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Introducing the Alaska Surveillance of Child Abuse and Neglect Program (Alaska SCAN)

Background

Child maltreatment is an under-recognized cause of death and disability with considerable social and public health consequences. Many short- and long-term sequelae of child maltreatment make prevention, early identification, and intervention a necessity.¹ However, consistent information about the true number of affected children is lacking. Current victimization rates typically are based on data derived from single sources such as vital statistics or Child Protective Services, but these sources identify fewer than half of the actual maltreatment cases.² In Alaska, previous studies using more inclusive ascertainment methods discovered some of the highest child maltreatment fatality rates in the nation.³

The Alaska Surveillance of Child Abuse and Neglect (SCAN) Program will be housed in the Maternal-Child Health Epidemiology Unit, Section of Women's, Children's, and Family Health, Alaska Division of Public Health. Alaska SCAN will serve as the central source for standardized child maltreatment-related morbidity and mortality data. SCAN uses the Centers for Disease Control and Prevention (CDC) standardized case definitions to increase the sensitivity of the system and increase nationwide comparability. SCAN program staff will partner with multiple agencies to determine their data needs and identify areas for focused data collection, providing information that will improve child maltreatment services and related interagency communications. Initially, SCAN will focus on child maltreatment mortality but will broaden its scope to include morbidity after initial partnerships and methodologies have been established.

Methods

Child maltreatment-related fatalities were examined among infants who died between January 1, 1992 and December 31, 2002 to compare the accuracy of single source case ascertainment from vital statistics and a multi-source system, the Alaska Maternal and Infant Mortality Review (MIMR). MIMR collects and reviews medical and socioeconomic data on all fetal, infant, and maternal deaths in Alaska to better understand the circumstances contributing to these deaths. MIMR committee members have access to vital records, autopsy reports, medical records, and first responder and child protective services reports. Maltreatment-related deaths met the following criteria: 1) act(s) of commission or omission by a parent, other caregiver or unknown perpetrator described in any one of the available records, 2) act(s) that were in the causal pathway leading to death, and 3) act(s) that, if repeated, a similarly negative outcome could be expected.

Results

During 1992–2002, death certificates identified 18 of the 114 infant maltreatment-associated deaths identified by MIMR, a sensitivity of 16% (Table). Infant mortality rates declined 38% and maltreatment-related deaths using MIMR data remained at 1 per 1000 live births (Figure). The proportion of infant deaths associated with maltreatment increased from 10% during 1992–1994 to 21% during 2000–2002 ($p < 0.01$, Chi-square test for trend of difference in proportions).

Discussion

Currently, no agency in Alaska conducts comprehensive evaluations of child maltreatment using multiple data sources. The data presented here, though, provide an example of how relying on vital statistics data alone substantially underestimates the magnitude of child maltreatment in Alaska and leads to incorrect assumptions about victimization rates over time. By collaborating with new partners and collecting data from multiple agencies, Alaska SCAN will help:

- determine the magnitude of child maltreatment,
- identify those groups at highest risk who might benefit from focused interventions or increased services,
- monitor changes in the incidence and prevalence of child maltreatment over time,
- provide data to programs to enable them to monitor the effectiveness of their interventions, and
- reduce child maltreatment in Alaska.

Recommendations

1. Professionals interacting with children should familiarize themselves with current mandated child maltreatment reporting criteria by viewing the Children's Justice Act Task Force mandatory reporting presentation at:

<http://hss.state.ak.us/ocs/ChildrensJustice/reporting/default.htm>

2. Health care providers should report suspected child maltreatment immediately to a local Office of Children's Services (OCS) office or call the statewide OCS hotline at 800-478-4444.

3. Refer to additional child maltreatment and HIPAA related information at the following websites:

- Alaska Epidemiology *Bulletin* – HIPAA and Public Health: http://www.epi.hss.state.ak.us/bulletins/docs/tr2003_02.pdf

- CDC's Child Maltreatment Prevention: <http://www.cdc.gov/ncipc/dvp/CMP/default.htm>

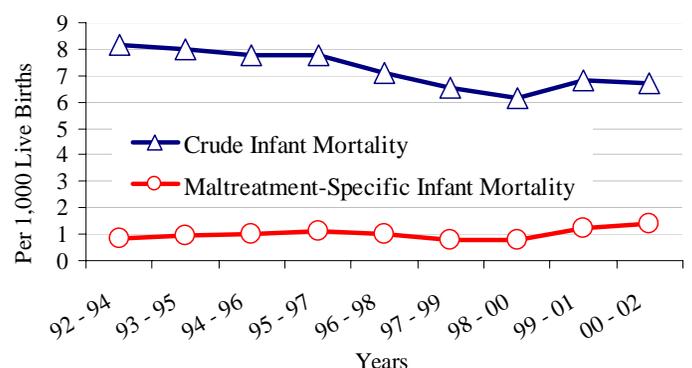
- DHSS' Child Welfare Information Gateway: <http://www.childwelfare.gov/can/>

Table. Case Ascertainment of Infant Maltreatment-Related Mortality using a Single Data Source and Multi Data Source for Infants who Died — Alaska, 1992–2002

Data Source	Total Deaths Identified	Mortality Rate ¹	Average per Year ²
Death Certificate Only	18 (2.2%)	0.16	1.63
Standard Case Definition Applied to MIMR	114 (14%)	1	10.36
Total Infant Deaths ³	826	7.27	75.09

1) Per 1,000 live births for years 92-02, 2) Based on 3-year moving averages, 3) Based on MIMR totals

Figure. Three-Year Moving Averages of Crude and Maltreatment-Specific Infant Mortality Rates — Alaska, 1992–2002



References

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2. Sedlak AJ, Broadhurst DD. Third National Incidence Study of Child Abuse and Neglect. U.S. Department of Health and Human Services, 1996.
3. Gessner BD, Moore M, Hamilton B, Muth PT. The incidence of infant physical abuse in Alaska. *Child Abuse Negl* 2004;28:9-23.