

ANNUAL CHILD ABUSE/NEGLECT FATALITY/NEAR FATALITY REPORT
SEPTEMBER 1, 2005

Introduction

The Cabinet for Health and Family Services submits an annual report to the Governor, the General Assembly, and the state child fatality review team on September 1st, per by KRS 620.050 (12)(C). The report details substantiated child abuse or neglect related child fatalities and near fatalities in cases where the Division of Protection and Permanency had prior involvement with the child or family. Prior involvement is defined by 922 KAR 1:420 as any assessment or investigation, of which the Cabinet has record, with a child or family in the area of protection and permanency prior to the child's fatality or near fatality investigation.

Data in this report are from state fiscal year 2005 (July 1, 2004-June 30, 2005). The report is organized into two sections; summary of child fatality and near fatality data for the SFY and strategies that the cabinet is taking to prevent and reduce future fatalities and near fatalities. Complete fatality data (Appendix 1) and near fatality data (Appendix 2) for SFY 2005 is included.

Summary of Data Trends

The occurrence of even one child fatality is so keenly felt that the reporting of multiple cases can appear dauntingly large. Thus, without diminishing the personal impact of a single occurrence, it is nevertheless necessary to establish a context against which the current data can be evaluated and a baseline against which improvement can be measured. During the 2005 SFY, the Division of Protection and Permanency (DPP) received 65,408 reports of child abuse or neglect*. Of those reports, child abuse or neglect was found in 12,201 cases (19%). Of the 19% of cases where child abuse or neglect was found to be present during an investigation or assessment, less than half of one percent (.3%) of cases result in fatalities or near fatalities with prior DPP involvement. During the reporting period of July 1, 2004 through June 30, 2005, there were **34** abuse/neglect related child fatalities (with 3 additional cases under review) and **36** abuse/neglect related child near fatalities (with 1 additional case under review). Of the 34 total fatalities, DPP had prior involvement in **20** cases, (59%), a 10% decrease from last SFY. In child near fatalities, DPP had prior involvement in **22** of the 36 total child near fatality cases, (61%), a 2% decrease from 2004 SFY.

The Division of Protection and Permanency continues to work to understand the differences between the cases that result in a fatality or near fatality and the cases that do not. DPP utilizes this data to identify the children and families who

* Based on data from TWIST Y084 7/1/04- 6/30/05.

have had prior involvement with DPP that are most at risk to experience an abuse or neglect related child fatality or near fatality. Risk factors such as domestic violence, substance abuse and mental illness continue to be analyzed; as does the age of the child victim and type of maltreatment that resulted in the fatality or near fatality.

Age of Child Victim

There is a strong correspondence between the age of the child victim and the risk for serious or fatal injury. For child fatalities occurring in this reporting period, 15 of the 20 child victims were age 3 or younger (75%) and 12 were 1 year of age or younger (60%). Near fatality cases reflect a similar pattern of age distribution, with 16 of the 22 children being age 3 or younger (73%) and 10 children being 1 year of age or younger (45%). The trends associated with the increased risk of fatality and near fatality in children aged 3 years or younger, follow a similar pattern of the cases occurring in SFY 2004. It is clear that families with children aged 3 years and younger should be considered at highest risk for a fatality or near fatality and should be prioritized to receive the more intensive services offered by the Cabinet and other community partners.

Gender and Race of Child Victim

Of the 20 cases of child fatality during SFY 2005, there were 10 male children and 10 female children who were victims of a child fatality. In the 22 cases of near fatality, the numbers were also equally divided with 11 male child victims and 11 female child victims. These data do not differ significantly from the numbers reported for the 2004 SFY. The distribution of race among fatalities is similar to that of the Commonwealth, with 18 of the 20 child victims being Caucasian (90%). A similar distribution was evidenced in near fatalities with 17 of the 22 child victims being Caucasian (77%). Of all child abuse and neglect reports received by DPP, approximately 76% of children are Caucasian.

Relationships of Perpetrators to Child Victims

It is commonly thought that caregivers other than the biological parents primarily perpetrate child fatalities. The data do not support this perception. In child abuse or neglect fatalities biological parents, either alone or together, were responsible for 14 of the 20 child fatalities (70%) and 12 of the 22 near fatalities (55%). Biological mothers were responsible for abuse/neglect in 8 of the 20 child fatalities (40%) and in 5 of the 22 near fatalities (23%). Fathers were the perpetrators in 4 of the 20 child fatalities (20%) and 4 of the 22 near fatalities (18%). Both mother and father were responsible in 2 of child fatalities (10%) and in 3 of child near fatalities (14%). The biological mother, together with either the stepfather or her paramour, accounted for 3 of the 20 fatalities (15%) and 3 of the 22 near fatalities (14%). In the remaining number of cases, various other caregivers such as mother's paramour, relatives, foster parents, and unknown perpetrators make up the remaining percentages of individuals responsible for child fatalities and near fatalities.

Common Risk Factors

Across the country, domestic violence, substance abuse and mental health issues are commonly known antecedents of child abuse and neglect; the Commonwealth is no exception. These risk factors are present in cases where the family has had prior involvement with child protective services, as well as, in cases where DPP has not had contact with the family prior to the abuse or neglect related fatality or near fatality. None-the-less, data indicate that the rate of substance abuse and domestic violence is higher in fatality and near fatality cases than in other child protective cases. Currently in Kentucky among cases with substantiated child abuse and neglect, approximately 34% have substance abuse identified, 42% have domestic violence identified and 25% have mental health issues identified.

The most common high risk factor found in reviewing child fatality and near fatality cases is substance abuse. While on average DPP identifies substance abuse as a risk factor in 34% of all child protective cases, in 15 of the 20 child fatality cases (75%) included in this reporting period, substance abuse was an identified risk factor and often directly contributed to the death of the child. In fact, in 3 of the 20 fatalities, the child victim died as a result of a drug overdose; these children were 5 years, 12 years and 16 years of age. Substance abuse is identified in similar proportions in near fatality cases with 15 of the 22 cases (68%) having substance abuse issues. In 9 of the 11 neglect related near fatalities, substance abuse played a direct role in the near fatality and in 4 cases the child victim overdosed on substances. The incidence of substance abuse has decreased since SFY 2004 when 100% of child abuse and neglect fatality cases identified substance abuse as a risk factor and has increased in near fatality cases from 58% in SFY 2004 to 68% during this reporting period.

The second most common risk factor found in child fatality and near fatality case review is the presence of domestic violence in the family. Domestic violence was present in 11 of the 20 fatality cases (55%), and in 9 of the 22 near fatality cases (41%). Domestic violence was directly responsible for two fatalities and two near fatalities during this reporting period. In all 4 cases, the biological father was the perpetrator of the violence. Since the 2004 annual report, instances of domestic violence have decreased in child fatalities being present in 68% of cases and have increased to 53% in near fatality cases.

The third most common risk factor found in child fatality and near fatality case reviews was that one or more adult in the home was struggling with a mental health issue that contributed to the injury or death of a child. During this reporting period, mental illness was identified in 4 of the 20 child fatality cases (20%) and in 2 of the near fatality cases (9%). This is a significant decrease from the previous reporting period when 45% of child fatality cases and 42% of child near fatality cases identified mental health issues within the family. One possible

explanation for this decrease is the lack of parameters defining mental health issues.

While each of these risk factors plays a role in child abuse and neglect fatalities, often two or more risk factors are present in a family who experiences a fatality or near fatality. During this reporting period, 12 of the 20 fatality cases and 6 of the 22 near fatality cases had two or more of the risk factors identified in the family. Domestic violence and substance abuse co-occurred most frequently, being indicated in 8 of the 20 child fatalities (40%) and in 5 of the 22 near fatalities (23%).

Type of Maltreatment

Physical abuse and neglect are very different types of maltreatment and expectedly, the trends for these two forms of maltreatment present quite differently. Ten of the 20 child fatalities were the result of physical abuse. In 9 of the 10 cases, the child victim was under 3 years of age (90%), and in one case the child was 5 years of age. In 7 of the 10 cases inflicted head injury was the cause of death (70%). In 2 cases the child sustained injuries that lead to death during a domestic violence episode and one child was given an overdose of sleeping pills. Male caregivers acting alone were the perpetrators of physical abuse in 7 out of 10 fatality cases (70%). In the 3 remaining cases, both biological parents were implicated in 2 cases, and mother and paramour were implicated in one case.

Near fatalities resulting from physical abuse revealed similar trends, with 11 of the 22 near fatalities also being the result of physical abuse. In 10 of the 11 cases the child victim was under 3 years of age and in one case the child was 16. In 8 of the 11 cases (73%), the child sustained head injuries that were inflicted by the caregiver. In the remaining 3 cases, one child was critically injured as a result of blunt force trauma to the abdomen, while the other two children were each involved in a domestic violence episode. Male caregivers acting alone were most frequently the perpetrator of physical abuse in 6 of the 11 near fatality cases (55%). The biological parents were implicated in one case, the biological mother along with her paramour were implicated in one case. In two cases the perpetrator was unknown and in one case the grandmother was the perpetrator.

Child neglect resulted in a fatality in 10 of the 20 child deaths occurring in this reporting period. In contrast to physical abuse cases, the age of the child victim varies more in neglect related cases, ranging from 5 months to 16 years. In 6 of the 10 cases (60%) the child was 3 years of age or younger. In 5 of the 10 cases, lack of child supervision resulted in the child's death. In 4 of the remaining 5 cases substance abuse was directly involved in the child death. One child died of suffocation. In contrast to physical abuse fatalities, the biological mother was the perpetrator in 8 of the 10 neglect fatalities. In the remaining 2

cases, the biological father was the perpetrator and in one case the biological mother and her paramour were the perpetrators.

The age of the child victim in near fatality cases that were the result of neglect also had a broad range and varied from 7 months to 15 years. In 6 of the 11 cases (55%), the child victim was 3 years or younger. In 9 of the 11 neglect related near fatalities, substance abuse was the direct result of the near fatality. In 5 of those 9 cases, the child victim was critically injured in a motor vehicle accident while the driver was impaired. In the remaining 4 of 9, the child victim overdosed. In 8 of the 11 near fatalities resulting from neglect, the biological mother, the biological father or both biological parents were the perpetrator. In the remaining 3 cases, various caregivers were responsible for the neglect of the child victim.

Conclusion

During the SFY 2005, there were a total of 34 child abuse/neglect related fatalities (3 cases under review) and 36 abuse/neglect related near fatalities (1 case pending). Of those total 70 cases, DPP had prior involvement in 42 cases, 20 of the fatality cases and 22 of the near fatality cases. Of the 42 child victims, 31 were 3 years of age or younger. The perpetrators of the abuse or neglect were predominately one or both parents. Serious or fatal injuries that are the result of physical abuse present differently than do neglect related fatalities and near fatalities. In physical abuse cases, inflicted head injuries were the most common and accounted for 7 of the 10 fatalities and 7 of the 11 near fatalities. In 95% of cases of physical abuse fatalities and near fatalities, the child victim was 5 years of age or younger. In neglect cases, substance abuse was directly related to 15 of total 21 fatalities and near fatalities. Motor vehicle accidents where the driver was impaired by a substance accounted for 6 cases included in this reporting period and child overdose accounted for 6. The remaining 3 cases involved caregiver being impaired and unable to supervise the child resulting in death or serious injury.

Summary of Needs Identified and Action Steps taken

The Cabinet has taken numerous steps during the last year to reduce the number of child fatalities and child near fatalities where the family is known to DPP prior to the fatality or near fatality. These action steps are the result of the internal review process and fall into 3 categories: training, policy/procedure and resource development:

Training

- The Cabinet has developed and implemented mandatory substance abuse training for all front line specialists, supervisors, and workers. This training includes substance abuse, dependence and relapse rates.
- The Cabinet developed and provided a two-day training targeting supervisors, front line workers and select community partners and is based on child fatality

and near fatality data and research. The training focuses on critical thinking and risk assessment as well as recognizing and combating compassion fatigue, which often plagues social workers who investigate child abuse and neglect. This training was offered seven times across the Commonwealth and a total of 258 cabinet staff and community partners received the training. The training will continue to be offered across the Commonwealth.

Resource Development

- The Cabinet continues to explore contract alternatives for the availability of drug testing for clients in every county across the state. Currently, each service region is working to expand their own ability to provide this resource to families.
- The Cabinet is participating in a statewide multi-media campaign to increase education of abusive head trauma and shaken baby syndrome and by doing so reducing the episodes of this terrible tragedy. Prevent Child Abuse Kentucky, Medical Community, Educational partners and the Cabinet are coming together to educate mothers in a variety of settings of the dangers of shaking a child.
- A Cabinet wide fatality team has been formed which includes representatives from the Office of the Inspector General, Mental Health, Medical Community, Office of Legal Services and Protection and Permanency staff. The group meets monthly to review and discuss outcomes and recommendations from child fatality internal reviews, current child fatality and near fatality data, standards of practice related to fatalities and near fatalities and training efforts.
- Funding for additional cameras has been allocated for each service region to allow for more documentation of injuries sustained in child abuse or neglect cases.
- The Division of Protection and Permanency was able to hire a nurse administrator to work in collaboration with the Child Fatality Specialist to consult on each child abuse or neglect fatality and near fatality and to provide consultation on a case by case basis to the service regions.

Policy/Procedure

- A database has been developed to track risk factors associated with fatalities and near fatalities and to trend actions implemented to prevent and reduce fatalities and near fatalities. This database is maintained in the Division of Protection and Permanency and serves to provide up to the minute statewide data.
- The Cabinet is examining and improving the current statewide assessment process and has utilized technical assistance from National Child Welfare Resource Centers and various community partners. The new assessment tool is currently being piloted in two service regions.
- The Cabinet is implementing a Centralized Intake System in each service region to increase consistency of referral acceptance criteria and timely entry of intake data. Currently, one third of the state is utilizing centralized intake

and the remaining two thirds are in various stages of implementing the process.

- The Cabinet is currently field testing the use of mobile technology to assist child protective workers collect investigative information in the field and have it immediately available for protective service decision-making.
- The Cabinet has developed and implemented a statewide, uniform protocol on how to handle cases of child fatality and near fatality when there has been previous involvement with DPP.
- The Cabinet has developed and implemented an internal review process. In an attempt to refine the internal review process, the Cabinet is piloting a systematic process aimed at defining the root causes of fatalities and near fatalities. The pilot project, termed root cause analysis, will be completed in three service regions and then evaluated for statewide implementation.

Appendix 1

CHILD ABUSE/NEGLECT FATALITIES WITH PROTECTION & PERMANENCY PREVIOUS INVOLVEMENT

(SFY July1, 2004 – June 30, 2005)

As of September 1, 2005, there are **20** child abuse/neglect fatalities and **3** pending child abuse/neglect fatality cases where DPP had previous involvement with the family. The final number and related data is subject to change upon completion and approval of the 3 pending cases.

Age

- 7 children were under 1 year of age (35%)
- 5 children were 1 year of age (25%)
- 4 children were between 2-5 years of age (20%)
- 4 children were between 6-16 years of age (20%)

Gender

- 10 were female (50%)
- 10 were male (50%)

Race

- 18 were Caucasian (90%)
- 1 was African American (5%)
- 1 was biracial African American/Caucasian (5%)

Common Risk Factors

- 15 cases identified Substance Abuse (SA) as a risk factor (75%)
- 11 cases identified Domestic Violence (DV) as a risk factor (55%)
- 4 cases identified Mental Health Issues (MHI) as a risk factor (20%)
- 12 cases had two or more of the above three risk factors identified (60%)

Relationships of Perpetrators to the Victims

- 8 cases mother was perpetrator (40%)
- 4 cases father was perpetrator (20%)
- 2 cases both mother and father were perpetrator (10%)
- 3 cases mother and step father or paramour were perpetrator (15%)
- 3 cases mother's paramour was perpetrator (15%)

Regional Numbers

Barren River- 5 (Barren, Hancock, Logan, Monroe, Warren)

Big Sandy- 1 (Pike)

Bluegrass Fayette – 1 (Fayette)

Bluegrass Rural - 0

Cumberland Valley – 1 (Rockcastle)
 FIVCO- 2 (Boyd, Greenup)
 Gateway Buffalo Trace – 0
 Green River – 1 (Hancock)
 KIPDA Jefferson- 3 (Jefferson)
 KIPDA Rural- 0
 Kentucky River – 2 (Letcher, Wolfe)
 Lake Cumberland- 0
 Lincoln Trail – 1 (Hardin)
 Northern Kentucky – 1 (Kenton)
 Pennyryle- 2 (Christian, Livingston)
 Purchase- 0

Type of Maltreatment

- 10 Deaths due to Physical Abuse (50%)
- 10 Deaths due to Neglect (50%)

Physical abuse fatalities (10 of 20 total cases)

Age	Race	Gender	Etiological Nature of Injury	Perpetrator	Risk Factors
3 yrs	Caucasian	Male	Inflicted head injury	Mother's paramour	DV, SA
8 mths	Bi-racial	Female	Inflicted head injury	Step-father	None
1 yr	Caucasian	Male	House fire set during DV episode	Father	DV, SA
5 yrs	Caucasian	Female	Child given sleeping pills	Father	SA
2 mths	Caucasian	Female	Inflicted head injury	Both parents	SA, MH
1 yr	Caucasian	Female	Inflicted head injury	Mother & paramour	None
6 mths	Caucasian	Female	Inflicted head injury	Mother's paramour	DV, SA
2 mths	Caucasian	Male	Inflicted head injury	Both parents	DV, SA
8 mths	Caucasian	Male	Child shot during DV episode	Father	DV, MH
2 yrs	Caucasian	Female	Inflicted head injury	Mother's paramour	DV, SA

Age

- 5 children were under 1 year of age (50%)
- 2 children were 1 year of age (20%)
- 2 children were between 2-3 years of age (20%)
- 1 child was 5 years of age (10%)

Gender

- 4 children were male (40%)
- 6 children were female (60%)

Race

- 9 children were Caucasian (90%)
- 1 child was bi-racial (10%)

Etiological Nature of Injury

- 7 children died as a result of inflicted head injury (70%)
- 1 child died of an overdose (10%)
- 1 child died of a gunshot wound (10%)
- 1 child died in a house fire (10%)

Relationship of Perpetrator to Victim

- 3 were fathers of the victim (30%)
- 4 were mother's paramour or stepfather (40%)
- 2 were both biological parents (20%)
- 1 was mother and her paramour (10%)

Common Risk Factors

- 6 cases had Substance Abuse (SA) identified as a risk factor
- 6 cases had Domestic Violence (DV) identified as a risk factor
- 2 cases had Mental Health Issues (MH) identified as a risk factor
- 7 cases had two or more risk factors present in the family

Neglect Fatalities (10 of 20 total cases)

Age	Race	Gender	Description of injury	Perpetrator	Risk Factors
1 yr	Caucasian	Female	Hit by a motor vehicle	Mother	SA
1 yr	Caucasian	Female	Drowning	Mother	None
11 mths	Caucasian	Male	Drowning	Mother	SA, DV, MH
16 yrs	Caucasian	Male	Child overdosed	Father	SA
3 yrs	Caucasian	Male	Child suffocated	Mother & paramour	SA
5 mths	Caucasian	Female	Child suffocated	Mother	SA
13 yrs	Caucasian	Male	Child overdosed	Mother	SA, DV
7 yrs	African American	Female	House fire - no adults home	Mother	DV, MH
11 yrs	Caucasian	Male	Auto accident – driver impaired	Mother	SA, DV
1 yr	Caucasian	Male	House fire- parent impaired	Mother	SA, DV

Age

- 2 children were under 1 year of age (20%)
- 3 children were 1 year of age (30%)
- 1 child was 3 years of age (10%)
- 4 children were between 7-16 years of age (40%)

Gender

- 6 children were male (60%)
- 4 children were female (40%)

Race

- 9 children were Caucasian (90%)
- 1 child was African American (10%)

Etiological Nature of Injury

- 2 children died from drowning (20%)
- 2 children died from an overdose (20%)
- 2 children died from suffocation (20%)
- 2 children died in house fires (20%)
- 1 child died from injuries sustained when struck by a vehicle (10%)
- 1 child died in an auto accident- driver was impaired (10%)

Relationship of Perpetrator to Victim

- 8 cases mother was responsible (80%)
- 1 case father was responsible (10%)
- 1 case mother and paramour were responsible (10%)

Common Risk Factors

- 8 cases had Substance Abuse (SA) identified as a risk factor
- 5 cases had Domestic Violence (DV) identified as a risk factor
- 2 cases had Mental Health Issues (MH) identified as a risk factor
- 5 cases had two or more risk factors present in the family

Appendix 2

CHILD ABUSE/NEGLECT NEAR FATALITIES WITH PROTECTION & PERMANENCY PREVIOUS INVOLVEMENT

(SFY July 1, 2004 – June 30, 2005)

As of September 1, 2005, there were **22** child abuse/neglect near fatalities and **1** pending child abuse/neglect near fatality cases where DPP had previous involvement with the family. The final number and related data is subject to change upon completion and approval of the pending case.

Age

- 6 children were under 1 year of age (27%)
- 4 children were 1 year of age (18%)
- 6 children were between 2-5 years of age (27%)
- 6 children were between 6-16 years of age (27%)[□]

Gender

- 11 children were male (50%)
- 11 children were female (50%)

Race

- 17 children were Caucasian (77%)
- 3 children were African American (14%)
- 2 children were bi-racial (9%)

Common Risk Factors

- 15 cases had Substance Abuse (SA) identified as a risk factor
- 9 cases had Domestic Violence (DV) identified as a risk factor
- 2 cases had Mental Health Issues (MH) identified as a risk factor
- 6 cases had two or more risk factors present in the family

Relationships of Perpetrators to the Victims

- 5 cases mother was responsible (23%)
- 4 cases father was responsible (18%)
- 3 cases mother's paramour was responsible (14%)
- 1 case foster mother was responsible (4.5%)
- 3 cases both mother and father were responsible (14%)
- 2 cases a relative was responsible (9%)
- 3 cases mother and stepfather/paramour was responsible (14%)
- 1 case an unknown perpetrator was responsible (4.5%)[□]

[□] Failure of percentages to total 100 reflects rounding error

Regional Numbers

Barren River- 1 (Logan)
 Big Sandy- 3 (Martin, Pike [2])
 Bluegrass Fayette – 1 (Fayette)
 Bluegrass Rural – 2 (Anderson, Bourbon)
 Cumberland Valley – 3 (Knox, Laurel, Rockcastle)
 FIVCO- 1 (Boyd)
 Gateway Buffalo Trace – 0
 Green River – 1 (Ohio)
 KIPDA Jefferson- 4 (Jefferson)
 KIPDA Rural- 2 (Henry, Spencer)
 Kentucky River – 1 (Lee)
 Lake Cumberland- 0
 Lincoln Trail – 0
 Northern Kentucky – 3 (Kenton, Pendelton [2])
 Pennyrile- 0
 Purchase- 0

Type of Maltreatment

- 11 Near fatal injuries due to Neglect (50%)
- 11 Near fatal injuries due to Physical Abuse (50%)

Physical Abuse Near Fatalities (11 of 22 total cases)

Age	Race	Gender	Etiological Nature of Injury	Perpetrator	Risk Factors
2 mths	Caucasian	Female	Inflicted head injury	Both parents	SA
1 yr	Caucasian	Female	House fire set during DV episode	Father	SA/DV
11mths	Caucasian	Male	Inflicted head injury	Unknown	SA
2 yrs	Caucasian	Male	Inflicted head injury	Grandmother	SA
2yrs	African American	Female	Blunt force trauma to the abdomen	Unknown	None
1 yr	Caucasian	Male	Blunt force trauma to the head and abdomen	Mother's paramour	None
2yrs	African American	Male	Inflicted head injury	Mother & paramour	SA
16 yrs	Caucasian	Male	Gun shot	Step-father	DV
3 mths	Caucasian	Male	Inflicted head injury	Father	DV
1 yr	Bi-racial	Female	Inflicted head injury- during DV	Father	DV
2 yrs	Caucasian	Female	Inflicted head injury	Mother's paramour	SA/DV/MH

Age

- 3 children were under 1 year of age (27%)
- 3 children were 1 year of age (27%)
- 4 children were 2 years of age (36%)
- 1 child was 16 years of age (9%)[□]

[□] Failure of percentages to total 100 reflects rounding error

Gender

- 6 male children (55%)
- 5 female children (45%)

Race

- 8 children were Caucasian (73%)
- 2 children were African American (18%)
- 1 child was bi-racial (9%)[□]

Etiological Nature of Injury

- 7 children had inflicted head injury (64%)
- 2 children had blunt force trauma to head and/or abdomen (18%)
- 1 child was shot (9%)
- 1 child was in a house fire set during a DV episode (9%)[□]

Relationship of Perpetrator to Victim

- 3 cases father was responsible (27%)
- 3 cases mother's paramour was responsible (27%)
- 1 case both parents were responsible (9%)
- 1 case mother and her paramour were responsible (9%)
- 1 case maternal grandmother was responsible (9%)
- 1 case an unknown perpetrator was responsible (9%)[□]

Common Risk Factors

- 6 cases had Substance Abuse (SA) identified as a risk factor
- 5 cases had Domestic Violence (DV) identified as a risk factor
- 1 cases had Mental Health Issues (MH) identified as a risk factor
- 2 cases had two or more risk factors present in the family

Neglect Near Fatalities (11 of 22 total cases)

Age	Race	Gender	Etiological Nature of Injury	Perpetrator	Risk Factors
7 mths	Caucasian	Male	Inflicted head injury	Aunt	SA
6 yrs	Caucasian	Male	Auto accident – driver impaired	Mother's paramour	SA
15 yrs	Caucasian	Female	Child overdosed	Mother	SA
12 yrs	Caucasian	Male	Auto accident – driver impaired	Mother	SA/DV
3 yrs	Caucasian	Female	Auto accident – driver impaired	Mother	SA
9 mths	Caucasian	Female	Child overdosed	Both parents	SA
2 yrs	Caucasian	Female	Auto accident – driver impaired	Mother	SA/DV
9 yrs	Caucasian	Male	Auto accident – driver impaired	Father	SA/DV
12 yrs	African American	Female	House fire – no adults home	Mother	DV/MH
1 yr	Caucasian	Female	Child overdosed	Foster mother	None
9 mths	Bi-racial	Male	Child overdosed	Father	SA

[□] Failure of percentages to total 100 reflects rounding error

Age

- 3 children were under 1 year of age (27%)
- 1 child was 1 year of age (9%)
- 2 children were between 2-5 years of age (18%)
- 5 children were between 6-16 years of age (45%)[□]

Gender

- 5 children were male (45%)
- 6 children were female (55%)

Race

- 9 children were Caucasian (82%)
- 1 child was African American (9%)
- 1 child was bi-racial (9%)

Etiological Nature of Injury

- 5 children were injured in auto accidents (45%)
- 4 children overdosed (36%)
- 1 child had inflicted head injuries (9%)
- 1 child was in a house fire during a domestic violence episode (9%)[□]

Relationship of Perpetrator to Victim

- 5 cases mother was responsible (45%)
- 1 case foster mother was responsible (9%)
- 1 case both parents responsible (9%)
- 2 cases father was responsible (18%)
- 1 case maternal aunt was responsible (9%)
- 1 case mother's paramour was responsible (9%)[□]

Common Risk Factors

- 9 cases had Substance Abuse (SA) identified as a risk factor
- 4 cases had Domestic Violence (DV) identified as a risk factor
- 1 cases had Mental Health Issues (MH) identified as a risk factor
- 4 cases had two or more risk factors present in the family

[□] Failure of percentages to total 100 reflects rounding error