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# Child Maltreatment Fatalities: A Report from the 2010-11 Bridgewater Presidential Fellow

Emily Douglas

During the 2010-11 academic year, I served as the Bridgewater State University Presidential Fellow. This time away from my teaching and service responsibilities on campus afforded me the opportunity to be a Visiting Research Fellow at the

Family Research Laboratory at the University of New Hampshire. In this capacity, I spent an academic year expanding my own knowledge of and conducting new research on fatal child maltreatment.

Every year, thousands of children die as a result of maltreatment on the part of their caregivers, and we know surprisingly little about this problem or how to rectify it. It goes without saying that a child's death is a terrible event, but a child's death that is the direct or indirect result of parents' actions can inspire anger, hopelessness and gut-wrenching feelings of injustice. The fields of social work, medicine, law enforcement and public health count how many children die, make adjustments in how we count and throw time, money, and personnel at this problem with little measurable difference.

## What Are Maltreatment Fatalities?

A child maltreatment fatality (CMF) is when a child dies as a result of abuse or neglect, or if abuse or neglect are contributing factors to a child's death. Table 1 shows the possible ways that a child could die from abuse and/or neglect. The public seems to think that when children die from maltreatment they most often die from abuse. In fact, most children die from neglect. According to the U.S. Department of Health & Human Services, in 2010, 77% of CMF victims died from neglect; 45% died from physical abuse. (These numbers sum to more than 100% because children can die from multiple causes of death.) Figure 1 shows that while many forms of victimization have been declining, physical neglect remains steady, and CMFs have been on the increase. We don't know if this is because

of more accurate identification of CMFs or a true increase in numbers. Nevertheless, CMFs are still undercounted; in 2010 the number of CMFs were reported at 1,560, but professionals estimate that the true number is somewhere between 2,000 and 5,000 annually.

## The Victims and Their Families

Children who die from maltreatment are very young. About 70% of victims are under four years old; about 50% are under the age of one. Boys die at a rate that is slightly higher than that for girls, and African Americans are over-represented compared to their presence in the general population. Parents who kill their children or who are responsible for their children's deaths are usually young, under the age of 30. Mothers are most often responsible for their children's deaths, presumably because they do more direct caregiving for children. It is also not unusual for these parents to have mental health concerns. Children are more likely to die in homes where families are especially mobile, where adults are unemployed, where non-family members are present, and where families have experienced a recent, major life event. We also know that 30-40% of children who die are already known to child protective services.

The nature of the parent-child relationship is also important in helping us to understand CMFs. Parents who take the lives of their children are more likely

TYPES OF ABUSE	TYPES OF NEGLECT		
	Supervision	Physical	Medical
Blunt force trauma	Accidental firearm discharge	Abandonment	Failure to seek medical treatment
Burns	Animal bites	Animal bites	Overdose of medication
Immersive drowning	Drowning	Exposure to elements	Refusal of medical treatment
Munchausen Syndrome by Proxy	Drunk driving	House fire	
Poisoning	Falls	Malnutrition or starvation	
Shaking injury	Hit by car	Unsanitary conditions	
Stabbing or shooting	House fire		
Suffocation or strangulation	Ingestion or poisoning		

Table 1. Means by Which Children Could Die from Abuse or Neglect

to see their children as “difficult” and often have inappropriate age expectations of their children, such as expecting an infant to be “respectful” of a parent’s work schedule or having a pre-school-aged child supervise an infant in a bathtub.

We know of many important factors that could lead to a child’s death, but we also have large gaps in our knowledge. We either have too little or conflicting information about a whole variety of child, parent, and household factors: presence of domestic violence, parental alcohol or drug use, social or geographic isolation, parental education level, and parental criminal behavior, to name just a few. All of these characteristics place a child at risk for non-fatal maltreatment, but we don’t know definitively at what point a constellation of factors makes a child more likely to die in his or her home. This is in large measure because CMFs don’t happen very often. When events don’t happen very often, they are more difficult to study. Further, states are not especially eager to turn over datasets containing information about fatalities to researchers, especially when much of that information is confidential. Perpetrators of CMFs are also unlikely to be forthcoming with researchers gathering facts. This leaves us with information gleaned primarily from obituary reports. So, while we have solid information about the demographic and household characteristics of CMF victims, we know little about their social characteristics and the nature of their parent-child relationships.

## Maltreatment Fatalities and Child Welfare Professionals

About 75% of workers who I surveyed throughout the nation reported that they have received training in the risk factors regarding CMFs. Yet workers appear to have significant deficits in their knowledge about CMFs. They are more likely to think that children die from abuse than from neglect; they are also apt to think that a mother’s boyfriend is more likely to kill a child

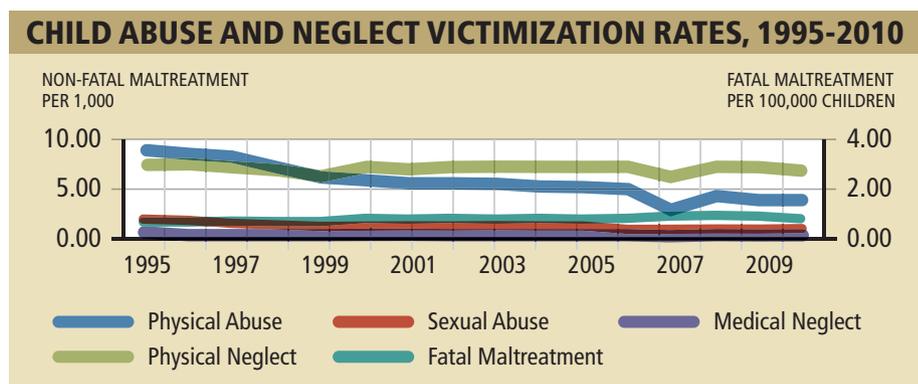


Figure 1. Child Abuse and Neglect Victimization Rates, 1995-2010.

Source: U.S. Department of Health & Human Services’ annual Child Maltreatment reports. The left-hand vertical axis displays victimization rates for non-fatal maltreatment per 1,000 children in the population. The right-hand vertical axis displays victimization rates for fatal maltreatment per 100,000 children in the population.

than the mother herself. Furthermore, training has no effect on a worker’s knowledge about CMFs – a finding that is deeply troubling.

Currently, my colleague, Dr. Melinda Gushwa from Rhode Island College, and I are assessing the content of child welfare training curricula throughout the nation to better understand the CMF-related content that is delivered to child welfare professionals before they begin working in the field. BSU Master of Social Work student, Patricia Serino, and I have completed a review of 24 social science textbooks on child abuse and neglect. We found that fewer than half of the books provide information about risk factors for CMFs and some of them provide inaccurate information.

It has been assumed that workers who experience a CMF in their caseloads are young and inexperienced and lack proper training and educational credentials to be working with high-risk families. My research finds this to be a myth. Child welfare professionals who experienced the death of a child in their caseload were, on average, in their mid-30s, had worked in child welfare for a median of six years and had a minimum of a bachelor’s degree. Most of them had a degree in social work, human services, or another social science. These workers also reported having closely monitored the families before the fatalities occurred, which included seeing the children, on average, one week before

their deaths. The majority also stated that they had not been especially worried about the children before their deaths occurred and had not wanted to pursue different treatment plans. More than one-quarter of workers who experienced the deaths of clients viewed the deaths as unavoidable.

At the same time, my research shows that child welfare professionals are sincerely concerned about CMFs. The vast majority report assessing for risk factors for CMFs when they work with families and worry about the potential for children in their caseloads to die. One worker told me: “I am extremely stressed . . . and frequently worry that a child will die. I work weekends and sometimes until 8 or 9 p.m. to keep up with the work, but if one child dies, I will never feel that I did enough. We are fighting a losing battle . . . My entire academic experience as a professional social worker has prepared me for this job, and I am still overwhelmed by the massive responsibility.”

What emerges from my research is a picture of child welfare workers with substantive work experience and appropriate education who are concerned about their clients suffering a fatality. Still, they have serious gaps in their knowledge about the circumstances in which children die and about the caregivers who are responsible for the deaths of children. Workers reported feeling confident in handling the cases that led

to fatalities and more than a quarter believe, after-the-fact, that the deaths were unavoidable. This constellation of findings raises very important concerns about the training that child welfare workers receive and about their own beliefs about how child welfare workers can help to prevent child fatalities.

## Professional Responses to Reduce Maltreatment Fatalities

One of the earliest organized responses to CMFs by professionals was the development of child fatality review teams, which are multidisciplinary workgroups that review child fatalities in given regions or states, identify factors that may contribute to CMFs and issue recommendations for change to professional associations, government agencies, and state legislatures. Almost every state in the nation has a review team. In my own work on review teams (with BSU alumnus Sean McCarthy and Jenifer Hoh) I found that most teams are focused on prevention and that the most frequent finding of review teams is the need for more public education to prevent CMFs. Nevertheless, there has been almost no research to determine if the presence of child fatality review teams results in fewer children dying.

Most states do have public education campaigns that are intended to prevent CMFs. These efforts highlight the dangers of leaving children unattended in vehicles, the necessity of supervising children in sources of water, and how to recognize and report child maltreatment. The leading prevention and education campaigns address shaken baby syndrome and have been highly effective. The effectiveness of other prevention campaigns in reducing CMFs is unknown.

Infant abandonment in trashcans, toilets and other places often results in fatality. As a result, states across the nation have passed “safe haven laws” which allow parents to safely abandon infants at designated locations, such

as hospitals or police departments, where infants will receive necessary care and will be made available for adoption through the states’ child welfare agency. In return, parents are excused from criminal prosecution for abandonment. While there is speculation that these laws are not especially effective, no research exists to confirm this impression.

When a child dies from maltreatment, it is often difficult to prosecute the case for a variety of reasons. CMFs do not usually meet the legal standards for murder. There are often no witnesses to the crime, and family members protect one another from the law. Further, juries find it hard to believe that parents could hurt their children. As a result, many CMF convictions end up as manslaughter or endangering the welfare of a child. My own research shows that judges are often softer in delivering jail time in manslaughter convictions when the victim is a child. To address this, the majority of states in the U.S. have passed legislation that lengthens the sentence of an individual who kills a child of “tender years.” This legislation has never been examined, so we don’t know if it truly results in longer sentences.

## U.S. Government and Maltreatment Fatalities

In summer 2011, the U.S. Government Accountability Office released a report entitled *Child Fatalities from Maltreatment: National Data Could be Strengthened*. The release of this report was coupled with a congressional hearing. It is clear that the issue of CMFs is gaining the attention it deserves. Furthermore, Senators John Kerry (Massachusetts) and Susan Collins (Maine) jointly sponsored legislation in December 2011 called the *Protect Our Kids Act*, which, if passed, would establish the Coalition to Eliminate Child Abuse and Neglect Fatalities. The non-profit organization, Every Child Matters, has also made CMFs one of its central policy issues. All of this has kept the topic in the media and, increasingly, on the policy table.

## Tentative Conclusions

I’ve painted a pretty bleak picture in this article. Anything that focuses on children dying is bound to be bleak, but there are other reasons for concern as well. We don’t know with accuracy how many children die each year. Child welfare professionals—the main agents for preventing CMFs—are earnest, but don’t exhibit a high degree of knowledge about risk factors or the conditions under which children die. There has been tremendous response from professional groups that work with and respond to CMFs, but most of these efforts have gone unexamined and, in the meantime, the rate of CMFs appears to be increasing. The U.S. Congress has started to pay attention to CMFs and that is the main bright spot in this very dark set of circumstances.

It is important to remember that more children die from neglect than abuse and, therefore, we must address each of these tragedies as a *maltreatment*—as opposed to abuse—fatality. Furthermore, we cannot minimize the potential power of public education, which has successfully changed so many other harmful behaviors. Let’s use public education to remind parents that young children always need supervision, even in their homes. Further, we must demand better information about the effectiveness of our prevention strategies. With concentrated attention, funding, increased training and public education, professionals and the public can help to reduce the number of

children who die from maltreatment.

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*CMFs, see [http://webhost.bridgew.edu/edouglas/index\\_files/CMF.htm](http://webhost.bridgew.edu/edouglas/index_files/CMF.htm).*