

CHILD MALTREATMENT FATALITIES FACT SHEET

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PART 1. WHAT ARE CHILD MALTREATMENT FATALITIES & HOW MANY CHILDREN BECOME VICTIMS?

The National Child Abuse and Neglect Data System defines a maltreatment fatality “as a child dying from abuse or neglect, because either (a) the injury from the abuse or neglect was the cause of death, or (b) the abuse and/or neglect was a contributing factor to the cause of death.”[1] Usually these deaths result from parent or caregiver mistreatment. This fact sheet provides information about how many children die, the characteristics of the victims and offenders, and the different types of responses to maltreatment deaths. It is important to acknowledge that it is very difficult to study families where children die from maltreatment. First, there aren’t very many abuse or neglect-related deaths, so it can be hard to get a big enough group to study. Second, if child welfare professionals had worked with the family, those records would be confidential and not usually available to researchers. Third, sometimes children or their families have never received social service help and important information about the family, such as stressors, household composition and parent-child relationships are unknown to people outside the family.

How Do Children Die?

More children die from neglect than any other type of maltreatment.[2] A report from the United States government wrote that in 2003, 36% of victims died as a result of neglect, 28% died from physical abuse and 29% died from a combination of abuse and neglect.* [3] Methods of abuse can include when victims are beaten, shot, stabbed, strangled, hanged, or smothered.[4] Child neglect involves acts of omission, such as when a parent does not provide for a child’s needs, fails to supervise the child or to protect a child from harm.[5]

How Many Children Die?

Many child maltreatment fatalities are misclassified as other types of deaths and different states each use their own definitions of what constitutes a maltreatment death; therefore, it is difficult to know how many children die from maltreatment each year. [6]The United States

* The cause of death for the remaining 7% was due to something else other than abuse or neglect, or was unknown.

Administration for Children and Families reported that in 2003, there were 1,500 confirmed child maltreatment fatalities. This means that 2 of every 100,000 children was the victim of fatal treatment by their caregivers.[3] The United States Advisory Board on Child Abuse and Neglect estimated that in 1995 roughly 2,000 children died each year, or five children per day, as a result of maltreatment.[7]

The identification of child maltreatment fatalities has improved over the last 30 years, and may be responsible for some increases in the number of cases reported. [8]However, estimates of deaths have primarily remained stable over time[9]. Nonetheless, it is well understood that child maltreatment fatalities are underestimated. Researchers speculate that maltreatment fatalities are underestimated by 16 to 59%. [10, 11]

Conclusion

- ★ **More children die from neglect than any other form of maltreatment**
- ★ **In recent years, at least 1,500 children died each year from maltreatment.**
- ★ **Child maltreatment fatalities are under reported.**

PART 2. WHO ARE THE VICTIMS?

Demographic Characteristics

Victim's age. The strongest risk factor for being a victim of a child maltreatment fatality is age. Children under the age of 1 are at the greatest risk of being killed. In fact, children are more likely to die during their first year of life than at any other time. [12]Thirty to 40% of victims are less than 1 year old; the vast majority (about 85%) are less than 6 years old.[3, 13, 14] It has been estimated that fatality victims are five times younger than non-fatality victims of abuse. [15]Recent estimates indicate that children ages 0-4 are more likely to die from homicide than from infectious diseases or cancer.[16] The most likely reason for this is that very young children's bodies are not as resilient to physical trauma as are older children.

Victim's gender. Most studies have found that males are slightly more likely to be killed than girls. Males are generally victims about 52%-60% of the time[14, 15, 17, 18]; two studies found that males were more commonly the victims of neglect-related deaths.[2, 4] In its 2005 report, the U.S. Administration for Children & Families found that males were killed at the rate of 18 per 100,000 male children nationwide, compared to the rate of 14 per 100,000 female children nationwide. [3]

Victim's race. There is some conflict about whether race is a risk factor for child maltreatment fatalities. Recent research has found that minorities, and especially African Americans are over-represented among child maltreatment fatalities—a statistics that is consistent with rates of non-fatal maltreatment. [2, 7, 18, 19]

Family Characteristics of Victims

Family stressors. Major life stressors, such as moving, unemployment, the birth of a child or the death of a loved one, are present in many of the families who fatally maltreat children. [15, 17]

Household composition. Household composition is another important risk factor for maltreatment fatalities. Specifically, living with non-family members, having many people in the home and having a recent change in household composition can place a child at-risk for fatal maltreatment. [18, 20] Children of maltreatment fatalities are also more likely to have never-married parents. [15, 18, 19]

Parental Relationship with Children. Research on characteristics of the parent-child relationship in families where children die is very limited. There is some evidence, however,

that parents who kill their children may have inappropriate expectations of their children and lack an understanding of the developmental phases of childhood. [20, 21]

Known to Protective Services. Sometimes children who die as a result of child maltreatment have been involved with child protective services. Other times they have not. The U.S. Administration for Children & Families documents that in 2003, of the children who died as a result of maltreatment, 11% the families had received family preservation services in the past 5 years; and 3% of the children had been reunified with their parents after having been placed in out-of-home care within the last 5 years. [3] Other studies have found that between 30-50% of families in which a child die had previous contact with a social service agency. [14, 15]

Conclusion

- ★ **Children under the age of 1 are most at-risk for maltreatment-related deaths.**
- ★ **Boys are slightly more likely to be killed than girls.**
- ★ **African American children may be more at-risk than the general population to suffer an abuse or neglect-related death.**
- ★ **Families experiencing major life events or stressors are more likely to experience a maltreatment fatality.**
- ★ **When children live with many people in their homes, especially non-family members, they are more at-risk to be fatally maltreated.**
- ★ **About one-third to one-half of children who die from maltreatment have had contact with social service agencies.**

PART 3. WHO ARE THE PERPETRATORS?

Relationship to Victim & Gender of Perpetrator

The overwhelming majority of perpetrators of child maltreatment deaths are biological parents, especially mothers. National statistics report that about 78% of fatalities in 2003 were perpetrated by biological parents. Of those, 39% were committed by mothers (either alone or with a non-parent), 19% were committed by fathers (either alone or with a non-parent) and 20% were committed by mothers and fathers together.[3] Other studies have found similar findings. [2]In cases of neglect mothers are more frequently the cause of their children's deaths. [4]When the perpetrator is not the natural parent, he is most likely a natural parent's spouse (not related to the child) or intimate partner—in other words, a step-father or mother's boyfriend.[2] In such instances, perpetrators are commonly living in the home with the mother and child and performing parenting duties. [15]

Perpetrator's Age

Most perpetrators are young adults. This is probably because adults who have young children are young themselves. Most studies find that perpetrators are under the age of 30.[2, 13, 19]

Conclusion

- ★ Perpetrators are most likely to be caregivers, such as parents, step-parents, or a parent's paramour.**
- ★ Mothers are more often the perpetrators of child maltreatment fatalities.**
- ★ Most perpetrators are under the age of 30.**

PART 4. RESPONSES TO CHILD MALTREATMENT FATALITIES

Many child welfare practices have been spurred by concerns about the immediate safety of a child. For example, most child welfare professionals (usually in cooperation with law enforcement officials) have the legal right to removal children from their caregivers who pose an immediate threat to a child.[22] Many child welfare agencies also have “emergency responders”—workers who respond to a family in crisis where a child may be at risk for harm or shelters that take children whose families are in crisis. [23]

Prevention Campaigns

The leading prevention and education campaign that has resulted from advances in the study of child maltreatment fatalities addresses shaken baby syndrome, an injury that results in bleeding inside the brain and behind the eyes in infants. There have been multiple efforts, at both the state and national levels, to educate caregivers about the damage than can be done by shaking an infant. [24-26]

Safe Haven Laws

One specific type of child maltreatment that often results in fatality is infant abandonment. A recent response to this phenomenon has been “safe haven laws.” These laws allow parents to safely abandon an infant at a designated place where the infant will receive needed care and will be made available for adoption. In return, parents are either excused from criminal prosecution.[27] As of 2003, 45 states[†] had some form of a safe haven law—all enacted between 1999 and 2003.[28]

Child Death Laws

Very often, child maltreatment homicides do not meet the legal standard for a murder trial, such as “purposely,” “knowingly,” and “premeditated” and therefore caregivers who take the lives of children often end up with convictions of manslaughter or endangering the welfare of a child. This often causes an outrage among the public.[29-31] State legislators have responded to such public outcries by passing special laws which say that if a child is killed by maltreatment, a harsher sentence and different legal standard will be applied.[32] As of 2002, 33 states had some type of “child death” statute.[33]

[†] States excluded: Arkansas, Hawaii, Massachusetts, Nebraska and Vermont

Child Death Review Panels

One of the earliest responses to child maltreatment fatalities was the development of “review panels.” The first child fatality review panel was established in 1978 in Los Angeles County, California. Panels generally consist of several different professionals including law enforcement officers, mental health professionals, physicians, child protective workers, attorneys from a district office or the office of attorney general, judicial officers or judges and representation from the state or county’s office of medical examination. [34] As of 2001, 48 states and the District of Columbia had active review panels.[‡] [35] Review panels exist both on the local and state level depending on state population, landmass size and frequency of maltreatment deaths. In order to conduct a review, a panel requests pertinent records of the child’s and family’s life, such as child welfare, medical, educational, mental health and legal records. The panel reviews the records and looks for systemic problems that may have contributed to the child’s untimely death. Based on this review, the panel makes a series of “findings” (problems) and “recommendations” (ways to target the problem areas) which are published in annual reports. [25]

Investigative Trainings

One major outcome of child fatality review teams is the development of more accurate investigative procedures in child fatality cases. Investigative trainings tend to have a multi-agency focus but are generally sponsored by law-related agencies; the primary purpose is to sharpen the skills of investigators so that they can more accurately identify a potential maltreatment-related fatality. Early identification of a maltreatment fatality allows investigators to take important action, such as protecting surviving siblings or collecting evidence for a legal trial.

Conclusions

Some of the most well noted responses to child maltreatment fatalities are:

- ★ Child fatality review panels that examine children’s deaths with the objective of trying to prevent future deaths.**
- ★ “Safe haven laws” allow parents to surrender their newborn infants in designated areas without facing legal prosecution.**

[‡] Massachusetts and Ohio did not have child fatality review panels.

- ★ **“Child death laws” stiffen the penalties for killing children as a result of abuse or neglect.**
- ★ **Increased training for multidisciplinary teams in order to better identify cases of child maltreatment deaths.**
- ★ **Prevention campaigns, especially shaken baby syndrome educational campaigns aim to prevent future cases of maltreatment deaths.**

References

1. National Child Abuse and Neglect Data System, *National child abuse and neglect data system (NCANDS) glossary*. 2000.
2. Levine, M., J. Freeman, and C. Compaan, *Maltreatment-related fatalities: Issues of policy and prevention*. Law & Policy, 1994. **16**(4): p. 449-471.
3. United States Administration for Children & Families, *Child Maltreatment 2003: Reports from the States to the National Child Abuse and Neglect Data Systems - National statistics on child abuse and neglect*. 2005.
4. Margolin, L., *Fatal child neglect*. Child Welfare, 1990. **69**(4): p. 309-319.
5. Bonner, B.L., S.M. Crow, and M.B. Logue, *Fatal child neglect*, in *Neglected children: Research, practice, and policy*, H. Dubowitz, Editor. 1999, Sage Publications, Inc: Thousand Oaks, CA. p. 156-173.
6. Chance, T.C. *Our Children are Dying: Understanding and Improving National Maltreatment Fatality Data*. in *8th International Family Violence Research Conference*. 2003. Portsmouth, NH.
7. United States Advisory Board on Child abuse and Neglect, *A nation's shame: Fatal child and neglect in the United States*. 1995.
8. McCurdy, K. and D. Daro, *Child Maltreatment: A national survey of reports and fatalities*. Journal of Interpersonal Violence, 1994. **9**(1): p. 75-94.
9. McClain, P.W., et al., *Estimates of fatal child abuse and neglect, United States, 1979 through 1988*. Pediatrics, 1993. **91**(2): p. 338-434.
10. Herman-Giddens, M.E., et al., *Underascertainment of child abuse mortality in the United States*. JAMA, 1999. **282**(5): p. 463-467.
11. Ewigman, B., C. Kivlahan, and G. Land, *The Missouri fatality study: Underreporting of maltreatment fatalities among children younger than five years of age, 1983 through 1986*. Pediatrics, 1993. **91**(2): p. 330-337.
12. Child Trends, *Demographics: Infant, child, and youth death rates*. 2005, <http://www.childtrendsdatabank.org/indicators/63ChildMortality.cfm>.
13. Kunz, J. and S.J. Bahr, *A profile of parental homicide against children*. Journal of Family Violence, 1996. **11**(4): p. 347-362.
14. Beveridge, J., *Analysis of Colorado child maltreatment fatalities*. Colorado's Children, 1994. **13**(2): p. 3-6.
15. Anderson, R., et al., *Child deaths attributed to abuse and neglect: An empirical study*. Children and Youth Services Review, 1983. **5**: p. 75-89.
16. Finkelhor, D. and R. Ormrod, *Homicides of children and youth*, in *Juvenile Justice Bulletin*. 2001, U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.
17. Lucas, D.R., et al., *Victim, perpetrator, family, and incident characteristics of infant and child homicide in the United States Air Force*. Child Abuse & Neglect, 2002. **26**: p. 167-186.
18. Stiffman, M.N., et al., *Household composition and risk of fatal child maltreatment*. Pediatrics, 2002. **109**(4): p. 615-621.
19. Herman-Giddens, M.E., et al., *Newborns killed or left to die by a parent: A population-based study*. JAMA, 2003. **289**(11): p. 1425-1429.

20. Chance, T.C. and M. Scannapieco, *Ecological correlates of child maltreatment: Similarities and differences between child fatality and nonfatality cases*. Child and Adolescent Social Work Journal, 2002. **19**(2): p. 139-161.
21. Korbin, J.E., *Incarcerated mothers' perceptions and interpretations of their fatally maltreated children*. Child Abuse & Neglect, 1987. **11**: p. 397-407.
22. Ratterman, D., G.D. Dodson, and M.A. Hardin, *Reasonable Efforts to Prevent Foster Placement: A Guide to Implementation (2. ed.)*. 1987, National Legal Resource Center for Child Advocacy and Protection, American Bar Association: Washington, DC.
23. Liese, L.H., J.L. Anderson, and R.P. Evans, *The Christmas Box House: developing a best practice model for emergency shelter care and assessment*. Journal of Family Social Work, 2003. **7**(3): p. 39-48.
24. New York City Administration for Children's Services, *Video-portrait of promise: Preventing Shaken Baby Syndrome*. n.d.
25. Durfee, M., D.T. Durfee, and M.P. West, *Child fatality review: An international movement*. Child Abuse & Neglect, 2002. **26**: p. 619-636.
26. Douglas, E.M., *Child maltreatment fatalities: What do we know, what have we done and where do we go from here?*, in *Child victimization*, K. Kendall-Tackett and S. Gaicomoni, Editors. 2005, Civic Research Institute: Kingston, NJ. p. 4.1-4.18.
27. Tebo, M.G., *Texas idea takes off*. American Bar Association Journal, 2001.
28. National Conference of State Legislatures, *Update: Safe havens for abandoned infants*. 2003.
29. Rainey, R.H. and D.C. Greer, *Prosecuting child fatality cases*. The APSAC Advisor, 1994. **7**: p. 28-30.
30. Stewart, A.M., *Murder by child abuse*. Willamette Law Review, 1990. **28**: p. 435-447.
31. Wade, G.R., *The trexler saga: Hale & Middlebrooks*. Memphis State Law Review,, 1993. **23**(2): p. 319-327.
32. Phipps, C.A., *Responding to child homicide: A statutory proposal*. The Journal of Criminal Law & Criminology, 1999. **89**(2): p. 535-613.
33. National Center for Prosecution of Child Abuse, *Child abuse crimes: Child homicide*. 2002.
34. Gellert, G.A., et al., *Fatalities assessed by the orange county child death review team, 1989 to 1991*. Child Abuse & Neglect, 1995. **19**(7): p. 875-883.
35. Webster, R.A., et al., *Child death review: The state of the nation*. American Journal of Prevention medicine, 2003.

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