Child Welfare Information Gateway
PROTECTING CHILDREN ■ STRENGTHENING FAMILIES

NUMBERS AND TRENDS

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Child Abuse and Neglect Fatalities: Statistics and Interventions

Despite the efforts of the child protection system, child maltreatment fatalities remain a serious problem.[1] Although the untimely deaths of children due to illness and accidents have been closely monitored, deaths that result from physical assault or severe neglect can be more difficult to track because the perpetrators, usually parents, are less likely to be forthcoming about the circumstances. Intervention strategies targeted at solving this problem face complex challenges.

[1] This factsheet provides information regarding child deaths resulting from abuse or neglect by a *parent or primary caregiver*. Other child homicides, such as those committed by acquaintances and strangers, and other causes of death, such as unintentional injuries, are not discussed here. For information about leading causes of child death, visit the Centers for Disease Control and Prevention website at http://webapp.cdc.gov/sasweb/ncipc/leadcaus10.html. Statistics regarding child homicide can be obtained from the U.S. Department of Justice at www.ojp.usdoj.gov/bjs/homicide/homtrnd.htm.

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Unless otherwise noted, statistics in this factsheet are taken from *Child Maltreatment 2004* (U.S. Department of Health and Human Services, 2006).

How Many Children Die Each Year From Child Abuse or Neglect?

The National Child Abuse and Neglect Data System (NCANDS) reported an **estimated 1,490 child fatalities in 2004**. This translates to a rate of 2.03 children per 100,000 children in the general population. NCANDS defines "child fatality" as the death of a child caused by an injury resulting from abuse or neglect, or where abuse or neglect was a contributing factor.

The rate of child abuse and neglect fatalities reported by NCANDS has increased slightly during the last several years from 1.96 per 100,000 in 2001, to 1.98 in 2002, 2.00 in 2003, and 2.03 in 2004. It is likely that the slight increase in fatalities reported by NCANDS is due to improved reporting by some of the States.

While most data on child fatalities come from State child welfare agencies, States are also able to draw on other data sources. In 2004, 18.4 percent of fatalities were reported through the Agency File, which includes fatalities reported by health departments and fatality review boards. This coordination of data collection contributes to better estimates.

Many researchers and practitioners believe child fatalities due to abuse and neglect are still underreported. Studies in Colorado and North Carolina have estimated that as many as **50 to 60 percent** of child deaths resulting from abuse or neglect are not recorded as such (Crume, DiGuiseppi, Byers, Sirotnak, Garrett, 2002; Herman-Giddens, Brown, Verbiest, Carlson, Hooten, et al., 1999).

Issues affecting the accuracy and consistency of child fatality data include:

- Variation among reporting requirements and definitions of child abuse and neglect and other terms
- Variation in death investigative systems and in training for investigations

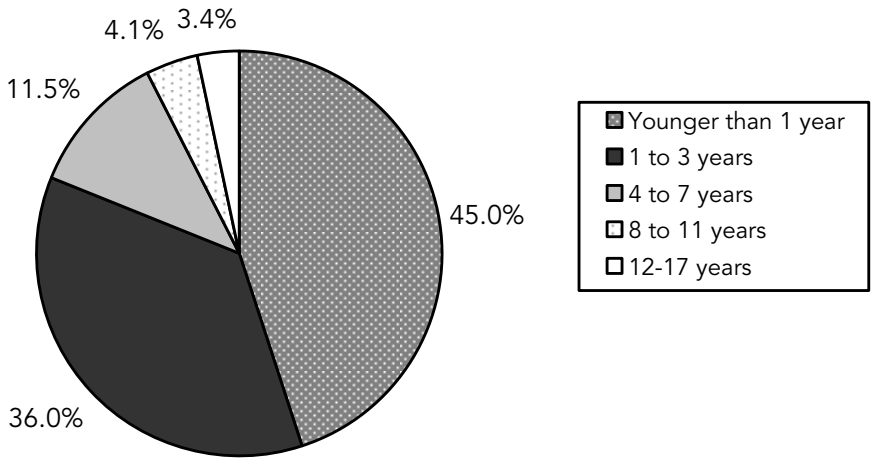
- Variation in State child fatality review processes
- The amount of time (as long as a year, in some cases) it may take to establish abuse or neglect as the cause of death
- Inaccurate determination of the manner and cause of death, resulting in the miscoding of death certificates; this includes deaths labeled as accidents, Sudden Infant Death Syndrome (SIDS), or "manner undetermined" that would have been attributed to abuse or neglect if more comprehensive investigations were conducted
- Limited coding options for child deaths, especially those due to neglect or negligence, when using the *International Classification of Diseases* to code death certificates
- The ease with which the circumstances surrounding many child maltreatment deaths can be concealed
- Lack of coordination or cooperation among different agencies and jurisdictions

The Child Maltreatment Surveillance Project funded by the Centers for Disease Control found that more accurate counts of maltreatment deaths are obtained by linking multiple reporting sources, including death certificates, crime reports, Child Protective Services reports, and child death review records (Schnitzer, Covington, Wirtz, Verhoek-Oftedahl, & Palusci, 2005).

What Groups of Children Are Most Vulnerable?

Research indicates that very young children (ages 3 and younger) are the most frequent victims of child fatalities. NCANDS data for 2004 demonstrated that children younger than 1 year accounted for 45.0 percent of fatalities, while children younger than 4 years accounted for 81.0 percent of fatalities. These children are the most vulnerable for many reasons, including their dependency, small size, and inability to defend themselves.

Child Abuse and Neglect Fatalities Victims by Age, 2004

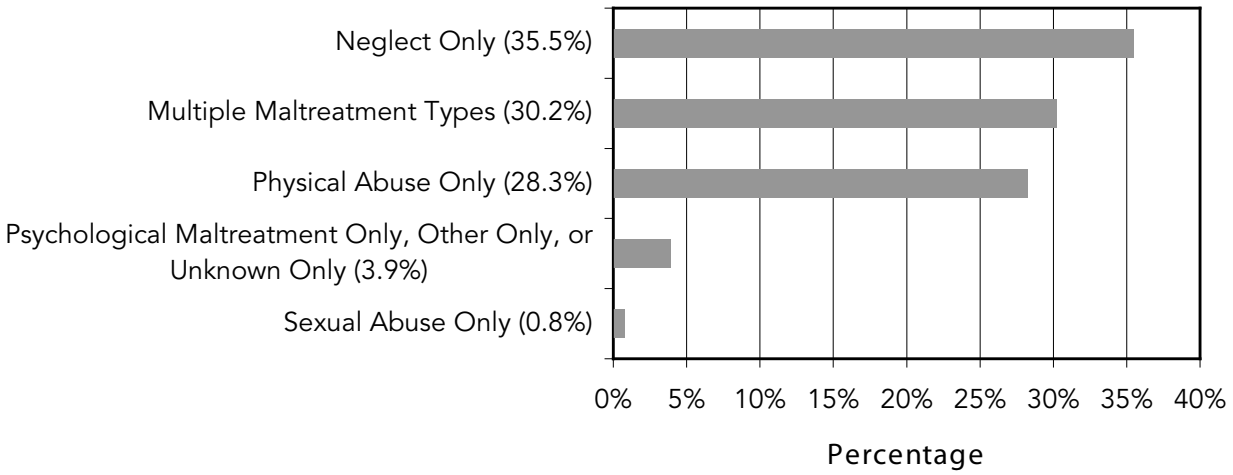


How Do These Deaths Occur?

Fatal child abuse may involve repeated abuse over a period of time (e.g., battered child syndrome), or it may involve a single, impulsive incident (e.g., drowning, suffocating, or shaking a baby). In cases of fatal neglect, the child's death results not from anything the caregiver does, but from a caregiver's *failure to act*. The neglect may be chronic (e.g., extended malnourishment) or acute (e.g., an infant who drowns after being left unsupervised in the bathtub).

In 2004, more than one-third (35.5 percent) of child maltreatment fatalities were associated with neglect alone. Physical abuse alone was cited in more than one-quarter (28.3 percent) of reported fatalities. Another 30.2 percent of fatalities were the result of multiple maltreatment types.

Child Abuse and Neglect Fatalities by Maltreatment Type, 2004



Who Are the Perpetrators?

No matter how the fatal abuse occurs, one fact of great concern is that the perpetrators are, by definition, individuals responsible for the care and supervision of their victims. In 2004, one or both parents were involved in 78.9 percent of child abuse or neglect fatalities. Of the other 21.1 percent of fatalities, 10.7 percent were the result of maltreatment by nonparent caretakers, and 10.4 percent represent unknown or missing information.

There is no single profile of a perpetrator of fatal child abuse, although certain characteristics reappear in many studies. Frequently, the perpetrator is a young adult in his or her mid-20s, without a high school diploma, living at or below the poverty level, depressed, and who may have difficulty coping with stressful situations. In many instances, the perpetrator has experienced violence first-hand. Most fatalities from *physical abuse* are caused by fathers and other male caretakers. Mothers are most often responsible for deaths resulting from *child neglect*.

How Do Communities Respond to Child Fatalities?

The response to the problem of child abuse and neglect fatalities is often hampered by inconsistencies, including:

- Underreporting of the number of children who die each year as a result of abuse and neglect
- Lack of consistent standards for child autopsies or death investigations
- The different roles child protective services (CPS) agencies in different jurisdictions play
- Uncoordinated, non-multidisciplinary investigations
- Medical examiners or elected coroners who do not have specific child abuse and neglect training

To address some of these inconsistencies, multidisciplinary and multi-agency child fatality review teams have emerged to provide a coordinated approach to understanding child deaths. Federal legislation responded in the form of the Child Abuse Prevention and Treatment Act (CAPTA), which was amended in 1992 to require States to include information on child death review in their program plans. Many States received initial funding for these teams through the Children's Justice Act, from grants awarded by the Administration on Children, Youth and Families in the U.S. Department of Health and Human Services.

These child fatality review teams, which now exist at a State, local, or State/local level in the District of Columbia and in every State but one are composed of prosecutors, coroners or medical examiners, law enforcement personnel, CPS workers, public health care providers, and others.[2] Child fatality review teams respond to the issue of child deaths through improved interagency communication, identification of gaps in community child protection systems, and the acquisition of comprehensive data that can guide agency policy and practice and prevention.

The teams review cases of child deaths and facilitate appropriate follow-up. Follow-up may include ensuring that services are provided for surviving family members, providing information to assist in the prosecution of perpetrators, and developing

[2] Idaho currently does not have a child death review program. For information about child fatality review efforts in specific States, visit the National Center on Child Death Review website at www.childdeathreview.org/.

recommendations to improve child protection and community support systems.

As of March 2006, 44 States had a case-reporting tool for child death review (CDR); however, there is little consistency among the types of information compiled. This leaves gaps in understanding infant and child mortality as a national problem. In response, the National Center for Child Death Review, in cooperation with 30 State CDR leaders and advocates, developed a web-based CDR Case Reporting System for State and local teams to collect data and analyze and report on their findings. As of April 2006, the standardized system was being piloted in 15 States.[3] The ultimate goal is to use the data to advocate for actions to prevent child deaths and to keep children healthy, safe, and protected.

States that receive Federal funding through the Child Abuse Prevention and Treatment Act (CAPTA) are required to set up Citizens Review Panels. These panels of volunteers conduct evaluations of State child protective services agencies in their State, including policies and procedures related to child fatalities and investigations. As of March 2006, 15 State child death review boards serve a dual role as the Citizens Review Panel for Child Fatalities.

How Can These Fatalities Be Prevented?

When addressing the issue of child maltreatment, and especially child fatalities, prevention is a recurring theme. Well-designed, properly organized child fatality review teams appear to offer hope for defining the underlying nature and scope of fatalities due to child abuse and neglect. The child fatality review process helps identify risk factors that may assist prevention professionals, such as those engaged in home visiting and parenting education, to prevent future deaths. In addition, teams are demonstrating effectiveness in translating review findings into action by partnering with child welfare and other child health and safety groups.

In 2003, the Office on Child Abuse and Neglect, within the Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services, launched a Child Abuse Prevention Initiative to raise awareness of the issue in a

[3] California, Delaware, Hawaii, Iowa, Massachusetts, Michigan, Nebraska, Nevada, Ohio, Pennsylvania, Rhode Island, South Carolina, Texas (pending), Virginia, and West Virginia.

much more visible and comprehensive way than ever before. The Prevention Initiative is an opportunity to work together in communities across the country to keep children safe, provide the support families need to stay together, and raise children and youth to be happy, secure, and stable adults. For more information, visit the Prevention Initiative website at www.childwelfare.gov/preventing.

Summary

While the exact number of children affected is uncertain, child fatalities due to abuse and neglect remain a serious problem in the United States. Fatalities disproportionately affect young children and are most often caused by one or both of the child's parents. Child fatality review teams appear to be among the most promising current approaches to accurately count, respond to, and prevent child abuse and neglect fatalities, as well as other preventable deaths.

References

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For More Information

National Center for Child Death Review
Phone: 800.656.2434
Email: info@childdeathreview.org
Website: www.childdeathreview.org
The National Center for Child Death Review is a national resource center for State and local child death review programs, established and funded by the Maternal and Child Health Bureau of the U.S. Department of Health and Human Services since 2002.

National Center on Child Fatality Review
Phone: 626.455.4586
Website: www.ican-ncfr.org
The National Center on Child Fatality Review provides training and technical assistance to local, State, and national projects and teams that address child fatalities. The Center receives funding from the U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

National Citizens Review Panels
Phone: 859.257.2690
Email: bljone00@uky.edubljone00@uky.edu
Website: www.uky.edu/SocialWork/crp

National Fetal and Infant Mortality Review Program
Phone: 202.863.2587
Email: nfimr@acog.org
Website: www.acog.org/goto/nfimr

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