Current Trends in Child Abuse Prevention and Fatalities: THE 2000 FIFTY STATE SURVEY

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Acknowledgements

Preventing the abuse and neglect of our nation's children is the mission of Prevent Child Abuse America (PCA America). Finding ways to prevent child abuse and neglect,[1] and promoting public policy strategies and programs in communities are key goals in reaching our mission. To help achieve these goals, the National Center on Child Abuse Prevention Research, a program of PCA America, has been collecting detailed information from all 50 states and the District of Columbia on the number and characteristics of child abuse reports, the number of child abuse fatalities, and changes in the funding and scope of child welfare services since 1986. We provide an annual summary of these data to PCA America's Chapter network, child protection service agencies, advocates, policy makers, researchers and the public at-large. It is our hope that by providing these data we can document the scope of child abuse and neglect and its effective prevention strategies, and begin to establish child abuse and neglect prevention as a public policy priority at the national, state and local levels. In this way we can help to raise the value our society places on children, prevent abuse and neglect, and allow our nation's children to grow to their full potential.

This report, Current Trends in Child Abuse Prevention and Fatalities: The 2000 Fifty State Survey summarizes the findings from the most recent survey. These data represent the current available estimates of the number of child abuse fatalities nationwide for 2000.[2] More importantly, we hope that this report can assist you in your efforts to prevent child abuse locally, statewide or nationally.

On behalf of the National Center on Child Abuse Prevention Research and PCA America, we would like to thank the people who have contributed to this publication especially Roy Harley, Gaylord Gieseke, Michael Durfee, Domarina Oshana and Alicia Warren, for without you it would not be possible. Many thanks to state child protective services agency liaisons for completing the survey, Child Death Review Team members, leading researchers, and practitioners in the field. Thank you all for your time, talents and contributions.

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Highlights of the 2000 Fifty State Survey Findings

The following highlights are based on state responses to the *2000 Fifty State Survey*. A total of 50 states and the District of Columbia[3] responded to the survey, but not all were able to respond to every question on the survey.

Prevention of Child Abuse and Neglect

These highlights are based on information collected on prevention efforts including CPS efforts, program and practices related to child welfare outcomes, policies and legislation. Thirty-eight states provided information on questions taken from key recommendations for child protective services (CPS) outlined in the *National Call to Action* (Cohn Donnelly, Shaw, & Daro, 2000b) [see Appendix B]. Thirty-three states reported on programs and practices being implemented to achieve the child welfare outcomes addressing child safety, permanency and well-being. A total of 28 states provided information on funding, policy and legislation.

- Compared to 1999 there was an overall increase in "notable action" taken to address the *National Call to Action* key recommendations and strategies for CPS. Greater attention to providing unique services of developmental disabilities and mental health continue to appear to be the most challenging strategies for CPS agencies to put into action (see Figure 1 and 2).

- The most common prevention services cited by states were home visiting programs (10) with Healthy Families America (HFA), a neonatal home visiting program for families, most frequently mentioned (7). Other noted prevention services were school and home-based services for youth (4) and domestic violence programs (3).

- There are 28 states implementing over 100 prevention, intervention and treatment programs/ practices to achieve outcomes of safety, permanency and well-being for children and families.

- There appears to be a trend toward less funding for family support and family preservation, but increased funding to support other programs and CPS infrastructure.

Child Maltreatment Fatalities

Child fatality estimates are based on the number of children who have died due to causes related to child abuse and neglect as confirmed by CPS agencies nationwide. Forty-eight states representing over 95% of the population under 18 were able to provide fatality data for 2000 (see Table 3).

- In 2000, an estimated 1,356 children died as a result of child abuse and neglect, nearly four children every day.

- In 2000, the estimated rate of deaths per 100,000 U. S. children in the population was 1.87.

- Children under 5 years old account for four out of five of all fatalities reported, rivaling congenital anomalies as the 2nd leading cause of death of children ages 1-4 in the U.S.

- Children under 1 year old account for two out of five of all fatalities reported.

The Results Of The 2000 Fifty State Survey

Introduction

Concern for the welfare of children, particularly those who are abused or neglected, has been longstanding among medical and health professions, social service providers, and the general public. Legislation that defines child abuse and determines the appropriate role for child welfare agencies has been a part of state statutes for nearly 30 years (U.S. Department of Health and Human Services, 1999).

In 1974, the Federal government passed P.L. 93-247, the Child Abuse Prevention and Treatment Act (CAPTA). Although the passage of this legislation established a set of uniform operating standards with respect to the identification and management of child abuse cases, states definitions of maltreatment, investigative procedures, service systems and data collection procedures have created challenges in reporting and collecting national totals. Limited information is readily available on the comparative scope of child maltreatment given the varying definitions and recording systems; likewise, child maltreatment prevention resources suffer from a lack of availability, uniformity, and standardization. Moreover, implementation of CAPTA at the state levels, with few exceptions, emphasizes *treatment over prevention.*

Research studies and surveys, including PCA America's *Fifty State Survey*, over the past two decades have contributed to our knowledge base of the scope and severity of CAN. Yet, the challenges in collecting and reporting national totals on child maltreatment statistics and prevention efforts remain. The *2000 Fifty State Survey* takes a closer look at two pressing needs. The first is the important role of prevention, specifically at the most effective prevention programs and how they are funded. The second need, based on feedback from PCA America Chapters and other prevention experts, is to better understand child fatalities and the kind of prevention strategies that can best reduce fatalities. This survey differs from previous surveys, as it did not attempt to gather data on child abuse and neglect reports or substantiations. Instead, the National Center is working with the National Child Abuse and Neglect Data System (NCANDS)[4] and the Centers for Disease Control and Prevention (CDC) to ensure that our nation has the best systems available for gathering and tracking child maltreatment incidences.

Overview and User's Guide

This report summarizes the highlights and findings from the most recent survey. The highlights and findings are based on responses from 50 states and the District of Columbia, although all states have not responded to all questions. The results are reported in two main sections: Child Abuse and Neglect Prevention, and Child Maltreatment Fatalities. At the beginning of each are highlights followed by the complete findings for that section. Estimating procedures for child maltreatment fatalities should be used when interpreting the results for child maltreatment fatalities. In addition, throughout the document are references and links to sites containing additional information on the topics cited.

Appendix A contains the data gathering procedure and a sample of the *2000 Fifty State Survey* questions. The complete questionnaire can be found on our web site www.preventchildabuse.org. Questions relevant to the *National Call to Action* are presented in Appendix B.

Child Abuse and Neglect Prevention

Highlights

These highlights are based on information collected on prevention efforts from the *2000 Fifty State Survey* including CPS efforts, programs and practices related to child welfare outcomes and policies and legislation. Thirty-eight states provided information on questions taken from key recommendations for CPS outlined in the *National Call to Action* (Cohn Donnelly et al., 2000b) [see Appendix B]. Thirty-three states reported on programs and practices being implemented to achieve the child welfare outcomes addressing child safety, permanency and well-being and 28 states provided information on funding, policy and legislation.

- Compared to 1999 there was an overall increase in "notable action" taken to address the *National Call to Action* key recommendations and strategies for CPS. Greater attention to providing unique services of developmental disabilities and mental health continue to appear to be the most challenging strategies for CPS agencies to put into action (see Figure 1 and 2).

- The most common prevention services cited by states were home visiting programs (10) with Healthy Families America (HFA), a neonatal home visiting program for families, most frequently mentioned (7). Other noted prevention services were school and home-based services for youth (4) and domestic violence programs (3).

- There are 28 states implementing over 100 prevention, intervention and treatment programs/ practices to achieve outcomes of safety, permanency and well-being for children and families.

- There appears to be a trend toward less funding for family support and family preservation, but increased funding to support other programs and CPS infrastructure.

Child Abuse Prevention Efforts

Efforts to prevent child abuse and neglect include a wide range of activities with the goal of helping families of our nation's youngest children receive the necessary support and education, (Cohn Donnelly & Shaw, 2001; Harding, 2002). To be effective, prevention efforts require an understanding of the types and causes of maltreatment and fatalities. Prevention and intervention activities must address the risk factors for maltreatment, and strengthen families and communities to create healthier environments for raising children. Prevention promotes the actions, thoughts and interactions that lead to familial well-being and the healthy, optimal development of children (Britton, 2001).

Recommendations and Strategies for Improving CPS

The Children's Hospital of San Diego convened a conference in January 2000, from which came the *National Call to Action*, a coordinated, collaborative and multidisciplinary national effort to work toward the elimination of child maltreatment (Chadwick, 1999; Cohn Donnelly & Shaw, 2001). One focus of the *National Call to Action* is to help the field build on past efforts by encouraging the realization of all the priority recommendations contained in seminal reports of the last decade (see www.nationalcalltoaction.com). In the *2000 Fifty State Survey,* state liaisons were asked about implementing the key recommendations and strategies for CPS, which were found in

18 of the most often cited reports or plans related to child maltreatment (Cohn Donnelly, Shaw, & Daro, 2000a).

Thirty-eight of the responding liaisons reported on the *National Call to Action* recommendations and strategies. We compared the same 31 states that provided responses to these questions for both 1999 and 2000, and found an overall increase in notable action taken in 2000 (Figures 1 and 2). The largest increase in the notable actions taken by states were in the following two areas:

1) Establishing a quality assurance system designed to monitor staff compliance with best practice standards (an increase of 9 states taking notable action in 2000).
2) Better engaging a child's family and natural networks in the treatment plan (an increase of 8 states taking notable action in 2000).

On the other hand, compared to 1999, there were two areas that states seemed to have taken fewer actions in 2000:

1) An expedited system for terminating parental rights (a decrease from 28 states taking actions in 1999 to only 19 states in 2000).
2) Establishing cultural standards for competency-based practice (a decline from 28 states taking actions in 1999 to 24 states in 2000, and an increase of 3 states taking no actions were taken in 2000).

Paying greater attention to unique services of developmental disabilities and mental health continue to appear to be the most challenging strategies for CPS agencies to put into action.

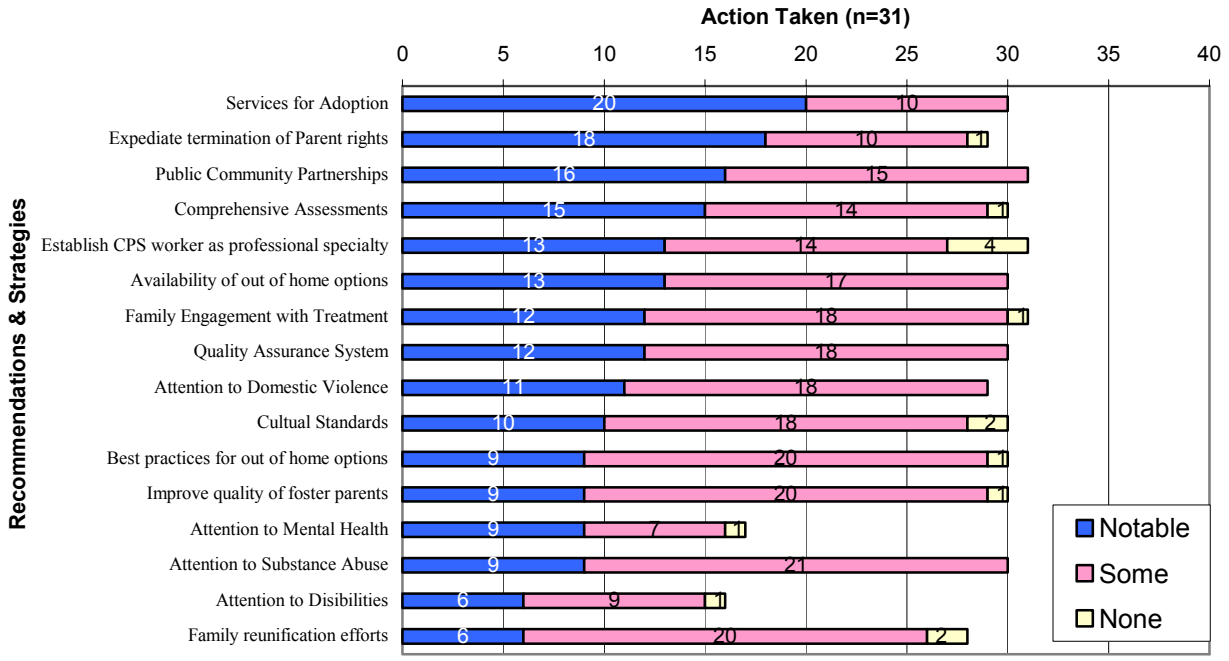

Figure 1. Actions taken by CPS to *Call to Action* Recommendation and Strategies, 1999

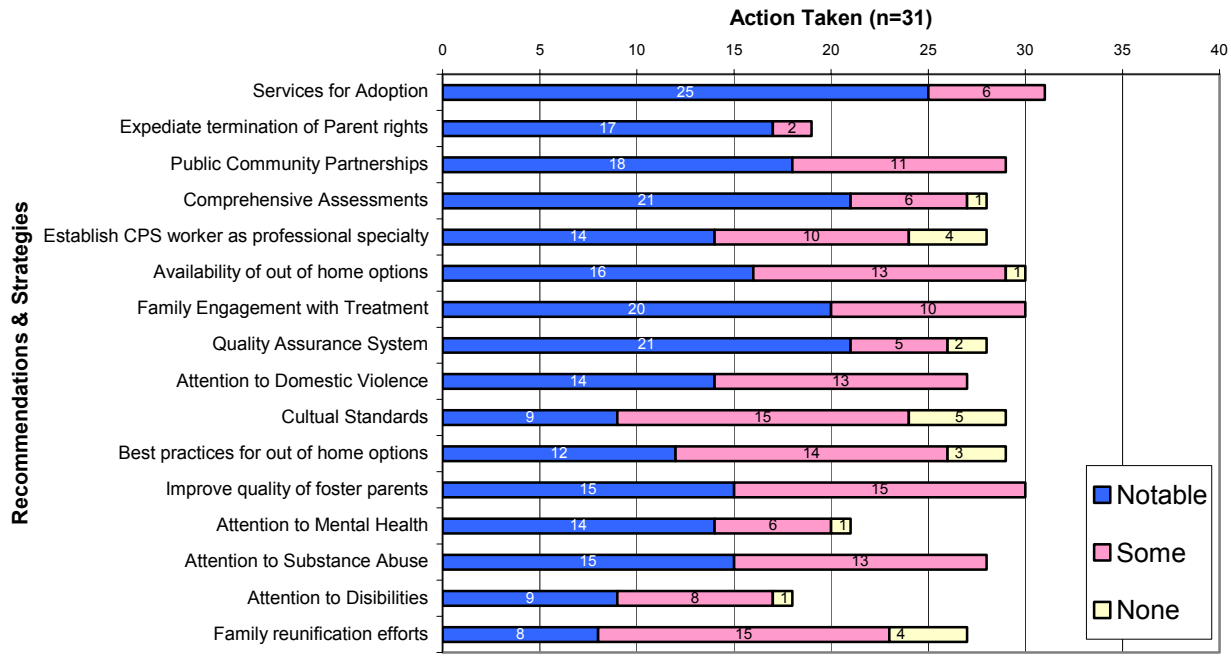

Figure 2. Actions taken by CPS to *Call to Action* Recommendation and Strategies, 2000

Prevention Funding, Legislation and Services

The ability of the child protection system to respond to reports of child abuse and neglect, and fatalities caused by child abuse and neglect largely depends on the resources available. The amount of funding CPS agencies receives dictates whether reports are investigated, victims of CAN receive services or efforts are made to prevent maltreatment before a family enters the system. In this section, we investigate not only changes in child welfare budgets, but also spending plans for resources designed to prevent child abuse. In the *2000 50 State Survey,* CPS liaisons were asked questions regarding prevention funding, policies, legislative actions and services in their states. Slightly more than half (56%) of the state liaisons responded to these questions.

In 2000, all states were provided with funding for child welfare intervention and prevention services through congressionally approved appropriations. There was a total increase of $187,000 in FY 2000 appropriations over FY 1999 for programs that are funded to contribute to the reduction of child abuse and neglect: Promoting Safe and Stable Families ($295,000,000 an increase over FY1999 of $20,000), Child Welfare Services ($291,989,000 an increase over FY 1999 of $93,000), Child Abuse Prevention Programs ($35,180,000 an increase over FY 1999 of $64,000), and Community-Based Resource Centers ($32,835,000 an increase over FY 1999 of $10,000) [see http://www.research.fsu.edu/medschool/manual/toc.html].

In order to understand how state resources are related to children, we took the 2000 CPS budget information provided by 25 state liaisons and divided it by their state child population under 18 to compute the CPS budget allocated for each child by each state (Figure 3).

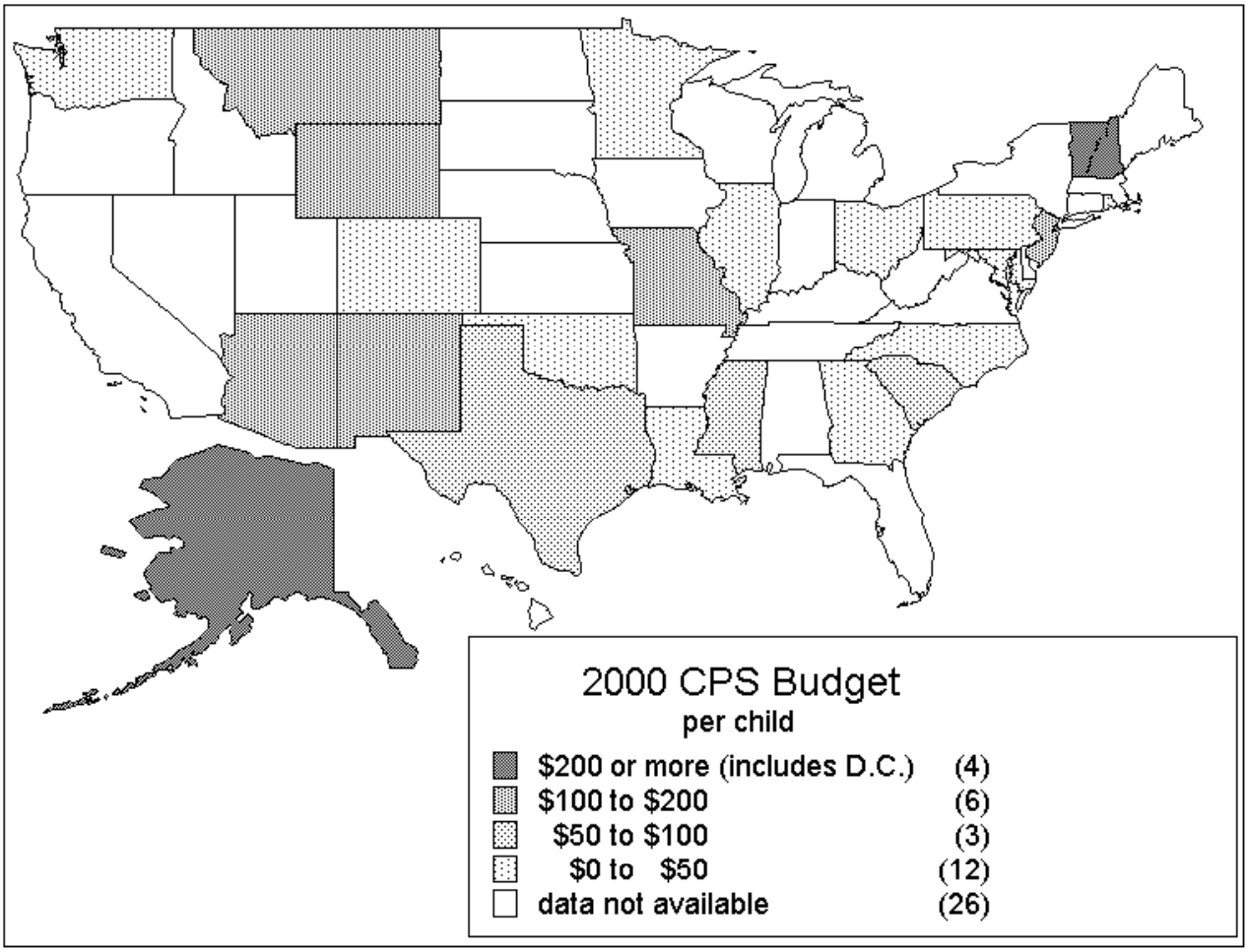

Figure 3. CPS State Budget per Child in 2000

Compared to 1999, of the 39 states providing responses, 16 (41%) reported an increase in resources in 2000, one state (3%) reported a budget cut, while 22 states (56%) maintained 1999 funding levels. When comparing the same group of states (33) to 1999, there was a decrease by three states in funding for child protective services in 2000. The majority of the states have not received any additional funds over the three-year period 1998-2000 (51.5%); therefore, they have lost purchasing power due to inflation. And although over 40% of the states reported an increase of funding in 2000, it is unclear if the increase is related to inflation or a real increase in budget.

Questions on the survey regarding the budget were linked to both CPS staff (Table 1) and prevention efforts (Table 2). When there were increases in funding it did not always translate into more staff or increased staff qualifications, yet the situation did improve from 1999 to 2000 (Table 1). In 2000, 13 (34%) of the responding states hired new investigative staff, 10 (26%) of the responding states increased the number of case managers, 11 (30%) of the responding states were able to enlarge their supervisory staff, and 5 (14%) of the responding states increased staff qualifications. Overall, 9 states had sufficient resources to expand investigation, case manager and supervisory staff, and 3 states expanded service capacity in *all four areas* (Table 1).

Table 1
Change in Staff Capacity in 2000

	Increase		Same		Decrease	
	Number	**Percent**	**Number**	**Percent**	**Number**	**Percent**
Initial Investigations	13	34%	23	61%	2	5%
Case Management	10	26%	26	68%	2	5%
Staff Supervision	11	29%	26	68%	1	3%
Staff Qualifications	5	14%	32	86%	0	0%

When state liaisons were asked about allocations of the Promoting Safe and Stable Families resources, 33 indicated that an average of 32% of the funds were allocated to family support services, while an average of 26% of the funds went to family preservation. The remainder, an average of 43% was allocated to other programs such as time-limited family reunification, adoption, promotion and support, or to other activities such as administration, training, technical assistance and ongoing planning (Table 2). Looking over the past three years, these numbers represented a decrease in percentage of funds allocated to family support services (55% in 1998 and 37% in 1999), a slight decrease for family preservation allocations (31% in 1998 and 27% in 1999), but an increase in allocating funds to CPS infrastructure needs and other programs (14% in 1998 and 30% in 1999). Questions regarding supplanting of funds were not asked. There appears to be a trend toward less funding for family support and family preservation, but increased funding to support other programs and CPS infrastructure.

Table 2
Allocations of Promoting Safe and Stable Family Resources Over Three Years

	1998 (n = 32)	**1999** (n = 33)	**2000** (n = 33)
Family Support Services*	55%	37%	32%
Family Preservation*	31%	27%	26%
Other Programs	14%	30%	43%

*State-by-state Family Support Services allocations ranged from 20% to 100% in 1998 and 2000, and from 8% to 100% in 1999. Family Preservation allocations ranged from 0% to 75% for all three years.

The 2000 survey results suggest that more states are targeting funds for families with high-risk indicators for child maltreatment than in 1999. Of the 39 responding states, 21 (54%) indicated that their program money was used for a specific target population compared to 17 states in 1999. Likewise, 20 (51%) of the responding states reported that they used the money to provide services primarily to the following populations: teen or first time mothers, parenting education for young parents, substance abusing parents, families experiencing domestic violence, foster children and families receiving Temporary Assistance for Needy Families (TANF).

While there were 29 states responding to the questions regarding legislative policies, 8 (28%) stated that no policy or legislative action enacted in the previous 12 months at either the state or federal level had an impact on CPS services in their state. Policies relating to adoption including clarification of definitions, permanency policies, and incentives remained a noteworthy influence to CPS, accounting for 41% of the responses. Safe Haven, the legislation for abandoned babies

first passed in 1999 that allows parents to anonymously place their newborns in the care of the hospital or other participating institutions, accounted for 21% of effective policies (see http://www.cwla.org/programs/pregprev/flocrittsafehaven.htm for descriptions on Safe Haven's status in each of the 35 states that have passed "safe haven" laws between 1999 and July 2001). In addition, a number of states reported that initiatives such as reviewing and redefining prior legislation had a significant impact on state CPS services.

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 consolidated three programs, Aid to Families with Dependent Children (AFDC), Job Opportunities and Basic Skills (JOBS, a job-training program), and Emergency Assistance, into one state block grant (see http://www.acf.dhhs.gov/programs/opa/facts/prwora96.htm). States receive a fixed allocation of funds each year from the federal government, yet have a great deal of flexibility in how they design and operate TANF. Eligibility, benefits and services provided differ substantially from state to state. In order to ease the transition from welfare to work, states are required to sustain spending levels at 80% of their FY 1994 allocations regardless of the size of their welfare caseload.

State liaisons were asked if their state was allocating any TANF or TANF Maintenance of Effort (MOE) funding toward prevention efforts and to describe those funded programs. Of the 34 states responding to this question, 26 (76%) said that their state was allocating TANF or the State Children's Health Insurance Program (S-CHIP) funding to support CAN prevention efforts. The funding varied with the largest amount from TANF for 23 state programs combined at approximately $285 million, with TANF MOE for 22 state programs combined at $110,150,036, while no funds came from S-CHIP or Medicaid. Lastly, one state allocated $5,250,000 from sources other than TANF, TANF MOE, S-CHIP, or Medicaid for two programs.

Although some families have not yet reached the lifetime assistance limits established by TANF, the Department of Health and Human Services (DHHS) is undertaking a study of the effectiveness of welfare-to-work programs through The National Evaluation of Welfare-to-Work Strategies (NEWWS). Four types of child outcomes were measured: cognitive development and academic achievement; safety and health; problem behavior and emotional well-being; and social development. (For the latest study results see http://aspe.hhs.gov/hsp/NEWWS/index.htm.) A preliminary study by Zaslow, McGroder, and Moore (2000) indicates that welfare-to-work programs do have the potential to affect children favorably as well as negatively "*findings differed according to the aspect of the children's development examined, with impacts in the area of cognitive development favorable, in the area of health unfavorable, and in the area of behavior mixed [including both favorable and unfavorable impacts]" (see* http://aspe.hhs.gov/hsp/NEWWS/child-outcomes/summary.htm#overview).

Preventive programs and services supported by this funding were also wide ranging and varied. Of the 26 states allocating funds for prevention services 10 (38%) funded at least one program; 13 (50%) funded two programs, with 1 state (4%) funding 8 different programs; and 3 did not list the programs they funded. The average number of programs for the 23 states was 2.6 (n = 60 programs). The most often listed prevention programs included home visiting (10) of which 7 named Healthy Families America (see www.healthyfamiliesamerica.org), school and home-based services for youth (4), and domestic violence programs (3).

In 1992 PCA America launched a nationwide prevention initiative, Healthy Families America, offering voluntary home visiting services to parents of newborns. The purpose of HFA is to ensure that all new parents, particularly those at high risk for child maltreatment, have access to the support they need to care for their babies. As of January 2001, this initiative has resulted in the establishment of 417 affiliated programs in 39 states and the District of Columbia, up from 311 programs in the same number of states in 1998 (Daro and Winje, 2000). HFA offered parenting education and support services to nearly 40,000 parents nationwide. HFA programs are demonstrating their ability to address risk factors for child maltreatment (i.e. help reduce parental stress and provide education on positive parenting practices), which lead to a reduction in child maltreatment. Most other states have established task forces to explore the development of these efforts and funding opportunities. Funding of prevention programs, such as HFA, may look to federal and state agencies to supplement current funding in order to serve an extensive base of families (Britton, 2001).

Practices for Positive Child Well-Being Outcomes and Innovative CAN Prevention Programs

Thirty-three state liaisons responded to questions pertaining to the kind of programs or practices their state was implementing to achieve outcomes of safety, permanency and well-being for children. Twenty-eight (85%) of the responding states reported that they had implemented a total of over 100 programs and practices. Of these programs and practices, 68% focused more closely on involving family members in the planning, decision-making and selection of services for the protection of their children. Thirteen (46%) of the liaisons indicated that their states had instituted programs related to kinship and foster care to increase permanency outcomes and thirteen (46%) of the liaisons identified infrastructure and systems redesign to assure positive child welfare outcomes.

State liaisons were then asked whether their state had implemented new programs, innovative procedures or policies that provided important directions for other states. Thirteen (62%) of the 21 responding states replied yes. The majority of programs, procedures and policies state liaisons described were unique to their state. Some of the overlap between states concerned safety assessments, foster and kinship care programs, family support innovations, family planning services with an emphasis on abstinence, and enhanced data base systems. These innovative programs and practices include:

1. Family group decision making (FGDM) – Ohana Conferencing in Hawaii - (see http://www.americanhumane.org for more information, and http://www.wvdhhr.org/bcf/youth_services.htm for West Virginia's implementation);

2. Kinship care adoption; and foster care initiatives (see http://www.aoc.state.nc.us/www/public/aoc/pr/adoption.html for North Carolina's Adoption Acceleration Project and http://www.gov.state.ak.us/omb/2002site/Budget/H&SS/comp2305.pdf for Alaska's Project Succeed);

3. Whole communities engaged as resources to families (see North Carolina's use of Community Child Protection Teams http://www.dhhs.state.nc.us/dss/c_srv/cserv_commun.htm);

4. Structured decision making (SDM) – which includes safety, risk, needs and priority assessment (see http://www.ncjrs.org/html/ojjdp/jjbul2001_7_1/contents.html for an overview);

5. Child services enhancement and cooperation — Greenbook Demonstration Project in New Hampshire (see http://www.dvlawsearch.com/pubs/images/EftvIntr.pdf for the protocol);

6. Title IV-E Waiver Demonstration Project—re-routing funds to test more effective services for children (see http://www.aphsa.org/cornerstone/default.asp for an overview and http://www.scf.hr.state.or.us/ive for Oregon's initiative); and,

7. Case Plan Reporting System—online database to more efficiently track juveniles, with the ultimate goal of improving permanency (see http://cprs.state.ga.us for the project in Georgia).

Child Maltreatment Fatalities

Highlights

Child fatality estimates are based on the number of children who have died as a result of child abuse and neglect related causes as confirmed by CPS agencies nationwide. Forty-eight states representing over 95% of the population under 18 were able to provide fatality data for 2000 (see Table 3).

- In 2000, an estimated 1,356 children died as a result of child abuse and neglect, nearly four children every day.
- In 2000, the estimated rate of deaths per 100,000 U. S. children in the population was 1.87.
- Children under 5 years old account for four out of five of all fatalities reported, rivaling congenital anomalies as the 2nd leading cause of death of children ages 1-4 in the U.S.
- Children under one year old accounting for two out of five of all fatalities reported.

CAN Related Fatalities

One of the greatest tragedies is the death of a child from abuse or neglect. Although such deaths are relatively infrequent, based on estimated numbers, they have risen 8% over the past 5 years (Table 3) while most other types of societal violence has decreased (Lattimore, Trudeau, Riley, Leiter, & Edwards, 1997).

Note: *Extensive investigative procedures and the use of formal death review teams, now in all states (see http://ican-ncfr.org/surgeon_general.htm), that examine all of the evidence pertaining to fatalities, based on their state mandate which varies from state to state, have resulted in formal confirmation occurring over several months, and in some cases, years after a child has died. The length of time it takes for the confirmation of fatalities and the timing of data collection impact the final child abuse and neglect related fatalities reported by CPS. In addition, each state legislation affects the numbers from state to state and from year to year depending on what states pass legislation and when. Consequently, these data should only be viewed as estimates. Other agencies also collect data that is affected by these factors (see the National Child Abuse and Neglect Data System [NCAND] Child Maltreatment 2000 at http://www.acf.dhhs.gov/programs/cb).*

Table 3

Estimated Child Abuse and Neglect Related Fatalities

STATE	1996	1997	1998	1999	2000
Alabama	32	25	31	30	32P
Alaska	NA	DNR	3	6	8
Arizona	13	12	10P	9P	8P
Arkansas	9	3	4	9	12
California	152[a]	135[a]	125[a]	124[b]	110[b]
Colorado	26	24	28	32	27
Connecticut	7	6	8	3	9
Delaware	12	2	3	3	0
District of Columbia	6	6	6	7	3
Florida[c]	49	78	54	57	65
Georgia	23	24	37	42	45
Hawaii	4	6	8	0	5
Idaho	11	4	3R	4	1
Illinois	85	89	70	76	78
Indiana	43	46	65	41	44
Iowa	14	11	10	10	19
Kansas	8	7	13	6	7
Kentucky	15	22	19	20	27
Louisiana	25	17	27	27	41P
Maine	2	4	2	3	3
Maryland[d]	NA	17	24	36	26
Massachusetts	5	1	13	3	4
Michigan	NA	NA	40	51P	55P
Minnesota	8	6	3	27	12P
Mississippi	12	18	5	7	12
Missouri	43	49	37	46	48
Montana	5	2	3	3	2
Nebraska	1	4R	1	1	NA
Nevada	17	18	13	7	3
New Hampshire	3	1	1	3	7P
New Jersey	21	39	27	30	32
New Mexico	7	5	5	7	5
New York	54	57	67	78	72P
North Carolina	45	45	22	22	29
North Dakota	NA	1	2	1	NA
Ohio	NA	NA	NA	SNA	SNA
Oklahoma	29	42	45	47	48
Oregon	30	34	24	18	21
Pennsylvania	33	49	52P	50P	35P
Rhode Island	4	3	2	4	5
South Carolina	7	9	16	13	20
South Dakota	2	3	4	5	6
Tennessee	32	9	22	16	3[e]
Texas	110	103	171	135	156
Utah	9	6	12	6	14
Vermont	1	3	1	4	0
Virginia	25	29	36	35	37[f]
Washington	9	15	NA[g]	29[g,h]	66[g]
West Virginia	NA	NA	7	13	16
Wisconsin	18	17	13	11	10
Wyoming	1	4	4	1	3
Total Fatalities	**1067**	**1110**	**1198**	**1218**	**1291**
% of U.S. Child Population Under 18	89.3	91.4	93.8	96.0	95.2
Total Projected Fatalities Nationwide	**1195**	**1214**	**1277**	**1269**	**1356**
Per 100,000 Children	1.73	1.74	1.83	1.81	1.87
% Change 1996-2000	---------- 8.1 % ----------				

Notes:

P Numbers are not final as some cases are still pending. For example, Michigan has 12 deaths still under review for 2000.

NA Not available at time of data collection.

SNA Statewide information/data resulting from the Child Fatality Review process is not yet available. Oversight (i.e., rules, training, coordination, reporting, etc.) for Child Fatality Review Teams is provided by the Ohio Department of Health. The legislation mandating statewide Child Fatality Review Teams became effective in July 2000. There were 13 teams in existence at the time the legislation became effective and new county/regional teams are currently being established and trained.

R Reported fatalities only.

DNR Did not respond to survey.

a Under the auspice of the CA State Child Death Review Council (CSCDRC), CA Department of Health Services produced estimates based on an annual "Reconciliation Audit" with county Child Death Review Teams using three statewide databases (Vital Statistics Death Records, Dept. of Justice Homicide Files, and Child Abuse Central Index).

b This preliminary estimate is the number of unique cases identified in any one of three statewide data systems (Department of Justice Homicide Files, Department of Justice Child Abuse Central Index, and Department of Health Services Vital Statistics Death Records). The final numbers will be derived from the reconciliation conducted by County Child Death Review Teams.

c These figures include children in investigations completed during the year, whose date of death may have been in a prior year. The figures include verified abuse/neglect deaths only. The finding is verified when a preponderance of the credible evidence results in a determination that death was the result of abuse or neglect. 1997 may be high due to the closure of backlogged reports.

d Maryland's Child Fatality Review System is under development. The statistics for Maryland do not represent an exhaustive review of all child deaths. The numbers represent situations brought to the attention of a local department of social services and include situations where child abuse or neglect appears to be a contributing factor in a child's death.

e The three child deaths are an under count due to the inability of Tennessee's SACWIS data system to report statewide data on child deaths.

f The data is from fiscal year, July 1, 2000 – June 30, 2000.

g These numbers are reported from the Department of Health and they are not the same numbers reported to NCANDS. Abuse and/or neglect was a contributing factor in a child's death.

h For 1999, the death review team only reviewed about 75% of the cases.

Estimating Procedures for Table 3

Estimation procedures for the number of child maltreatment fatalities confirmed by CPS agencies:

- The total number of fatalities due to child maltreatment is calculated for all states providing these data.
- The percentage of the total U.S. child population living in these states is used to project the national estimate based on the assumption that the rate of fatalities in the reporting states is comparable to the rate occurring in the non-reporting states.

Data from other studies and anecdotal information from liaisons strongly suggest that official records under-count the actual incidence of maltreatment fatalities in the U.S. Research has consistently found that some percentage of accidental deaths, child homicides and sudden infant death syndrome (SIDS) cases might be more appropriately labeled as child maltreatment deaths if comprehensive investigations were routinely conducted (California Office of the Auditor General, 1988; Ewigman, Kivlahan, & Land, 1993; McClain, Sacks, Froehlke, & Ewigman, 1993).

McClain et al. (1993) utilized a mathematical model to estimate the total number of child abuse and neglect deaths. They found that child maltreatment fatalities remained relatively stable, with between 949 to 2,022 deaths each year, from 1979 through 1988. They also concluded that 85% of deaths due to parental maltreatment were coded as due to some other cause on the child's death certificate. Another study that thoroughly reviewed death records of children in North Carolina further pointed out the coding problems involved in the vital records systems (Herman-Giddens et al., 1999). The authors estimated that the number of child maltreatment fatalities was underreported by 60% in the United States during the period from 1985 through 1996. Yet other

research pointed to miscoding of neglect-related deaths on death certificates, as well as inaccurate and incomplete information along with an outdated death classification system, as factors in the uncertainty in knowing the actual number of children who die as a result of child neglect each year (Bonner, Crow, & Logue, 1999). Giving further evidence of miscoding, a recent study found that only half of the children who died as a result of abuse and neglect had death certificates that were coded consistently with maltreatment (Crume, DiGuiseppi, Byers, Sirotnak, & Garrett, 2002).

CDR teams have been legislated across the United States over the past 10 years in efforts to address the concerns regarding the uncertain circumstances surrounding child fatalities as a result of child abuse and neglect. It is these teams that code death certificates from which most of the estimated number of child abuse and neglect related fatalities were derived and it is this work that Crume et. al 2002 suggests contributes to systematic underascertainment of CAN deaths.

To better understand how and why child abuse fatalities occur, we examined three characteristics of these deaths for the past three years: 1) prior or ongoing involvement of the victim with CPS agencies, 2) type of maltreatment leading to death, and 3) the ages of the child victims. The results are summarized in Table 4.

Table 4
Breakdowns of Child Maltreatment Fatalities: % Distribution by Category

CAN Categories	1998	1999	2000	Average
Prior or Current Contact With CPS	36% (n = 38)	35% (n = 43)	38% (n = 36)	36%
Deaths Due to Neglect Only	41% (n = 38)	43% (n = 43)	45% (n = 38)	43%
Deaths Due to Abuse Only	55% (n = 38)	53% (n = 43)	46% (n = 38)	51%
Deaths Due to Neglect and Abuse	4% (n = 38)	4% (n = 43)	9% (n = 38)	6%
Deaths to Children Under Five Years Old	77% (n = 44)	78% (n = 48)	78% (n = 44)	78%
Deaths to Children Under One Year Old	37% (n = 44)	42% (n = 48)	42% (n = 44)	40%

According to information from at least 36 states during the three-year period, slightly more than one-third of the children who died had prior or current contact with CPS agencies. This substantial percentage may reflect the fact that many states limit child death investigations to CAN reported deaths, or CAN reported deaths and selected others deaths, or only children past or present in the CPS system (Figure 4), thereby ensuring that a high percentage of the reported deaths will involve such children.

At least 38 states were able to report the type of child maltreatment that related to each death. These percentages remained fairly stable over the past several years. Between 1998 and 2000, an average of 43% died from neglect, 51% died from abuse, while 6% died as a result of multiple forms of maltreatment. Young children remain at highest risk for loss of life. Based on data from all three years, this study found that 78% of these children were under the age of 5, while an

alarming 40% were under the age of one at the time of their death. These findings are consistent with a recent study reporting that young children face the greatest risk for homicide on the day of birth (Center for Disease Control and Prevention, 2002). States are working to prevent this problem by enacting the Safe Haven Legislation (see p. 9). Additionally, 31 (62%) of the 50 responding states maintained records of the age break down of child fatalities under one year old.

Child Death Review Mandates and Processes

To further understand child fatalities in order to prevent them the *2000 50 State Survey* asked a series of questions related to CDR state mandates and processes. These questions were developed with CDR State Lead Agency staff.

We found that currently 31 (66%) of the responding 47 states have legislation mandating or authorizing the creation of CDR teams. It is important to note that each state CDR system is structured differently with some mandated and funded by legislation, some are only mandated, while others are neither (see http://www.calib.com/nccanch/pubs/stats00/cdrtaut.pdf).

Mandating child autopsies enables CDR teams to determine and detect the cause of death of a child and to report a more accurate count of child fatalities (U.S. Department of Health and Human Services, 1999). According to the National Center on Child Fatality Review (NCFR) all 50 states have CDR processes (http://ican-ncfr.org/) although the systems vary from state to state. When asked if their statewide system included local teams in all jurisdictions, 37 state liaisons responded with 20 (54%) checking *all*, 5 (14%) selecting *majority* and 12 (32%) marking *some*.

Forty-three state liaisons provided information regarding the type of criteria CDR teams use in reviewing child deaths (Figure 4). Nine (21%) of the responding liaisons reported that their state CDR teams follow multiple criteria in reviewing CAN deaths. These include reviewing deaths in licensed facilities; coroner cases; substantiated child abuse and neglect cases, including auto accidents; and cases to which there is suspicion that child abuse or neglect was a factor in the death of a child. The majority of state CDR teams review criteria focused on all child deaths in the state (51%), followed by all CAN reported deaths plus some others (25%), and only past or present contact with CPS (21%). While three states indicated that their review process varies within their state and in one case (other) the CDR team specifically reviewed all medical examiner deaths. These differences in states review process, policies, state laws, and child abuse and neglect definitions continue to be a challenge to the field in understanding the scope of the problem and preventing child abuse and neglect.

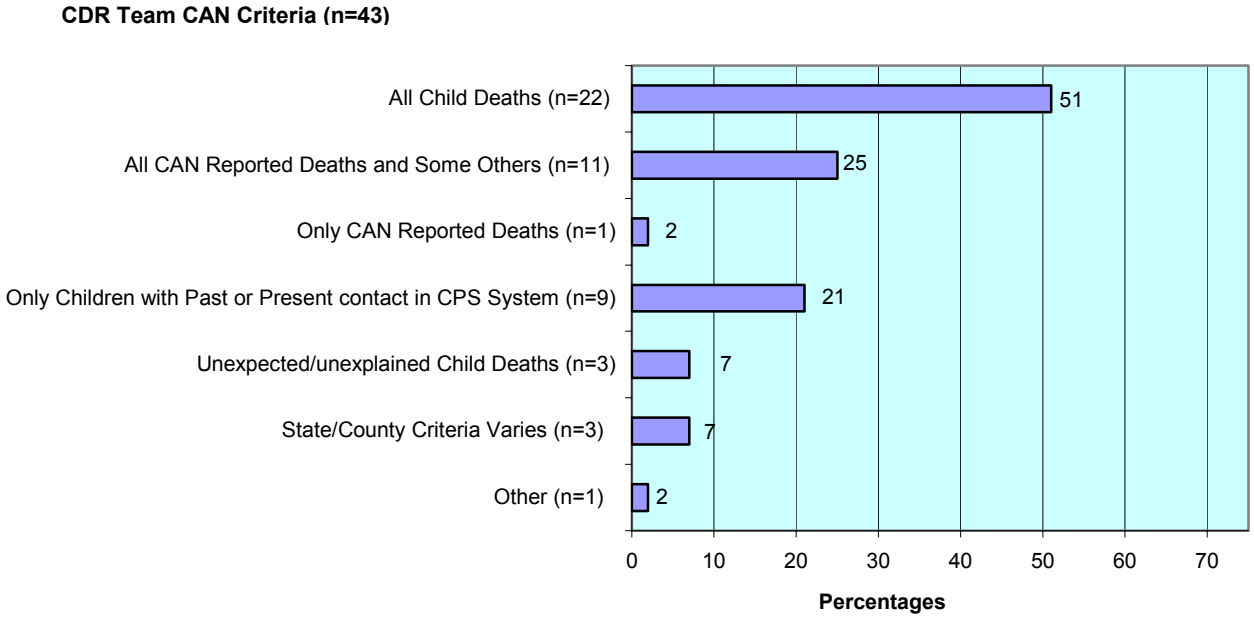

Figure 4. Criteria Used in Reviewing CAN Deaths

To further understand what the fatality numbers in the *50 State Survey* represent, we asked state liaisons if the child fatality numbers reported for 1998, 1999 and 2000 were the same numbers confirmed by the state CDR team. Of the 41 state liaisons who responded, 17 (42%) answered *Yes,* while 24 (58%) answered *No*. This reporting difference may also contribute to inconsistencies in child fatality data collected by different entities.

Child Death Review Team's Processes

The state CDR teams have taken on a comprehensive role in investigating child deaths. These teams are multidisciplinary and are made up of prosecutors, coroners or medical examiners, law enforcement personnel, child protective services workers, public health care providers and others (U. S. Department of Health and Human Services, 1999). In some states, staff of PCA America's Chapters participates on these teams as well. Their functions vary, but nonetheless they provide valuable information to the field about addressing child fatalities in their state. CDR teams have different mandates, roles and expertise in their respective states. We asked some questions regarding these different aspects of CDR teams. Of the 41 responding states, 33 (80%) stated that their child abuse/fatality review process is mandated to have a prevention focus. In regard to the type of cases they examine, 27 (68%) of the 40 responding states stated that they work with criminal justice data, 36 (92%) of the 39 responding states work with vital statistics data, and 27 (79%) of the 34 responding states work with suspicious cases. After CDR teams analyze the data, 35 (88%) of the 40 responding states produce an annual report (many of which are available on the state's web site) and 38 (91%) of the 42 responding states make recommendations.

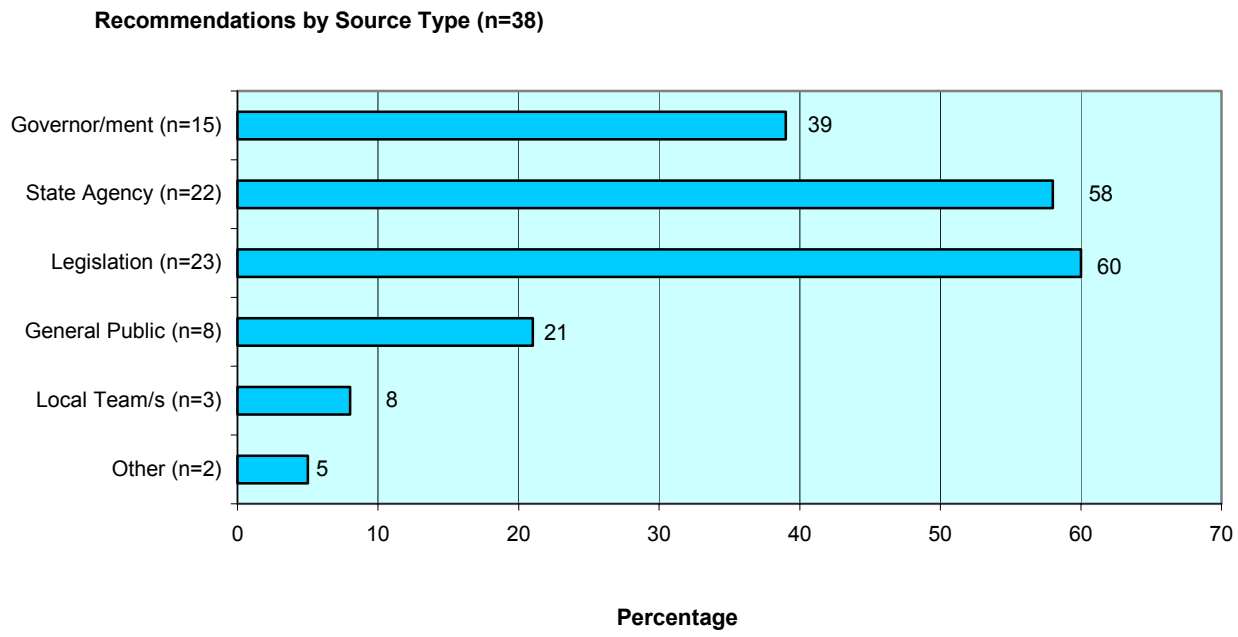

Figure 5. CDR Teams Recommendations by Source

CDR teams offer recommendations to multiple sources. Sources of these recommendations include Governors and government officials, state agencies (i.e. Department of Children and Family Services and Department of Education), and legislative bodies including the General Assembly (see Figure 5). Recommendations made by CDR teams were geared to program and practices, public awareness, legislative action and policy. According to state liaisons, the majority of the states acted on these recommendations (68% *some action* and 23% *much action*) and the recommendations had made an impact on most of the states' CPS systems (72% *some impact* and 17% *much impact*) [Figure 6].

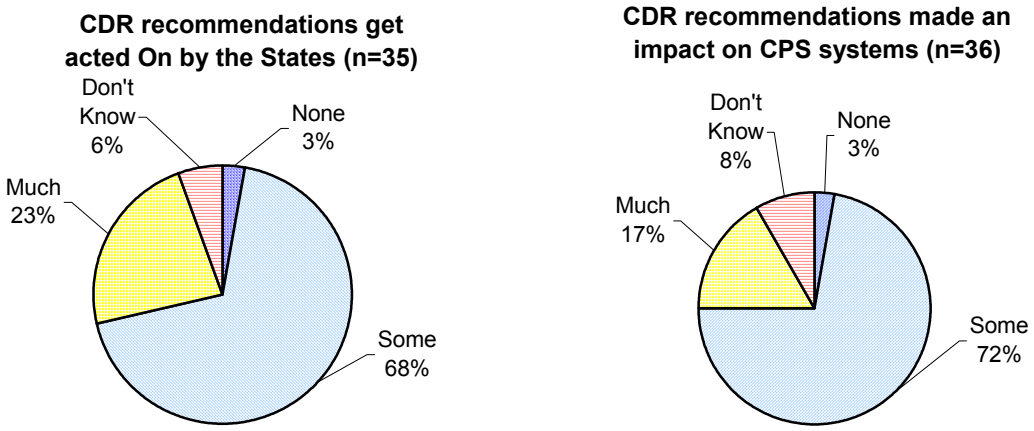

Figure 6. Actions on and Impact of CDR Recommendations

Top Causes of CAN Deaths

Thirty-eight state liaisons provided information on their states top three causes of CAN deaths in 2000. The leading cause of death was physical abuse (60%), followed by child neglect (37%). Responses under physical abuse include shaken baby syndrome, blunt force trauma, suffocation or strangulation, and intentional or dangerous acts. The category of child neglect includes medical neglect, lack of supervision, failure to protect, alcohol related neglect and physical neglect. Additionally, 12 liaisons stated that the information on the cause of a child's death was not available even though 11 of these states had CDR teams. Michael Durfee M.D., NCFR Project Chief Consultant at the Inter-Agency Council on Child Abuse and Neglect National Center on Child Fatality's (ICAN/NCFR) has further examined infant deaths on a statewide basis (http://ican-ncfr.org/data/state.fatal.html).

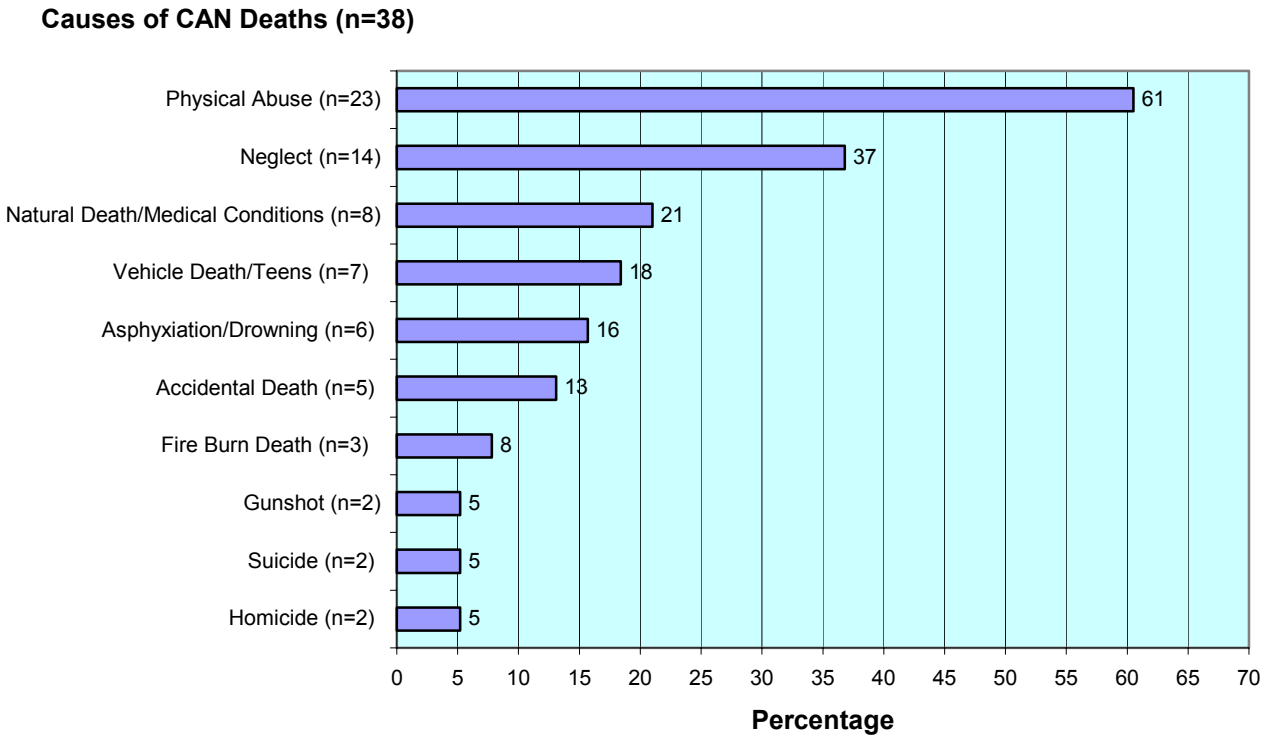

Figure 7. Major Causes of Deaths Due to Child Maltreatment in 2000

Conclusion

Measuring prevention efforts in terms of funding, policy, legislation and programming is difficult at best and even more difficult when surveying state CPS liaisons to ascertain prevention information. Although we saw increases in funding for child welfare budgets in some states there was an overall decrease due to inflation. The majority of states are implementing programs to achieve child safety, permanency and well-being for children and families. The data suggest that states are making strides in taking *notable action* in many key areas highlighted in *The National Call to Action*, but in important prevention areas of *paying greater attention to unique services of developmental disabilities and mental health* there continues to appear to be challenges for CPS agencies. Lastly, there are a few innovative policies and legislation passed, such as policies relating to adoption including clarification of definitions, permanency policies and Safe Haven legislation.

Child fatalities continue to rise with an 8% increase over the past five years while most other incidences of societal violence continue to decline. Despite the increased implementation of CDR committees and administrative attention to the issue of child abuse fatalities, recent research continues to indicate that such cases are still underreported. In 2000, an estimated 1,356 children died as a result of child abuse and neglect, nearly four children every day. Children under five years old account for four out of five of all fatalities reported. Child abuse and neglect related fatalities are the second leading cause of death for children ages 1-4, rivaling, congenital anomalies (i.e. structural defects present at birth, such as spina bifida). In addition, there is an equal amount of deaths, approximately 542, in just the first year of a child's life. Looking at the past three years, 36 percent of child maltreatment fatalities involved children who had current or prior contact with local child protective agencies.

Appendix A

Survey Information

Data Gathering

In August 2001, the National Center on Child Abuse Prevention Research at PCA America surveyed a number of chapter executive directors of PCA America with CDR experience and key CDR researchers nationally on revising PCA America's *2000 Fifty State Survey* (for full survey see http://www.preventchildabuse.org).

In October 2001, a revised survey for PCA America's *2000 Fifty State Survey* was sent to the state liaisons for completion. The specific areas of interest included prevention, child abuse fatalities, child welfare case management and policy changes.

The state liaisons were contacted by telephone to complete the survey, if they had not replied in writing. All state liaisons provided some data as requested in the survey by May 2002. Of the 51 respondents, 49 gave 2000 data with respect to child abuse fatalities, while 38 answered some questions on their state's child welfare practices.

Sample of Survey Areas

- The description of new and innovative programs and initiatives for achieving positive outcomes for safety, permanency, and well-being of children and families.
- The type of expanded prevention activities.
- The number of confirmed child abuse fatalities for 1998, 1999 and 2000.
- Information regarding state child death review teams.
- The characteristics of the child protective services reporting and case management systems.
- The level of funding for child protective service agencies.
- Agency attitudes toward policy reforms and pending legislation.

Appendix B

National Call to Action Questions

CPS Case Management

Children's Hospital's (San Diego, CA) National Call to Action identified 18 most often cited reports over the past 10 years from the CDC, Department of Justice, Children Youth and Family, World Health Organization, the Advisory Board on Child Abuse and Neglect and others devoted to answering the question, "What would it take to address the child abuse problem in our country?" They came up with four key recommendations and multiple strategies CPS to take action on to reduce child abuse and neglect. We would like to know where your state is in their implementation of these strategies. The Adoption & Safe Families Act of 1997 is taken into consideration.

	Action Taken		
	None	**Some**	**Notable**
1. Establish CPS systems that ensure a child's safety, provide permanency, and enhance his or her well being.			
Strategies:			
a. Conduct more comprehensive assessments that explore all relevant domains of a child's development and service needs.			
b. Better engage a child's family and natural networks in the treatment plan.			
c. Enhance partnerships and collaborative agreements with other local public agencies and community-based services.			
d. Pay greater attention to the unique service needs of: _____domestic violence _____developmental disabilities _____substance abuse _____mental health			
2. Achieve competent practice with all cases.			
Strategies:			
a. Establish standards for competency-based practice, particularly cultural competence.			
b. Establish a quality assurance system designed to monitor staff compliance with best practice standards.			
c. Establish "child protective services caseworker" as a professional specialty with entry-level requirements, salary ranges, supervisory needs, continuing education requirements, advancement ladder, etc.			
3. Enhance foster care and other out-of-home options.			
Strategies:			
a. Establish clear standards of best practice governing the operation of all out-of-home options and monitor compliance with these standards.			
b. Expand the availability of foster care, kinship care, long-term foster care, and guardianship programs.			
c. Improve quality of foster parents.			
4. Improve permanency decisions.			
Strategies:			
a. Provide more services to facilitate adoption.			
b. Improve family reunification efforts without increasing re-entry.			
c. Consider an expedited system for terminating parental rights.			

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Endnotes

[1] The terms child abuse and neglect, CAN and child maltreatment are used interchangeably in this document.

[2] The rates for fatalities for 1996 to 2000 are based on population estimates from the U.S. Bureau of the Census, online at http://.census.gov/population/estimates.

[3] The term states will refer to the 50 states and the District of Colombia throughout the report.

[4] In 1989, the federal government established the National Child Abuse and Neglect Data System (NCANDS) which is a voluntary data collection and analysis system on child maltreatment. NCANDS is designed to collect summary and case level data from all states on an annual basis. NCANDS most recent report, Child Maltreatment 2000, was published in 2002. The report is available from the National Clearinghouse on Child Abuse and Neglect Information by calling (800) FYI-3366 or by internet http://www.acf.dhhs.gov/programs/cb. The Child Welfare League of America (CWLA) also publishes NCANDS state numbers on their web site, www.cwla.org.