A BIRTH COHORT STUDY OF ASIAN AND PACIFIC ISLANDER CHILDREN REPORTED FOR ABUSE OR NEGLECT BY MATERNAL NATIVITY AND ETHNIC ORIGIN

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Acknowledgments

☆ Children’s Data Network, University of Southern California
☆ California Child Welfare Indicators Project, UC Berkeley
☆ California Department of Social Services
☆ First 5 LA
Substantiated Reports in the U.S. (2014)

Rate per 1000

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Rate per 1000</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>8.60%</td>
</tr>
<tr>
<td>African American</td>
<td>15.30%</td>
</tr>
<tr>
<td>Latino</td>
<td>8.80%</td>
</tr>
<tr>
<td>Asian</td>
<td>1.70%</td>
</tr>
</tbody>
</table>

U.S. Department of Health and Human Services, 2016
Cumulative Risk

✓ Number of exposures to different household risks influence potential for child maltreatment \(^1\)

✓ Diversity in risks within different API ethnic groups\(^2\), by:
  ✓ Health
  ✓ Mental health
  ✓ Access to care
  ✓ Age
  ✓ Education
  ✓ Birthweight
  ✓ Insurance
  ✓ Poverty

✓ Maternal nativity?
Goal

- Prospectively follow API children born in CA through age 5 to determine exposure to risk of report to CPS

- Examine the effect of ethnic affiliation AND maternal nativity on risk for CPS involvement among children born to API mothers.
Data

- Limited to births where maternal race/ethnicity was self-reported as Asian (N = 138,858).

- Children stratified by mother’s birth place and self-reported ethnic origin
Measures

- **Outcome**
  - CPS Report: referral of maltreatment between birth and age of 5

- **Stratification variables**
  - Maternal nativity
  - Maternal ethnic origin

- **Birth risk covariates**
  - No prenatal care in 1st trimester
  - Low birthweight: < 2,500g
  - High school education or less
  - Teen mother: <20 years
  - No paternity: paternity missing on birth record
  - Public health insurance: no private insurance
Analysis

- Conducted $\chi^2$ tests to assess distributional differences in risk indicators and referral rates with stratifications by maternal nativity and ethnic origin.

- Calculated distributional differences in cumulative number of risks stratified by maternal nativity and ethnic origin.

- Utilized generalized linear models to estimate adjusted relative risk of report in models stratified by nativity and origin.
## Sample

<table>
<thead>
<tr>
<th></th>
<th>All Asian births</th>
<th>U.S. Born</th>
<th>Foreign Born</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>138,856</td>
<td>100</td>
<td>26,425</td>
</tr>
<tr>
<td>Filipino</td>
<td>31,454</td>
<td>22.7</td>
<td>7,514</td>
</tr>
<tr>
<td>Chinese</td>
<td>27,736</td>
<td>20.0</td>
<td>3,588</td>
</tr>
<tr>
<td>Asian Indian</td>
<td>18,446</td>
<td>13.3</td>
<td>1,025</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>17,717</td>
<td>12.8</td>
<td>850</td>
</tr>
<tr>
<td>Korean</td>
<td>11,172</td>
<td>8.0</td>
<td>977</td>
</tr>
<tr>
<td>Japanese</td>
<td>5,764</td>
<td>4.1</td>
<td>2,154</td>
</tr>
<tr>
<td>Hmong</td>
<td>4,352</td>
<td>3.1</td>
<td>1,560</td>
</tr>
<tr>
<td>Cambodian</td>
<td>3,648</td>
<td>2.6</td>
<td>969</td>
</tr>
<tr>
<td>Laotian</td>
<td>2,079</td>
<td>1.5</td>
<td>501</td>
</tr>
<tr>
<td>Thai</td>
<td>1,608</td>
<td>1.2</td>
<td>171</td>
</tr>
<tr>
<td>Hawaiian/Guamanian/Samoan</td>
<td>2,938</td>
<td>2.1</td>
<td>2,012</td>
</tr>
<tr>
<td>Pacific Islander</td>
<td>3,032</td>
<td>2.2</td>
<td>1,265</td>
</tr>
</tbody>
</table>
## Risks for CPS Involvement

<table>
<thead>
<tr>
<th>Risk</th>
<th>All CA births (N=1,133,226)</th>
<th>API Mother U.S. Born (N=26,425)</th>
<th>API Mother Foreign Born (N=112,433)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low birthweight (&lt; 2,500g)</td>
<td>77,817 (6.9%)</td>
<td>2235 (8.5%)</td>
<td>8424 (7.5%)</td>
</tr>
<tr>
<td>No prenatal care in 1(^{st}) trimester</td>
<td>191,269 (16.9%)</td>
<td>4,369 (16.5%)</td>
<td>14,555 (12.9%)</td>
</tr>
<tr>
<td>High School Education or Less</td>
<td>607,941 (55.4%)</td>
<td>7,232 (27.8%)</td>
<td>25,134 (22.8%)</td>
</tr>
<tr>
<td>Teen Mother</td>
<td>107,808 (9.5%)</td>
<td>2,344 (8.9%)</td>
<td>1,203 (1.1%)</td>
</tr>
<tr>
<td>No paternity</td>
<td>104,878 (9.3%)</td>
<td>1,598 (6.0%)</td>
<td>3,409 (3.0%)</td>
</tr>
<tr>
<td>Public health insurance</td>
<td>553,313 (49.0%)</td>
<td>7,150 (27.2%)</td>
<td>26,009 (23.2%)</td>
</tr>
</tbody>
</table>
Cumulative Birth Risk: Foreign Born Mothers

- Filipino: 0.61
- Chinese: 0.69
- Asian Indian: 0.73
- Vietnamese: 0.58
- Korean: 0.72
- Japanese: 0.72
- Hmong: 0.24
- Cambodian: 0.42
- Laotian: 0.47
- Thai: 0.50
- HI, Guam, Sam, Pacific Islander: 0.35
- 0 Risks
- 1 Risk
- 2 Risks
- 3+ Risks
## CPS Reports (%)

<table>
<thead>
<tr>
<th></th>
<th>U.S.Born (N=26,425)</th>
<th>Foreign Born (N=112,433)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Asian births</td>
<td>9.5</td>
<td>4.7</td>
</tr>
<tr>
<td>Filipino</td>
<td>9.2</td>
<td>6.0</td>
</tr>
<tr>
<td>Chinese</td>
<td>3.2</td>
<td>2.8</td>
</tr>
<tr>
<td>Asian Indian</td>
<td>4.7</td>
<td>2.5</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>11.6</td>
<td>4.6</td>
</tr>
<tr>
<td>Korean</td>
<td>6.9</td>
<td>2.7</td>
</tr>
<tr>
<td>Japanese</td>
<td>5.0</td>
<td>3.5</td>
</tr>
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<td>11.2</td>
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<td>10.8</td>
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<td>Thai</td>
<td>8.8</td>
<td>8.5</td>
</tr>
<tr>
<td>Hawaiian/Guamanian/Samoan</td>
<td>20.4</td>
<td>18.6</td>
</tr>
<tr>
<td>Pacific Islander</td>
<td>18.0</td>
<td>13.6</td>
</tr>
</tbody>
</table>
Relative Risk of CPS Referral

![Graph showing incidence risk ratio for different ethnic groups.](image)
Summary of Findings

- API children are not at uniformly lower risk of CPS involvement

- Children of foreign born mothers have fewer cumulative risks and lower rates of CPS involvement than those of U.S. born API mothers, but there is variability depending on ethnic group.

- Heightened socioeconomic risk and CPS involvement among Southeast Asian and Islander groups
Discussion/Implications

- Pre-migration factors and trauma histories tied to birth risk among Southeast Asian groups

- Unmeasured factors explain CPS involvement among Islanders

- Immigration and acculturation process may increase risk of CPS involvement for some Asian groups

- Targeted maltreatment prevention strategies for specific groups
**STRENGTHS**

+ Largest known population-based study of API ethnic groups involved with CPS

+ Significant contribution given relative “invisibility” of API groups in child maltreatment research

+ Disaggregated data on several Asian and Pacific Islander ethnic groups

**LIMITATIONS**

− Did not examine type of maltreatment

− Self-reported *primary* ethnicity

− Potential ethnicity misalignment with country of birth
References


References


References


2 U.S. Census Bureau (2012). Annual Estimates of the resident population by sex, race alone or in combination, and Hispanic origin for the United States, States, and Counties: April 1, 2010 to July 1, 2014 population estimates.
Data Processing

Files Prepped

Defined universe of CWS/CMS & birth records extracted, cleaned, standardized, coded on non-networked workstation.

Probabilistic Linkages

Initial probabilistic models tested using different blocking and matching variables. Algorithms used to establish record pairs.

Clerical Review


Dataset De-identified

Matched records exported, stripped of identifiers and re-integrated with analytic service variables

Analysis

Initial probabilistic models tested using different blocking and matching variables. Algorithms used to establish record pairs.