



IND 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

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



DISCLAIMER

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.

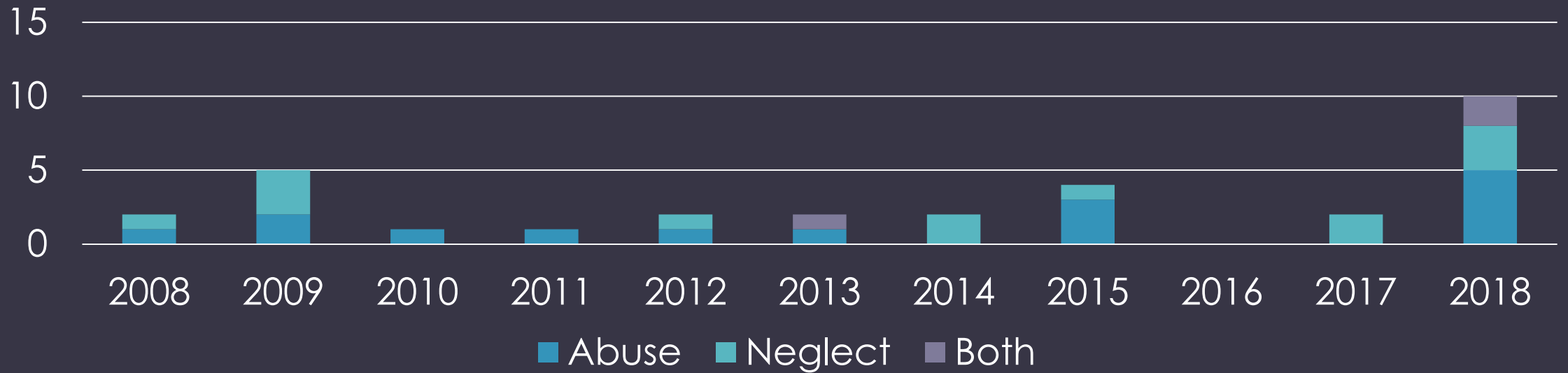


North Dakota's Picture

31 CHILDREN DIED AS THE RESULT OF
CHILD ABUSE AND/OR NEGLECT
CY 2008-2018

Child Maltreatment Fatalities

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?

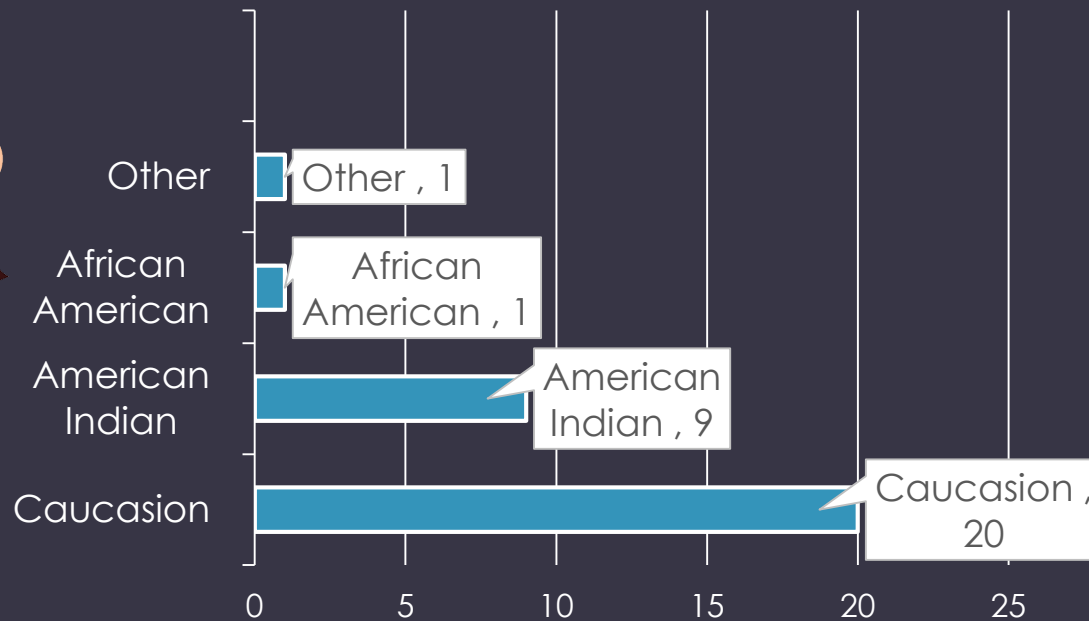
Child Abuse and Neglect Determinations

- 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.

Child Demographics

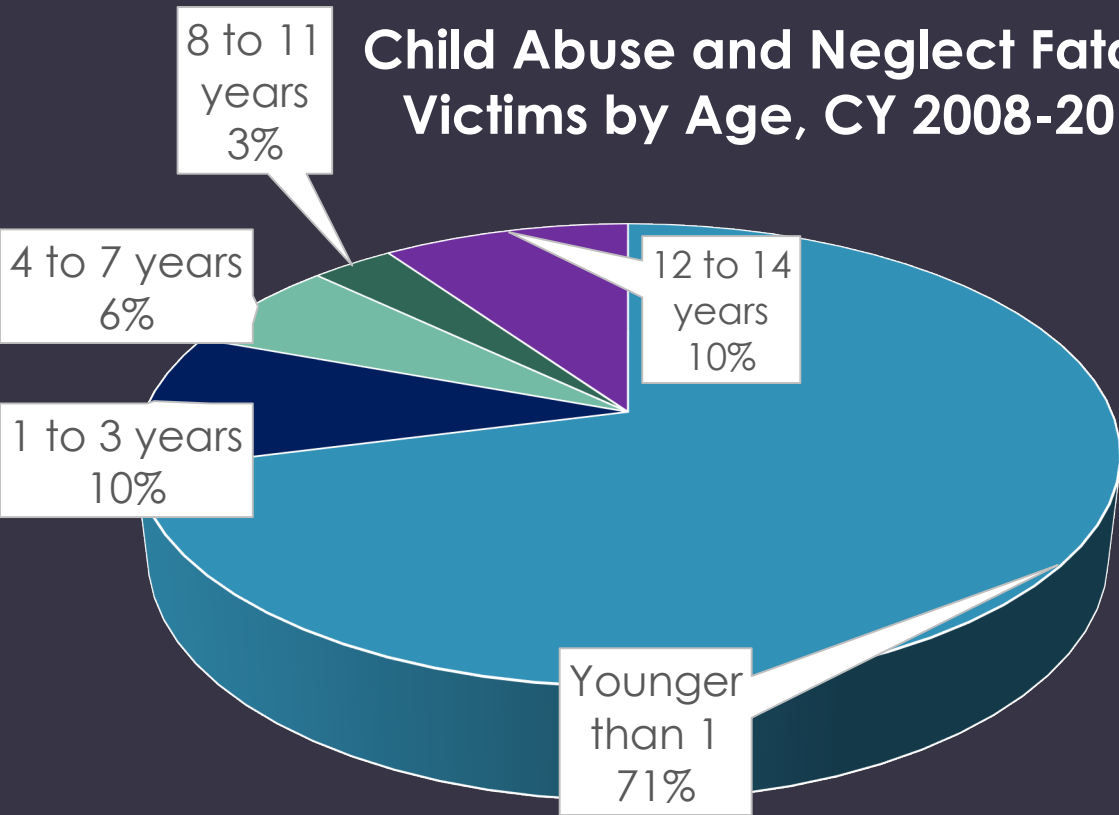
13 Female Children (42%)

18 Male Children (58%)



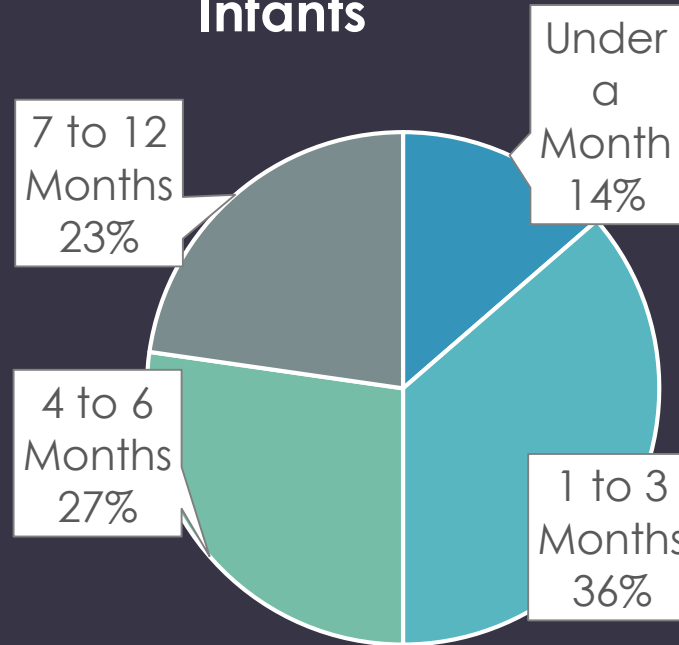
According to the CDC, in 2016, about one in ten (9.68%) children in North Dakota were American Indian, however 29% of the child abuse and neglect fatalities were American Indian children, an over representation of this population.

Child Abuse and Neglect Fatality Victims by Age, CY 2008-2018



- Younger than 1
- 1 to 3 years
- 4 to 7 years
- 8 to 11 years

A Closer Look at Infants



- Under a Month
- 1 to 3 Months
- 4 to 6 Months
- 7 to 12 Months

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

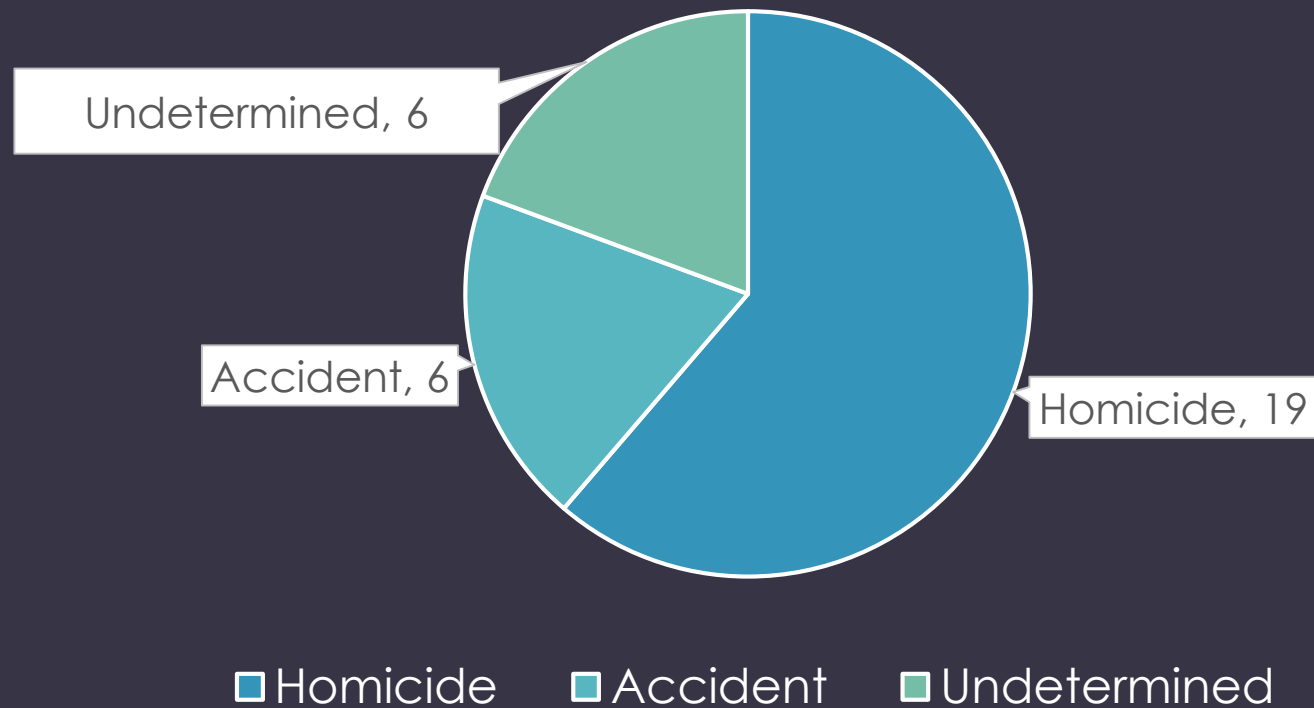
Previous Child Protection Services Involvement

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

15%

Gunshot
Wounds

15%

Starvation/
Malnutrition

5%

Asphyxia

Blunt Force Head Trauma, 65%

CAUSE OF DEATH

Accident

35%

Drowning

15%

Gunshot
Wound

Unsafe Infant Sleep, 50%

33%

Unsafe
Sleep

33%

Neonaticide
(Drowning)

17%

Substance
Exposed
Newborn

17%

Poisoning

Undetermined

Leading Causes of Infant Maltreatment Death

- 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

Filicide

The act in which parents kill their child or children.

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

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



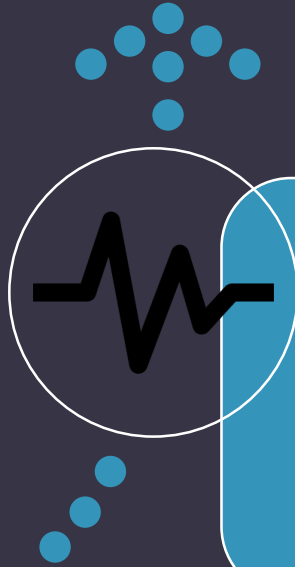
- A 15-year-old died of Gunshot to the Head, manner of death is Accident.
- An 8-month-old died by Ingesting Diphenhydramine, manner of death is Undetermined.
- A 5-year-old died of Anoxic Encephalopathy (Drowning) in a pool, manner of death is Accident.
- An 8-month-old died of Hypoxic Brain Injury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

Nutritional Neglect

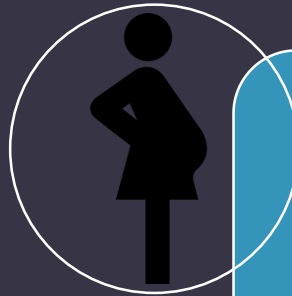


- A 6-month-old died of Chronic Starvation and Dehydration, manner of death is Homicide.
- A 13-year-old died of Chronic Starvation, manner of death is Homicide.
- A 4-month-old died of Chronic Dehydration, manner of death is Homicide

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.

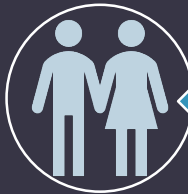
Parents



Mother acted alone (45%)



Father acted alone (32%)



Parents acted together (23%)

Non-Parent Caregivers

Adult Family Member
14%

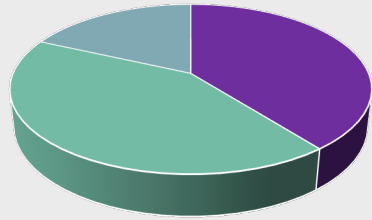
Child Care Provider
(Unlicensed)
29%

Parental Significant
Other
57%

- Parental Significant Other
- Child Care Provider (Unlicensed)
- Adult Family Member

Perpetrator Demographics

33 Perpetrators



■ 18 - 25 Years ■ 26 - 35 Years
■ 36 - 45 Years

Age



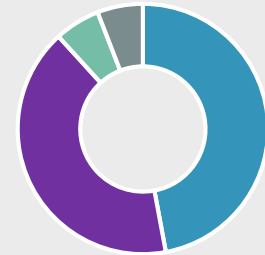
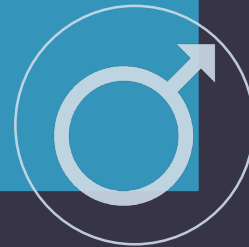
• 55% Female



• 45% Male



Gender

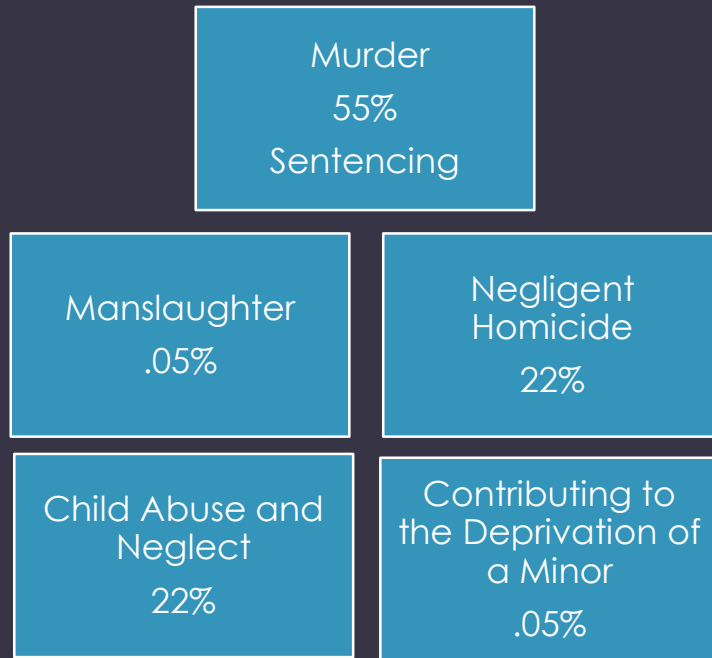


■ White
■ American Indian
■ African American
■ Hispanic

Race



Criminal Charges



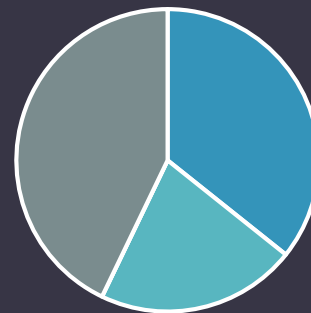
Criminal Prosecution of Perpetrators

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

Sentencing



■ 0-2 Years ■ 3-10 Years ■ 11-20 Years ■ 21+ Years

CAREGIVER RISK
FACTORS

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

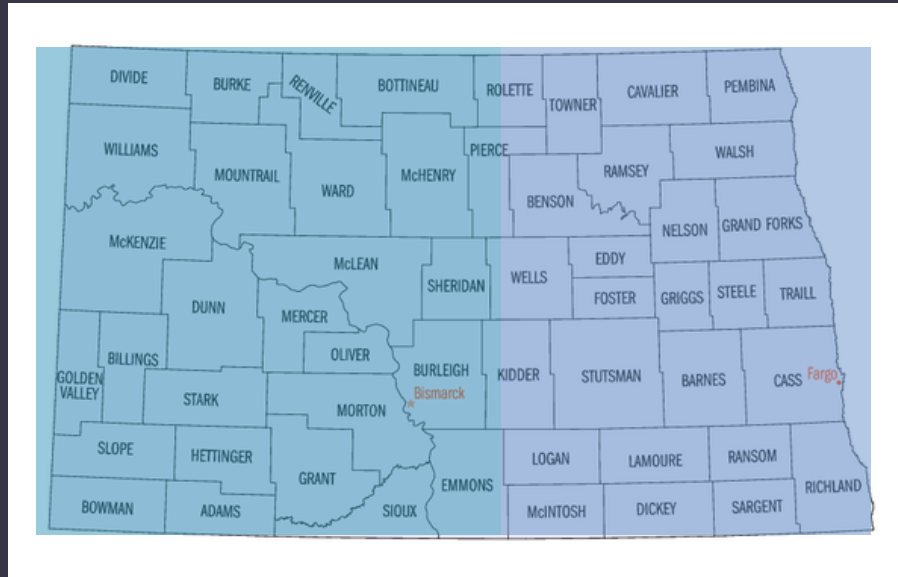
For 19% of the children, their death was the result of chronic maltreatment (68% Abuse, 32% Neglect), in that the death causing event occurred over time.



Where do the Child Abuse and Neglect Fatalities Occur?



48%



52%



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.

