ND CHILD MALTREATMENT FATALITIES
2008-2018: A Closer Look
Families First Prevention Services Act Sec. 132.
Development of a Statewide Plan to Prevent Child
Abuse and Neglect Fatalities

1. Demographic and Death Data – paint a picture of the children who have died from child maltreatment
2. Partners – describe the role of all agencies and organizations working on the development of the plan (data collection, analysis, strategy development, funding, evaluation, etc.)
3. Strategies – (Findings, Objectives, Activities, and Timelines)
   * Specific plan to improve systems and to prevent child maltreatment deaths
   * Tie the strategies to the findings identified through data analysis
   * Include short and long term approaches
4. Roles and Responsibilities
5. Evaluation Plan
### Sources of Information

<table>
<thead>
<tr>
<th>Source</th>
<th>Details</th>
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| **NCANDS (National Child Abuse and Neglect Data System)** | - Child must be under 18 years of age  
- The individual who abused or neglected the child must be a ‘person responsible for the child’s welfare’  
- Child Protection Services assessment determines the child suffered ‘Fatal Neglect’ and/or ‘Fatal Abuse’ |
| **Vital Records Child Fatality Review Panel (CFRP)** | - Child Fatality Review Panel (CFRP) receives all ND issued death certificates for children  
- Identifies children in tribal jurisdictions |
| **Medical Examiner’s Office**               | - Medical Examiner forensic pathologists are members of the CFRP and provide notification on cases they are handling  
- In a position to identify cases that may have been screened out or never reported to Child Protection Services or that Vital Records missed by chance |
ND Child Fatality Review Panel

- Identifies the cause of children’s deaths,
- Identifies circumstances that contribute to children’s deaths, and
- Recommends change in policy, practices, and law to prevent child deaths

In depth reviews are conducted by the CFRP when:

- Child has current or prior Child Protection Services involvement
- Child was in the custody of the Department of Human Services, County Social Services or the Division of Juvenile Services at the time of death
- Death Certificate indicates the child’s Manner of Death is “Accident”, “Homicide”, “Suicide”, or “Undetermined”
- Manner of Death is “Natural” however, the child’s death was sudden, unexpected, or unexplained
The Federal Child Abuse Prevention and Treatment Act (CAPTA) and NDCC 50-25.1-04.5 require that specific information about child fatalities caused by or the result of abuse or neglect be reported.

The annual report published by the ND Child Fatality Review Panel involving child abuse and neglect deaths and near deaths must include the following:

a) The cause of and circumstances regarding the death or near death
b) The age and gender of the child
c) Information describing any previous child abuse and neglect reports or assessments that pertain to the child abuse or neglect that led to the death or near death
d) The result of any such assessments
e) The services provided in accordance with section 50-25.1-06, unless disclosure is otherwise prohibited by law.
NCANDS defines a “child maltreatment fatality” as the death of a child caused by an injury resulting from abuse or neglect or where abuse and neglect was a contributing factor.
How Many ND Children Die Each Year From Child Abuse and/or Neglect?
Child Abuse and Neglect Determinations

• Child Protection Services Assessment – factfinding process designed to provide information that enables a determination to be made that Services are Required to provide for the protection and treatment of an abused or neglected child.

• A preponderance of evidence is needed in order to confirm abuse and neglect. A “preponderance of the evidence” is a standard of proof in which the facts alleged more likely than not occurred, this is at times referred to as the 51% standard, this standard of proof is more stringent than reasonable doubt but less stringent than clear and convincing evidence.
According to the CDC, in 2016, about one in ten (9.68%) children in North Dakota were American Indian, however 29% of the child abuse and neglect fatalities were American Indian children, an over representation of this population.
What Age of Children Are Most Vulnerable?

- Infants, children younger than 1 year, accounted for 71% of all the child maltreatment fatalities.
- Young children are the most vulnerable for many reasons, including their dependency, small size, and inability to defend themselves.
- The oldest child who died as a result of child abuse and neglect was 14 years old.
CHILD RISK FACTORS

- Premature Birth
- Substance Exposed Newborn
- Disability / Chronic Illness
- Residing in a Household with Unrelated Adults
- Previous Child Protection Services Involvement
Child Protection Services
Prior Involvement

• A prior Child Protection Services assessment, regardless of the assessment finding, was the strongest predictor of a child’s potential risk for injury death.

• 48% of ND Child Abuse and Neglect Fatalities between the years of 2008-2018 were families known to the Child Protection Services Program.

• Of the 15 children whose parents/caregivers were previously assessed by Child Protection Services, 32% of the families had a previous determination of Services Required for the protection and treatment of an abused or neglected child

• When there was prior CPS involvement with the child’s family the child died from:
  Fatal Abuse (53%) / Fatal Neglect (46%)

• Child Protection Services previous program involvement is unknown for two child deaths that took place within tribal reservation jurisdiction
How do the children die?

Manner of Death Listed on Death Certificate

- Homicide, 19
- Accident, 6
- Undetermined, 6
<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Homicide</td>
<td>65%</td>
</tr>
<tr>
<td>Blunt Force Head Trauma</td>
<td>15%</td>
</tr>
<tr>
<td>Gunshot Wounds</td>
<td>15%</td>
</tr>
<tr>
<td>Starvation/Malnutrition</td>
<td>5%</td>
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<tr>
<td>Asphyxgia</td>
<td></td>
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</tbody>
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### Accident

<table>
<thead>
<tr>
<th>Cause</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drowning</td>
<td>35%</td>
</tr>
<tr>
<td>Gunshot Wound</td>
<td>15%</td>
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</tbody>
</table>

### Unsafe Infant Sleep, 50%

<table>
<thead>
<tr>
<th>Cause</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Unsafe Sleep</td>
<td>33%</td>
</tr>
<tr>
<td>Neonaticide (Drowning)</td>
<td>33%</td>
</tr>
<tr>
<td>Substance Exposed Newborn</td>
<td>17%</td>
</tr>
<tr>
<td>Poisoning</td>
<td>17%</td>
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### Undetermined

I. Blunt Head Trauma: 40%

II. Unsafe Sleep: 23%

III. Drowning (Neglect): 17%

IV. Drowning (Neonaticide): 10%

V. Starvation / Malnutrition: 10%
Homicide - Abusive Head Trauma

- Cerebral Edema
- Subdural Hematomas
- Blunt Head Injury
- Cranial—Cerebral Trauma
- Cervical Trauma
- Battered Child Syndrome
- Shaken Baby

- Children ranged in ages from 2 Mo – 2 Yrs.
- 75% were under one year of age
- Caregiver often described the infant as “fussy"
- Caregiver unable to manage caregiving demands
- Risk Factor - Lack of quality child care

Caregiver often described the infant as "fussy"
Filicide
The act in which parents kill their child or children.

<table>
<thead>
<tr>
<th>Acutely Psychotic Filicide</th>
<th>Child Maltreatment Filicide</th>
<th>Altruistic Filicide</th>
<th>Unwanted Child Filicide</th>
<th>Spousal Revenge Filicide</th>
</tr>
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<tbody>
<tr>
<td>Can be applied to psychotic parents who kill with no comprehensible motive.</td>
<td>Fatal physical abuse. This is the only one of the five categories where the child’s death may be unintended.</td>
<td>The act is committed out of love, usually to help the child avoid perceived suffering.</td>
<td>The child is no longer wanted and the act is undertaken to achieve this. It can often apply to the killing of newborns (Neonaticide).</td>
<td>The motivation and action of the offender is a deliberate attempt to make their spouse suffer.</td>
</tr>
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Unsafe Infant Sleep

• A 1-month-old died of Asphyxia during unsafe sleep; manner of death is Accident; overlay by intoxicated caregiver on a couch

• A 2-month-old died of Positional Asphyxia during unsafe sleep; manner of death is Accident; wedged between couch cushions and intoxicated caregiver

• A 7-month-old died of Sudden Unexpected Infant Death; manner of death is Undetermined; unsafe sleep, infant co-sleeping with adult on couch

• An 8-month-old died of Sudden Unexpected Infant Death; manner of death is Undetermined; unsafe sleep, infant co-sleeping with others on an adult bed with several blankets and pillows

• An 11-month-old died of Asphyxia during unsafe sleep; manner of death is Accident; plastic bag in sleeping area
## Caregiver Neglect

### Inadequate Supervision

- A 15-year-old died of Gunshot to the Head, manner of death is Accident.
- An 8-month-old died by Ingesting Diphenhydramine, manner of death is Undetermined.
- A 5-year-old died of Anoxic Encephalopathy (Drowning) in a pool, manner of death is Accident.
- An 8-month-old died of Hypoxic Brain Injury (Drowning) in the bathtub, manner of death is Accident.

### Nutritional Neglect

- A 6-month-old died of Chronic Starvation and Dehydration, manner of death is Homicide.
- A 13-year-old died of Chronic Starvation, manner of death is Homicide.
- A 4-month-old died of Chronic Dehydration, manner of death is Homicide.
Neonaticide

Labored and Birthed Alone
Neonate Died in the Bathroom
Cause of Death: Drowning

Unmet Mental Health Needs
Concealed Pregnancy
No Prenatal Care
Who are the Perpetrators?

Parents were the primary perpetrators of fatal child abuse and neglect (80%). Non-Parent Caregivers were subjects in 11 child deaths.

Parents

- Mother acted alone (45%)
- Father acted alone (32%)
- Parents acted together (23%)

Non-Parent Caregivers

- Parental Significant Other 57%
- Child Care Provider (Unlicensed) 29%
- Adult Family Member 14%
- Other 5%
Perpetrator Demographics
33 Perpetrators

- **Gender**
  - 55% Female
  - 45% Male

- **Age**
  - 18 - 25 Years
  - 26 - 35 Years
  - 36 - 45 Years

- **Race**
  - White
  - American Indian
  - African American
  - Hispanic
Criminal Prosecution of Perpetrators

58% of the 33 known perpetrators of child abuse and neglect maltreatment fatalities in CY 2008-2018 were criminally charged.

Two convictions were in US District Court.

As of June 1, 2019, five cases remain open with prosecution.

Criminal Charges

- Murder: 55% (Sentencing)
- Negligent Homicide: 22%
- Manslaughter: 0.05%
- Contributing to the Deprivation of a Minor: 0.05%
- Child Abuse and Neglect: 22%

Sentencing

0-2 Years
3-10 Years
11-20 Years
21 + Years
BEING YOUNG & HAVING YOUNG CHILDREN

UNMARRIED

DOCUMENTED DOMESTIC VIOLENCE WITH CURRENT PARTNER

RECEIVING PUBLIC ASSISTANCE

RECENT MAJOR LIFE EVENT (SEPARATION, LOSS OF EMPLOYMENT, RECENT MOVE)

SUBSTANCE ABUSE

UNMET NEEDS OF MENTAL HEALTH DIAGNOSIS
Child Maltreatment Fatality
Two Types of Events

Acute – Extreme Incident
Most often (81%) the death causing incident was acute; an extreme incident of
Physical Abuse (60%)
  or
Physical Neglect (40%)

Chronic Child Abuse and Neglect
For 19% of the children, their death was the result of chronic maltreatment (68% Abuse, 32% Neglect), in that the death causing event occurred over time.
Where do the Child Abuse and Neglect Fatalities Occur?

Child Abuse and Neglect Fatalities occur all over the state.

48% of the death causing events took place in the Western part of the state,
52% occurred in Eastern North Dakota
61% took place in Urban cities, 39% occurred in Rural areas
13% occurred within a tribal jurisdiction
PREVENTION

Child Abuse and Neglect Deaths are Preventable and Every Citizen can Play a Role in Reducing Child Fatalities.
For children to remain safe and thrive it takes community collaboration to build an engaging, supporting network and resources so that parents and caregivers seek help before a tragedy occurs.

To address fatal child maltreatment we need to provide support and education to parents and caregivers on:

• Understanding expected child development
• Selecting an appropriate caregiver
• Safety education about infant safe sleep, water safety, gun safety, vehicle safety, and environmental hazards
• Community supports for major risk factors such as substance abuse, domestic violence, and mental health

Every child’s death is a tragic loss for the family and community. Especially tragic is the child death that could have been prevented.

The circumstances involved in most child deaths are too complex and multidimensional for the responsibility to rest with a single individual or agency.
Strategies to Improve Systems and Prevent Maltreatment Across the Span of Child Safety and Child / Family Wellbeing

- Child Safety and Protection
  - Early Identification
  - Intake
  - Assessment
  - Service Plans
  - Placement
  - Case Management
  - Adjudication

- Primary and Secondary Prevention
  - Family Support
  - Treatment Programs
  - Services
  - Evidence Based Interventions

- Other Improvements
  - Changes to investigation Systems
CFRP Recommendations
Child Safety and Protection

• Consistent and uniform statewide reporting of sudden and unexpected child deaths

• Continue to train and educate the medical field on timely notification to child protective services when a child presents with trauma and where child abuse or neglect may reasonably be suspected

• Enhance community education of child abuse and neglect

• Encourage and provide ongoing education and training to all mandated reports of child abuse and neglect

• Consistent application of law, rule and policy for the analysis, assessment and case determination of reports of suspected child abuse and neglect

• Encourage comprehensive assessments and provision of services by all providers
CFRP Recommendations
Child Safety and Protection

Background Checks shall be completed on all household members when placing a child in kinship or foster care.

Education for parents about when to call emergency medical services.

Establishing standards for lifeguard to swimmer ratios and pool safety needs.

Public awareness to recognize drowning risks with emphasis on constant supervision of young children near water, the use of life preservers, not swimming alone or without adult supervision and the presence of a CPR trained person.
Primary and Secondary Prevention

• Foster maternal and infant support services including, statewide home visitation services that is offered to all families with infants
• Continue to get safe sleep information and education into the hands of parents and caregivers; provide safe sleep information prior to newborns discharge from hospital
• Improve access to quality preconception care, prenatal care and postpartum care that includes counseling, contraception and pregnancy planning
• In home medical support services for under-resourced families with children who have high medical needs
• Dissemination of Period of Purple Crying education by all birthing hospitals to all caregivers of the newborn
• Children under age five and children with previous involvement with CPS should be prioritized for in-home services
• Caregiver access to quality, affordable child care
• Infant Safe Haven Public Awareness
Other Improvements

Utilization and completion of a Sudden Unexplained Infant Death Investigation Reporting Form (SUIDIRF) with the family after the death of an infant. The SUIDIRF guides investigators and standardizes data collection to assist in determining accurate cause of death.

Complete and thorough death scene investigations that include doll re-enactment.

Address the lack of data regarding child maltreatment within tribal jurisdictions by working with tribes to improve and support data sharing.
What can you do?

We must gather the knowledge, skills, and resources of all government and community agencies that come into contact with children and families; we need shared accountability and collaboration to end child abuse and neglect deaths.