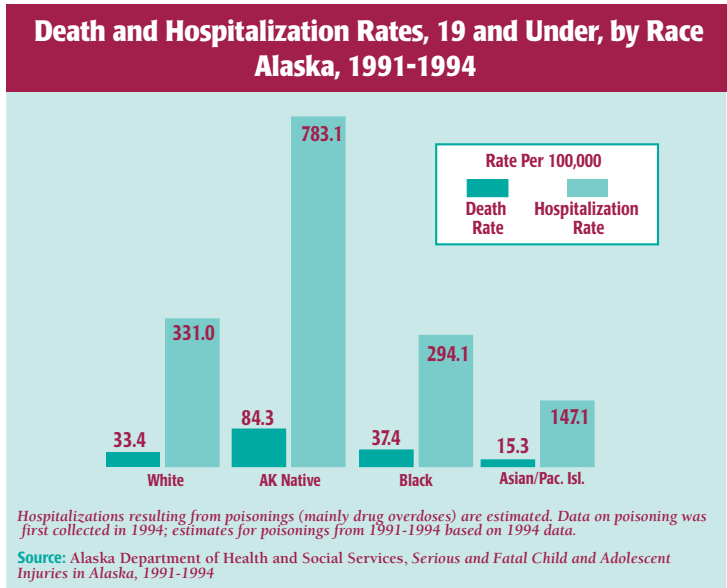
\*Hospitalizations resulting from poisonings (mainly drug overdoses) are estimated. Data on poisoning was first collected in 1994; estimates for poisonings from 1991-1994 based on 1994 data.

Source: Alaska Department of Health and Social Services, *Serious and Fatal Child and Adolescent Injuries in Alaska, 1991-1994*

# Injury To Alaska's Children (continued)



- Alaska Native children are far more likely than children of other races in Alaska to die from injuries or to be seriously hurt. The rates of death and hospitalization from injuries are more than twice as high among Native children as among any other children. The lowest rates of injury and death are among Asian children.



# Child Abuse and Neglect



## Definition

Child abuse is an act—or a failure to act—by a person with custodial responsibility for a child, resulting in actual or threatened danger to the child’s physical or emotional well-being.<sup>14</sup> Neglect includes emotional, medical, or physical neglect, or a failure to thrive.<sup>15</sup>

Child protection agencies may receive more than one report of neglect or abuse for the same child—so cases of abuse can be reported in *duplicated* numbers (including more than one case for the same child) or *unduplicated* numbers (with each child reported only once). Duplicated cases show an agency’s workload. Unduplicated cases show the actual numbers of children suffering abuse.

The figures in this section report mainly *unduplicated* cases. But the figure on page 44 shows both duplicated and unduplicated reports of abuse that the Alaska Division of Family and Youth Services handled in FY 1997. That figure makes it clear that the agency’s workload is much higher than unduplicated counts show.

There is also a big difference between *total reports* of suspected abuse (which may not all be substantiated) and *substantiated cases*. Experts disagree about which measure best shows actual levels of child abuse.<sup>16</sup>

Here we report information in both ways, always making the distinction clear. Under “What About Alaska” on page 44, we discuss the complexities of reporting child abuse and describe how the Alaska Division of Family and Youth Services categorizes reported cases of child abuse and neglect.

## Significance

Child abuse and neglect lead to physical, emotional, and social problems for children and families—including psychiatric and behavioral disorders, delayed development, permanent disability, poor academic performance, delinquency and deviant behavior, anxiety and depression, alcoholism and substance abuse, suicide, teen pregnancy, and domestic and criminal violence.

The economic consequences of child abuse and neglect are staggering, including the costs of foster care, court services, counseling, specialized education, and medical care for victims.<sup>17</sup>

## Impact

- Research indicates that victims of child abuse are at higher risk of abusing their own children when they become parents.<sup>18</sup>

- In 1994, an estimated 1,271 American children—over three children a day—died from abuse and neglect.<sup>19</sup>
- Neglect was the largest single category of child abuse nationwide in 1992, accounting for 43 percent of substantiated cases.<sup>20</sup>
- A majority (62 percent) of pregnant teens or teens with children report having been sexually abused as children.<sup>21</sup>
- Ninety percent of juvenile and adult offenders report being abused as children.<sup>22</sup>
- The majority of child deaths nationwide due to abuse and neglect occur among children under the age of two.<sup>23</sup>
- Children under the age of five suffer 86 percent of child abuse nationwide.<sup>24</sup>
- Victims of child abuse and neglect are 53 percent more likely to be arrested for juvenile delinquency and 38 percent more likely to be arrested for violent crimes than children who were not abused.<sup>25</sup>
- Being a victim of childhood abuse increases the odds of future delinquency and adult criminality by 40 percent.<sup>26</sup>
- One-third of child abuse victims will become abusive parents themselves.<sup>27</sup>

# Child Abuse and Neglect (continued)



## What About Alaska?

Data for this section were provided by Roger Withington, Division of Family and Youth Services

## Interpreting Child Abuse and Neglect Rates: A Note of Caution

Reliable measures of child abuse and neglect are difficult to obtain. While some cases of suspected child abuse and neglect are never reported, other cases receive multiple reports. Furthermore, variations in the way child protective service agencies screen and investigate cases can also have a significant influence on the estimated rates of child abuse and neglect. So readers should pay careful attention to what measures of child abuse are being used—and keep in mind that a number of factors can influence the reported rates.

## Investigation Procedures

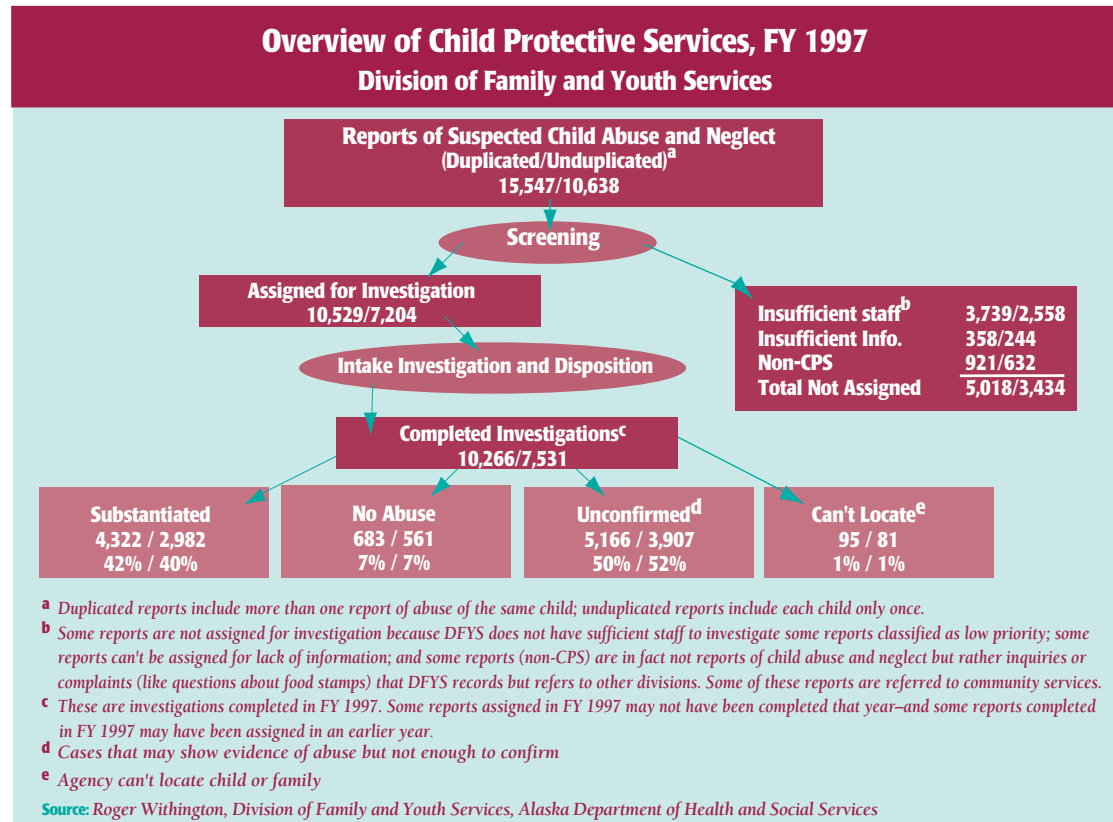
The Division of Family and Youth Services (DFYS) in the Alaska Department of Health and Social Services investigates cases of suspected child abuse and neglect. The flow chart below shows how the division classified reports (both duplicated and unduplicated) it received in FY 1997.

Anyone who has reason to believe children are being abused can report the abuse to DFYS, which screens each report. Some cases are dropped after initial screening, for reasons cited below.

The cases assigned for investigation fall into several categories. *Substantiated* reports are those that confirm child abuse or neglect. Some investigations find *no abuse*.

*Unconfirmed* reports may involve some evidence of abuse but not enough for confirmation. Finally, in a few cases, workers *can't locate* the child or family.

In FY 97 about 40 percent of the completed investigations (of both duplicated and unduplicated reports) substantiated child abuse, and another 50 percent found some evidence but not enough to confirm abuse.



## Child Abuse and Neglect (continued)

In the U.S. as a whole, the reported rates of child maltreatment were 45 per 1,000 children under 18 in 1993 and 47 per 1,000 in 1994.<sup>28</sup>

In Alaska, the 1992 reported rate of child maltreatment was 49 per 1,000 children under 18. By 1997, that rate was at 55—considerably above the national average, but down somewhat from 1994 and 1995.

But even though the rate of total reported cases of abuse and neglect was higher in recent years than in 1992, rates of substantiated cases actually dropped—from 17.7 per

### Substantiated Child Abuse and Neglect Among Alaskan Children, by Type of Abuse, Annual Average FY92-FY96

Type of Abuse	Average No. of Cases	Rate per 1,000 children
Neglect	1,747	9.2
Physical Abuse	997	5.2
Sexual Abuse	420	2.2
Mental Injury	72	0.4
Abandonment	22	0.1

1,000 children to 13.9 in 1996 and an estimated 15.4 in 1997. The table below shows the frequency of cases and the rate per 1,000 children for the period from FY 1992 through FY 1997.

Most cases of child maltreatment in Alaska are either neglect or physical abuse. Children between 5 and 9 suffer the most abuse.

Rates of substantiated child abuse and neglect vary considerably by race in Alaska. The average annual rate, from 1992 through 1996, was 35 per 1,000 for Alaska Native children, 10 for White children, 27 for Black children, and 5.5 for Asian/Pacific Island children.

Neglect accounts for most maltreatment of Native children. White children suffer about equal rates of neglect and physical abuse, while neglect is most common among Black children. Our figures for abuse among Asian children are too small to allow us to calculate reliable rates for types of abuse.

*Suspected cases of child abuse can be reported to DFYS at a toll-free number: 1-800-478-4444*

### Trends in Child Abuse and Neglect Among Alaskan Children Under 18

	Number of Unduplicated Cases and Rates (Per 1,000 Children Under 18)											
	FY 1992		FY 1993		FY 1994		FY 1995		FY 1996		FY 1997	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate <sup>b</sup>
Reported	8,998	49.0	10,566	56.8	11,117	59.5	10,945	58.2	10,706	56.0	10,638	55.1
Not Assigned For Investigation	1,063		2,316		2,923		3,733		3,606		3,434	
Completed Investigations <sup>a</sup>	7,935	43.2	8,250	44.4	8,194	43.8	7,212	38.3	6,326	37.2	7,531	38.9
Substantiated	3,257	17.7	3,661	19.7	3,398	18.2	3,032	16.1	2,660	13.9	2,982	15.4
Unconfirmed	3,854	21.0	3,819	20.5	4,066	21.8	3,738	19.9	3,146	16.5	3,907	20.2
No Abuse	807	4.4	726	3.9	645	3.5	388	2.1	449	2.4	561	2.9
Can't Locate a Child	17	n/a	44	0.2	85	0.5	54	0.3	71	0.4	81	0.4

<sup>a</sup> Investigations completed in any given year may have begun in an earlier year.

<sup>b</sup> Based on preliminary 1997 Alaska population figure of 193,210 persons under 18. To be revised with final population figures in 1998 data book.

**Source:** Division of Family and Youth Services, Alaska Department of Health and Social Services



# Child Abuse and Neglect (continued)



## Substantiated Child Abuse and Neglect Among Alaskan Children, by Race, Annual Average FY92-FY96

Race	Average No. of Undup. Cases	Rate per 1,000 children
White	1,305	10.0
AK Native	1,410	35.0
Black	248	27.0
Asian/P. Isl.	43	5.5

**Source:** Division of Family and Youth Services, Alaska Department of Health and Social Services

## Spotlight on Prevention: Healthy Families

Information provided by Debra Caldera and Michele Hansen, Healthy Families Program, Alaska Division of Public Health

Healthy Families Alaska is a voluntary home visitation program intended to reduce Alaska's high rates of child abuse by working with families most under stress and at-risk for abusing children. It's a program of the Alaska Department of Health and Social Services, begun in 1995. As of September 1997, the program served about 300 families in eight Alaska communities, at an estimated cost of

\$4,000 per family per year. These costs of preventing abuse are far lower than costs of placing children in foster care.

The program works with pregnant women and families with newborns who have been identified as being under high stress from social isolation, alcohol or substance abuse, mental illness, unemployment or other factors. The program uses methods proven effective in other states—including frequent visits, long-term assistance, limited caseloads for staff, and coordination with other services. An evaluation of families participating in the program for at least three months found:

- 68 percent of the parents who had reported mental health problems said they were coping with those problems
- 38 percent of the 34 parents who said they used drugs, and 42 percent of the 38 who abused alcohol, had stopped
- 43 percent of 81 parents who said there was domestic violence in their families had gotten help
- 16 percent of the 116 parents who had depended on public assistance no longer did
- 30 percent of 67 parents who were high school dropouts had completed schooling

## Substantiated Child Abuse and Neglect Among Alaskan Children by Race and Type of Abuse, Annual Average FY92-FY96

Average Number of Unduplicated Cases and Rates Per 1,000 Children under 18

Race	Neglect		Physical Abuse		Sexual Abuse		Mental Injury		Abandonment	
	No. of cases	Rate	No. of cases	Rate	No. of cases	Rate	No. of cases	Rate	No. of cases	Rate
White	526	4.0	519	4.0	218	1.7	32	0.3	13	N/A
AK Native	962	23.9	275	6.8	133	3.3	27	0.7	13	N/A
Black	131	14.3	90	9.8	18	N/A	8	N/A	>1	N/A
Asian/P. Isl.	16	N/A	21	2.6	6	N/A	2	N/A	0	N/A

**Source:** Raw data were provided by the Division of Family and Youth Services, Alaska Department of Health and Social Services

**N/A** means too few cases to compute an annual average or a rate.

<sup>1</sup> *Child Health USA '93*, U.S. Department of Health and Human Services, Public Health Service, Maternal and Child Health Bureau, 1993.

<sup>2</sup> Ibid.

<sup>3</sup> *The Future of Children*, Center for the Future of Children, The David and Lucile Packard Foundation, 5 (1), Spring 1995, p. 214.

<sup>4</sup> *National Kids Count Data Book*, 1997, p.14.

<sup>5</sup> Ibid.

<sup>6</sup> D. Rice, E.J. MacKenzie, and Associates, *Cost of Injury in the United States: A report to Congress* by Institute for Health and Aging, University of California and Injury Prevention Center, The Johns Hopkins University, 1989. (Cited in *Alaska Injury Prevention Plan*, Department of Health and Social Services, December 1994, p. 62.)

<sup>7</sup> *Childhood Injury: Cost and Prevention Facts*, Children's Safety Network; funded by Maternal and Child Health Bureau, U.S. Department of Health and Human Services, 1994.

<sup>8</sup> Ibid.

<sup>9</sup> Ibid.

<sup>10</sup> "Violent Death: Who is Most Likely to Die?" by Matthew Berman and Linda Leask, in *Alaska Review of Social and Economic Conditions*, University of Alaska Anchorage, Institute of Social and Economic Research, February 1994.

<sup>11</sup> *Child and Adolescent Fatal Injury Data Book*, Children's Safety Network; funded by Maternal and Child Health Bureau, U.S. Department of Health and Human Services, 1994.

<sup>12</sup> Ibid.

<sup>13</sup> Poisonings for the period 1991-1994 are estimates by the Department of Health and Social Services, based on data from 1994, which was the first year the department collected data on poisonings.

<sup>14</sup> Colorado Children's Campaign, *Kids Count in Colorado*, 1994.

<sup>15</sup> *Kids Count in Nebraska*, 1995.

<sup>16</sup> Data from several national studies suggest that the prevalence of child maltreatment is several times higher than the reported numbers. However, other estimates indicate that only 35 to 50 percent of reports are substantiated upon investigation (*New York State Kids Count*, 1995). Although the use of substantiated cases as a measure of child abuse and neglect is likely to underestimate the problem, using the number of reported incidents of abuse and neglect can also be problematic. Significant increases in reporting may be due to highly publicized cases or to public awareness campaigns focused on child maltreatment. Moreover, reports of child abuse and neglect are not always supported by evidence obtained in follow-up investigations. Whether or not substantiated cases or reports are used, in some cases high rates may indicate better reporting or a reliance on lower standards of evidence. Low rates, however, may represent stricter screening of the evidence (*New York State Kids Count*, 1995).

<sup>17</sup> *Georgians for Children*, 1994.

<sup>18</sup> A. Goldstein, H. Keller, and D. Erne, *Changing the abusive parent*, Champaign, Illinois, Research Press, 1985; and Gelles, "A profile of violence toward children in the United States," in G. Gerbner, C. Ross, and E. Zigler (eds.), *Child Abuse: An agenda for action*, New York, Oxford University Press, 1980. Both sources are cited in *New York Kids Count*, 1995.

<sup>19</sup> D. Wiese and D. Daro, *Current trends in child abuse reporting and fatalities: The results of the 1994 Annual Fifty State Survey*, April 1995, p. 12.

<sup>20</sup> *Child Health USA '93*, p. 29.

<sup>21</sup> *Georgians for Children*, 1994.

<sup>22</sup> Ibid.

<sup>23</sup> K. McCurdy and D. Daro, *Current trends in child abuse reporting and fatalities: the results of the Annual 1992 Fifty State Survey*, National Committee to Prevent Child Abuse, Chicago, April, 1993.

<sup>24</sup> Ibid.

<sup>25</sup> *Abuse and neglect: The long term effects*, American Humane Association, Child Protection Leader Fact Sheet (Denver, March 1994); cited in *Kids Count in Colorado*, 1994.

<sup>26</sup> Cathy Spatz Wildom, "The cycle of violence," U.S. Department of Justice, Office of Justice Programs, National Institute of Justice, *Research in Brief*, October 1992.

<sup>27</sup> J.E. Oliver, "Inter-generational transmission of child abuse: rates, research and clinical implications," In *American Journal of Psychiatry*, 151, 670-674, 1993.

<sup>28</sup> *Fiscal Years 1994 and 1995: Annual Report*, Alaska Department of Health and Social Services, Division of Family and Youth Services, March 1996.