

1-1-2014

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### Recommended Citation

Sarah Silins, *Statistically Speaking: Deepening Our Understanding of Fatal Childhood Maltreatment*, 34 CHILD. LEGAL RTS. J. 252 (2014).

Available at: <http://lawcommons.luc.edu/clrj/vol34/iss2/10>

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## Statistically Speaking: Deepening Our Understanding of Fatal Childhood Maltreatment

*By Sarah Silins*

In 2011, there were 681,000 individual children who were victims of childhood maltreatment, 1,570 of whom died as a result. The following year, the number of child victims increased, totaling 1,640 child fatalities. The U.S. Department of Health and Human Services reports that children under the age of one are most likely to die from Fatal Childhood Maltreatment (FCM), or death as a result of child abuse or neglect. Approximately forty-two percent of FCM's are under the age of one, with eighty-two percent being children ages birth to three. To put these figures in perspective, 1,139 children ages birth to fourteen died in car accidents in 2010. Given the pervasiveness of car travel, the comparable number of childhood fatalities resulting from abuse and neglect suggests that FCM is a critical issue.

The formation of the New York Society for the Prevention of Cruelty to Children in 1875 formally established the practice of protecting children from abuse and neglect. However, examples of child abuse or maltreatment were addressed through the criminal court system dating as far back as the early 1800s. Unfortunately, despite the long-term institutionalization and attempts to protect children from this type of treatment, cases of child abuse and the resulting fatalities are still all too frequent occurrences.

Access to child abuse records in cases resulting in death has been the subject of much debate and legislation, even resulting in an amendment to the Child Abuse Protection and Treatment Act in 1992, allowing for the disclosure of records in fatal cases of child abuse and neglect in certain circumstances. The amendment reads that disclosure may be made permissible for the purposes of "bonafide" research. Although not all states allow access to records for research purposes, Oklahoma does.

In October of 2013, a group of scientists, predominately from the University of Oklahoma, published a twenty-one year study of investigations of childhood maltreatment fatalities in Oklahoma titled *Fatal Child Maltreatment: Characteristics Of Deaths From Physical Abuse Versus Neglect*. On the one hand, the study confirmed findings of earlier studies with regard to the age of the victims, illustrating that child victims tend to be younger, with eighty-five percent of victims being under the age of five. Additionally, the study confirmed that while men were overall responsible for more FCM's, women were more often associated with FCM's that resulted from neglect while men were associated with FCM's resulting from abuse.

What differentiates the Oklahoma study from previous studies regarding FCM was that it included a larger population over a longer period of time. Previous studies spanned a mere one to nine years, whereas the Oklahoma study covered twenty-one years, from 1986 to 2006. The Oklahoma study was based upon the deaths of 685 children in the state of Oklahoma, which was a significantly larger population than previous studies that ranged from investigating 28 to 276 cases.

The Oklahoma study was the result of collaborations between the Oklahoma Child Death Review Board, the Oklahoma Department of Human Services (Child

Welfare division) and the University of Oklahoma. The records for the Oklahoma study were obtained directly from the Oklahoma Child Death Review Board. The names and files were identified by DHS as deaths resulting from childhood maltreatment and those cases were passed on to University researchers and became the basis for their findings. The files from the Oklahoma Death Review Board included the children's names (although the Oklahoma state statute provides that the names may not be published in the study), the investigation reports from the Department of Human Services and local law enforcement agencies, and reports from the medical examiner's office. The file from the Department of Human Services also included a description of the incident that ultimately led to the child's death.

The Oklahoma study was not only unique in that it covered a larger population over a longer period of time, but also in that the researchers specifically investigated the differences in FCM's as a result of physical abuse versus those FCM's that were a result of neglect. The researchers addressed factors such as the characteristics of the alleged perpetrators, the child's family size, and whether there had been prior contact with the child welfare system.

The Oklahoma study found evidence demonstrating that particular features of either individual caregivers or families, tended to have an impact on the likelihood of an FCM occurring as a result of either abuse or neglect. These findings are important as they can inform programming and interventions aimed at prevention. Understating more about the perpetrators allows for more accurate and targeted resources, with the hope of increasing the efficacy of interventions and ultimately the prevention of further childhood deaths resulting from abuse or neglect.

The different characteristics in FCM's that resulted from abuse versus those that resulted from neglect are reflected in the findings of the study. Children who died as a result of neglect were more likely to come from larger families, where there had been a prior child maltreatment investigation of the family (twenty-nine percent of the cases) but *not* an investigation specific to the child victim. In twenty-six percent of the cases there had been no prior investigation by child protective services of the child victim. Furthermore, in cases in which a child died as a result of neglect, forty-three percent of the alleged perpetrators were biologically related to the victim, and forty percent of the alleged perpetrators were women, typically the mother. By comparison, ten percent of perpetrators in neglect resulting in death cases were men. The authors state that these findings indicate that targeting resources aimed at preventing neglect in families with these characteristics, larger family size with previous system contact where the mother is the caregiver, may be more effective.

In contrast, in abuse resulting in death cases, only nineteen percent of families had prior contact with child protective services, and in only fourteen percent of the cases had there been previous contact with child protective services for the specific child victim. Furthermore, only twenty-nine percent of the alleged perpetrators in these cases were biologically related to the child victim, and thirty-four percent were men. In contrast, sixteen percent of the alleged abuse perpetrators were women. The differences in characteristics among FCM's that result in abuse versus neglect similarly illustrate that

prevention based programming may be more effective when directed to the populations more likely to benefit from specific targeted services.

While this study provided researchers with a much more comprehensive understanding of the difference between abuse and neglect FCM cases, the study also had limitations. The lack of independent investigations of the FCM's forced researchers to be reliant and work solely with what preexisted in the files they received from the Child Death Review Board. As a result, there were several other factors that the study was unable to address, limiting the findings of the study. In particular, the researchers mention that they were unable to investigate the role of a parent's mental health status or the overall socio economic status of the family.

Ultimately, the Oklahoma study authors emphasize focusing programming on addressing physical abuse of children amongst men. Furthermore, the authors note that the prevalence of mothers in FCM neglect cases may be a result of the frequency with which mothers are primary caregivers. As a result, the authors suggest providing services aimed at preventing neglect specifically targeting mothers who may be at a greater risk

The Oklahoma study shed light on how current programs aimed at preventing child deaths as a result of maltreatment may be enhanced and how new programming can be effective. Gaining further understanding on the critical components of the impact of socioeconomic family status, the mental health of parents and caregivers, and the families interaction with other governmental resources and programs can only provide further insight into how future FCM's can be prevented.

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