



Commentary

The economic impact of child maltreatment in the United States: Are the estimates credible? ☆

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ARTICLE INFO

Article history:

Received 17 July 2008

Received in revised form 3 September 2009

Accepted 8 September 2009

Available online 27 March 2010

Keywords:

Economics

Costs

Cost of illness

Introduction

In *Child Abuse & Neglect*, Courtney (1999) commented that “no reliable estimates exist of the overall costs to society of child maltreatment that will withstand serious examination.” Nearly 10 years later and despite some recent efforts, Courtney’s remarks still ring true. Why are reliable estimates so difficult to obtain? Courtney conjectured that beyond the human costs of pain and suffering and the detriments to quality of life that are impossible to monetize, even those impacts that should be quantifiable are difficult to clearly define. The economic impact of child maltreatment (CM) on our various health and human service systems such as healthcare, mental healthcare, criminal justice, child welfare, and social services can be summarized in the aggregate, particularly for those impacts that occur in the acute phase of the maltreatment. However, establishing causal links to certain long-term deleterious effects of child maltreatment, such as increased risky behaviors, criminal activity, and chronic victimization and perpetration of violence, is more problematic. These questions require longitudinal studies comparing the maltreated to a control group, which is often not possible (a notable exception includes Widom & Maxfield, 2001). Further, Felitti et al. (1998) have argued that one should not look at child maltreatment in isolation of other factors that impact children, such as poverty, divorce, exposure to parental alcohol and substance abuse; but trying to cost out the impacts of child maltreatment in isolation of these other events is even more challenging.

Despite these hurdles, estimating the economic impact of child maltreatment in and of itself is important from a policy maker’s perspective for a number of reasons, which is why we see a plethora of economic burden estimates calculated for any of a number of chronic and acute public health problems of interest (Corso, Mercy, Simon, Finkelstein, & Miller, 2007; Finkelstein, Fiebelkorn, & Wang, 2003). The rationale for estimating these economic burden estimates for child maltreatment is three-fold. First, they allow researchers, advocates, and policymakers to assess which consequences of CM generate the greatest economic burden. Second, these estimates allow one to compare the economic burden of CM to other diseases and

☆ This work was supported in part by a grant from the Partnership for America’s Economic Success, administered by the Pew Charitable Trust Foundation.

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injuries that impact children, such as cancer and unintentional injuries. Third, the economic impact of CM allows one to advocate for more resources to prevent CM from ever happening in the first place (primary prevention), or for resources to provide the best possible care for victims when maltreatment does occur (secondary and tertiary prevention). When credible economic burden estimates are available, they are instrumental in bringing the needed attention to a particular condition and for shaping public health policy debates.

The purpose of this paper is to extend our earlier discussion of the need for economic analysis in research on child maltreatment (Corso & Lutzker, 2006) by critiquing national estimates of the economic burden of child maltreatment that have been published in the last 20 years. We do this first by reviewing methods for assessing economic impact, by defining types of costs included in these assessments, and then by summarizing national estimates based on these cost categories. We find that the economic burden estimates of CM on society suffer from a whole host of shortcomings that can be categorized in the following way: (1) lack of transparency in inputs used in the estimation procedure, (2) calculation mistakes, and (3) methodological errors. Finally, we provide suggestions for refinement of the most recent national estimates (Wang & Holton, 2007) and outline a research agenda to strengthen future estimates of the economic impact of child maltreatment.

Methods for estimating economic burden

In our 2006 commentary on the need for economic analysis in research on child maltreatment (Corso & Lutzker, 2006), we summarized methods for conducting economic evaluations. The methods specifically for estimating economic burden have typically centered around cost of illness (COI) analyses in the United States, with an emphasis on quantifying the (direct) medical and non-medical costs resulting from a condition, and the resulting (indirect) value of lost productivity using the human capital approach (Rice, 1967; Rice, Hodgson, & Kopstein, 1985). The human capital approach for valuing productivity is defined as lost work, school, or leisure time lost because of an illness or injury, and is valued based on average annual wages with some adjustments made for household productivity.

COI analyses can be based on prevalence or incidence. Prevalence-based estimates are cross-sectional estimates of the prevalence of CM multiplied by the unit costs that occur during the specified time period, usually 1 year, and are not dependent on when the maltreatment first occurred. In contrast, incidence-based COI estimates are calculated by the incidence of new cases of CM in a time period, multiplied times the lifetime costs associated with those new CM cases. The prevalence-based approach values lost productivity for the base time period only, whereas the incidence-based approach values lost productivity as the present value of the future earnings stream.

Costs included in economic impact analyses

With either COI approach, CM may impact a number of health and non-health sectors of society, either in the short- or long-term as defined in Table 1. Short-term impacts of CM are those that occur during the acute phase of the abuse; longer-term impacts are those associated with chronic sequelae and other longer-term health and non-health outcomes resulting from the abuse. A societal perspective considers costs regardless to whom they accrue, and thus all of these costs should be considered when assessing the economic impact of CM on society.

As detailed in Table 1, the short-term costs include healthcare and mental healthcare costs, school and work losses, the costs associated with child welfare services and the criminal justice systems, the value of pain and suffering, and the value of lost life if the CM resulted in a death, all incurred during the acute phase of the abuse. In the long-term, the costs associated with CM include higher usage of healthcare and mental healthcare services, productivity losses, special education costs, increased usage of social welfare services, the costs associated with a greater probability of future

Table 1
Costs to consider in estimating the economic impact of child maltreatment.

Short-term costs	Long-term costs
Utilization of health and mental health care Inpatient, outpatient, medication	Marginal increases in utilization of health and mental health care Due to chronic sequelae (depression, drug/alcohol use, obesity, etc.)
Productivity Losses School loss for children, work loss for parents	Marginal increases in productivity losses Sustained losses in future education and occupation attainment
Child welfare services Investigation, foster care, in-home treatment	Special education costs Temporary or permanent cognitive disabilities
Criminal justice Police, courts	Increased utilization of social welfare services
	Increased violence victimization Leading to increases in medical utilization, decreases in productivity, increases in criminal justice system costs
	Increased violence perpetration Leading to increases in criminal justice costs, incarceration
Quality of life Pain and suffering	Quality of life Pain and suffering
Mortality Value of life lost	Reduced life expectancy

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