

**ANNUAL CHILD ABUSE/NEGLECT FATALITY/NEAR FATALITY REPORT**  
**SEPTEMBER 1, 2004**

**I. INTRODUCTION**

This report is submitted per KRS 620.050 (12)(C) which mandates the Cabinet for Health and Family Services to submit an annual report to the Governor, the General Assembly, and the state child fatality review team by September 1. This is the first report for submission since the law went into effect on July 13, 2004 and the time period of case review that the analysis is based on is the 2004 State Fiscal Year (SFY) July 1, 2003 – June 30, 2004.

This report focuses primarily on data related to substantiated abuse/neglect child fatalities and near fatalities where Protection & Permanency (P&P) had previous involvement. Previous involvement is defined as any report made to P&P that is accepted for assessment/investigation, not accepted and the caller is linked to a resource, assistance is provided to law enforcement in non-caretaker cases, or any open case where services have been provided to the family. During the 2004 SFY time period, there were a total of **32** substantiated abuse/neglect child fatalities (with 6 additional pending cases) and **30** substantiated abuse/neglect child near fatalities (with 5 additional pending cases). Protection & Permanency had previous involvement in approximately 69% (**22**) of those 32 total child fatalities and in approximately 63% (**19**) of those 30 child near fatalities.

The Cabinet has worked diligently to identify children and families most at-risk for experiencing a child fatality or near fatality tragedy by reviewing each child fatality or near fatality case to provide case by case consultation and to examine common trends and risk factors. The Cabinet is also examining the policies, procedures, staff training, staffing patterns in the field, assessment tools used by front line staff, and development of community resources to address the complex family issues that present barriers to child protection across the state.

When analyzing historical trends during internal review it is important to understand which children are at the greatest risk for serious injury or death. It is also important to understand the type of risk factors or barriers in families that are common in these most serious cases of maltreatment to help guide the Cabinet and Lawmakers in their efforts to prevent and reduce child maltreatment. These trends should be closely examined and considered when making decisions about how to get the most mileage out of minimal resources.

**II. ANALYSIS OF HISTORICAL TRENDS BASED ON INTERNAL REVIEW**

**Gender of Child Victim**

There does not appear to be much disparity between male and female children who are victims of a child fatality or near fatality. Female children made up approximately 55% of child fatalities compared to male children who made up

45% of the child fatalities. Child near fatality numbers did not differ significantly either with 47% being female children and 53% being male children.

#### Age of Child Victim

Age of the child victim is a significant risk factor in determining the children who are at the greatest risk for serious or fatal injury. In approximately 86% of all child fatalities the children were age 3 or less and 41% were under 1 year of age. Near fatality cases reflect slightly more scattered age ranges with the majority 68% of children being age 3 or less and 32% of children being 4 years of age or older. Clearly, families with children 3 years of age and less should be considered at highest risk and should be prioritized to receive the more intensive services offered by the Cabinet and other community partners.

#### Previous P&P Involvement

Protection & Permanency has had previous contact with the family in approximately 69% of all child fatality cases where abuse/neglect are found to have caused the child's death. In child fatality cases where P&P has had prior contact, children appear to be more at risk within 12 month period following that contact. In approximately 82% cases, the child fatality occurred within one year of the involvement with P&P. The child fatality occurred over one year from the date of previous involvement with P&P in 12% of the cases. This data supports that the family would best benefit from service provision by the Cabinet or other community partner within that first year of presentation to P&P.

#### Common Risk Factors

During child fatality and near fatality review, several problems in families have become apparent as being contributing factors in cases where caretakers fatally or seriously injure children. Three common risk factors are present and in similar proportion in cases where P&P has had previous involvement, as well as, in cases where P&P has never had contact with the family prior to the abusive or neglectful incident which caused a death or serious injury. Data indicates that Substance Abuse, Domestic Violence, and Mental Health Issues within the family are often risk factors and early indicators for future serious or fatal injury to children. In fact, one or more of these three risk factors were identified in 100% of child fatalities and in 79% of child near fatalities where P&P had previous involvement.

The most common risk factor found in child fatality and near fatality case review where P&P has had previous involvement with the family is that one or more adult in the family are struggling with a substance abuse problem. In 100% of these child fatality cases, substance abuse was a risk factor identified in the family and often directly contributed to the death of the child. In 58% of child near fatality cases, substance abuse was a risk factor.

The second most common risk factor found in child fatality and near fatality case review where P&P has had previous involvement with the family is the presence of domestic violence in the family. In 68% of child fatality cases and in 53% of child near fatality cases, domestic violence was an issue identified in the family and often directly contributed to the injury of the child.

The third common risk factor found in child fatality and near fatality case review where P&P has had previous involvement with the family 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. In 45% of child fatality cases and in 42% of child near fatality cases, mental health issues were identified within the family.

These numbers have remained fairly consistent over the last three years that the Cabinet has been tracking these risk factors more closely. These risk factors are also represented in similar proportions in ALL child protective service cases where a child fatality or serious injury has not occurred. This data indicates that substance abuse, domestic violence, and mental health issues are the most serious issues facing the state of Kentucky in child protection and prevention of abuse and neglect.

#### Relationships of Perpetrators to the Victims

Mothers are more frequently the perpetrators of abuse/neglect in 45% of child fatalities and 37% of child near fatalities. It is suspected that this is because mothers are still the primary caregivers in the majority of households and single parent mothers continue to be a common household make-up. Fathers accounted for 14% of child fatalities and 16% of child near fatalities. Both mother and father were responsible in 23% of child fatalities and in 5% of child near fatalities. Various other caregivers such as mother's paramour, relatives, foster parents, and unknown individuals make up smaller percentages that have been responsible for the child fatality or child near fatality.

#### Type of Maltreatment

Approximately 77% of child fatalities and 53% of child near fatalities where P&P has had previous involvement were caused by the neglectful actions of a caregiver. Approximately 23% of child fatalities and 47% of child near fatalities where P&P has had previous involvement were due to the physically abusive actions of a caregiver. This trend is consistent with data from previous years and indicates that the Cabinet may be better at identifying and intervening in families where children are at risk for physical abuse than at identifying and intervening in families where children are at risk for neglect.

#### Trends in Physical Abuse vs Neglect

Physical abuse and neglect are very different types of maltreatment and the trends of these two forms of maltreatment are different and worthy of analysis and discussion.

Physical abuse: In approximately 100% of child fatalities and 100% of child near fatalities due to physical abuse the children were all ages 3 or less. Of those children who were physically abused, 60% of child fatalities and 78% of child near fatalities were head injuries that were inflicted by a caregiver.

Approximately 100% of families where a child fatality occurred due to physical abuse, had both substance abuse and domestic violence identified as a risk factor in the family. Near fatality cases revealed that domestic violence was a factor in 56%, substance abuse was a factor in 44%, and mental health issues a

factor in 44% of cases where physical abuse was substantiated. Fathers were responsible in 60% of child fatality and 22% of child near fatality cases where physical abuse was substantiated. In other child near fatality cases mothers represented 22% and mother's paramour 22% of injuries due to physical abuse.

Neglect: In approximately 82% of child fatality cases, the child victims are age 3 or less. Child near fatality case review revealed that the age range of child victims were more varied with 40% of children age 3 and younger, 30% of children were ages 4-10, and 30% of children were over 10 years of age. Most of the child victims over age 3 were injured during car accidents involving an intoxicated driver. The most common risk factor identified in neglect related cases, was substance abuse for 100% of child fatalities and 70% of child near fatalities. Domestic violence was a risk factor in 59% of child fatalities and 50% of child near fatalities where neglect was substantiated. Mental Health Issues were identified as a risk factor in 53% of child fatalities and 40% of child near fatalities where neglect was substantiated. Mothers were more frequently responsible for the neglect in 53% of child fatalities and in 50% of child near fatalities.

### **III. SUMMARY OF ACTION STEPS AND RECOMMENDATIONS**

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 P&P prior to the fatality or near fatality. We are looking at the trends and common risk factors identified in child fatality and near fatality review to improve service delivery. In May 2004, Cabinet for Health and Family Services Secretary Dr. James Holsinger, approved a child fatality action plan that identified barriers that face front line staff in their efforts to protect children and reduce the number of child fatality/near fatality cases. This action plan also identified possible solutions or changes that needed to take place to assist in eliminating these barriers and meeting the needs of families. The following points describe the actions currently being taken by the Cabinet to address needs identified in the May 2004 Action Plan:

- The Cabinet will develop and implement mandatory substance abuse training for all front line specialists, supervisors, and workers.
- The Cabinet is exploring contract alternatives for the availability of drug testing for clients in every county across the state.
- The Cabinet will make efforts to identify and develop mental health service providers and expand current resources.
- The Cabinet will encourage each region to identify an individual within the region who already has advanced training or interest in participating in advanced training for substance abuse prevention. This individual with advanced training will assist front line staff in developing prevention and case plans and function as a resource to front line staff.
- The Cabinet will develop and implement advanced training for supervisors and workers to increase critical thinking and risk assessment skills with the

assistance of state universities, which already assist the Cabinet with the development of training curriculum.

- The Cabinet will develop examples of effective case plans, prevention plans, and aftercare plans with the assistance of substance abuse, domestic violence, and mental health treatment providers for distribution to front line staff who are struggling with the development of effective plans for families dealing with these issues.
- 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 Cabinet is exploring the pro's and con's of a statewide Centralized Intake System to address the inconsistency in the interpretation of referral acceptance criteria.
- The Cabinet, with the assistance of community partners, has developed a two-day training targeting supervisors and workers that is based on child fatality and near fatality research and designed to prevent child fatality and near fatality cases. This training will be offered seven times over the next year in locations throughout the state to be accessible and convenient for front line staff.
- The Cabinet will develop a computerized management report that will automatically pull a monthly listing of the High-Risk cases from all P&P cases. The list of families at highest risk will pull to this management report based on research from the child fatality and near fatality case review. Regions will receive a copy of this list and be able to focus consultative resources on cases where risk to children is the greatest.
- The Cabinet has already changed language in policy used by front line staff to clarify and emphasize the need for all calls to P&P to be entered into the computer system so that patterns of concerns can be documented to assist with future intake decision making.
- The Cabinet has made enhancements to the computerized system to allow front line workers to more easily input every call into the computer as it is received to facilitate every call to P&P being entered into the computer system.
- The Cabinet has revised language in policy to require workers to interview the referral source on any referral where contact information for this caller has been provided and to document and consider any information provided by that individual.
- 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 P&P. Case records will now be secured to protect the integrity of the official case record. Workers and supervisors assigned to investigate the fatality or near fatality case cannot have ever been previously assigned to the same case. Regional management and Central Office child fatality review team members will be more involved with the actual child fatality or near fatality investigation. Regional internal review will look at family needs and then identify barriers to protecting the child victim in each

child fatality or near fatality. Regional internal review will also identify possible solutions for improved service delivery. Recommendations from this regional internal review meeting will be provided to the Central Office child fatality/near fatality team for continued review and consideration for statewide policy or training improvements.

- The Cabinet plans to involve community partner stakeholders in the future and continued planning for reducing child fatalities and near fatalities.

## **Appendix 1**

### **CHILD ABUSE/NEGLECT FATALITIES WITH PROTECTION & PERMANENCY PREVIOUS INVOLVEMENT**

**(SFY July1, 2003 – June 30, 2004)**

As of September 1, 2004, there are **22** child abuse/neglect fatalities and **2** pending child abuse/neglect fatality cases where P&P had previous involvement with the family. The final number and related data is subject to change upon completion and approval of the 2 pending cases.

#### **Gender**

- 55% (12) were female
- 45% (10) were male

#### **Race**

- 82% (18) were Caucasian
- 9% (2) were African American
- 5% (1) was biracial African American/Caucasian
- 5% (1) was listed unknown race

#### **Age**

- 86% (19) were under 4 years of age
- 41% (9) were under 1 year of age
- 14% (3) were over 4 years of age

#### **Prior Involvement with Protection and Permanency**

- 82% (18) P&P had prior involvement within a year prior to the death
- 12% (4) P&P had prior involvement more than a year prior to the death

#### **Common Risk Factors**

- 100% (22) Substance Abuse (SA) was a risk factor in the family
- 68% (15) Domestic Violence (DV) was a risk factor in the family
- 45% (10) Mental Health Issues (MHI) were a risk factor in the family
- 100% (22) One or more of the above three risk factors were present in the family

#### **Type of Maltreatment**

- 77% (17) Deaths due to Neglect
- 23% (5) Deaths due to Physical Abuse

#### **Relationships of Perpetrators to the Victims**

- 45% (10) Mother
- 23% (5) Both mother and father
- 14% (3) Father

- 9% (2) Other relative
- 5% (1) Mother's paramour
- 5% (1) Foster mother

**Regional Numbers**

Bluegrass Rural – 2 (Madison, Powell)  
 Bluegrass Fayette – 4  
 Northern Kentucky – 3 (Kenton, Grant, Kenton)  
 Green River – 3 (Ohio, Ohio, Henderson)  
 Gateway Buffalo Trace – 3 (Montgomery, Bath, Bath)  
 Cumberland Valley – 3 (Laurel, Whitley, Laurel)  
 Kentucky River – 2 (Owsley, Breathitt)  
 Lincoln Trail – 2 (Grayson, Hardin)

PHYSICAL ABUSE CHILD FATALITIES

AGE	CAUSE	PERPETRATOR	P&P HISTORY	RISK FACTORS
1 yo	Strangulation	Father	Yes	DV
1 yo	Head Injury-Shaken Baby Syn.	Mother	Yes	SA, DV, MHI
3 yo	Head Injury	Father	Yes	SA, DV
2 mo	Head Injury-Shaken Baby Syn.	Father	Yes	SA, DV
2 yo	Internal Injuries	Mother's paramour	Yes	SA, DV

**Age**

- 100% (5) of these children were under 4 years of age
- 20% (1) of these children were under 1 year of age

**Cause**

- 60% (3) died due to an inflicted head injury
- 20% (1) died due to inflicted internal injuries
- 20% (1) died by strangulation

**Relationship of Perpetrator to Victim**

- 60% (3) were fathers of the victim
- 20% (1) was the mother of the victim
- 20% (1) was a mother's paramour

**Common Risk Factors**

- 100% (5) Domestic Violence was a risk factor in the family
- 100% (5) Substance Abuse was a risk factor in the family
- 20% (1) Mental Health Issues were a risk factor in the family
- 100% (5) One or more of the above three risk factors were present in the family

## NEGLECT CHILD FATALITIES

AGE	CAUSE	PERPETRATOR	P&P HISTORY	RISK FACTORS
14 yo	DUI car accident	Foster Mother	Yes	SA, MHI
3 yo	Drown in well	Mother	Yes	SA
7 mo	Asphyxia- unsafe sleep arrange.	Mother & Father	Yes	SA, DV
1 mo	Head Injury- supervision issue	Mother	Yes	SA
7 do	Premature/substance exposed	Mother	Yes	SA
2 yo	Overdose/poisoning	MGM & MGF	Yes	SA, DV, MHI
2 yo	DUI car accident	Mother & Father	Yes	SA, DV, MHI
16 do	Premature/substance exposed	Mother	Yes	SA, DV, MHI
1 yo	Medical neglect- Dehydration	Mother	Yes	SA, MHI
15 yo	DUI car accident	Uncle	Yes	SA, DV, MHI
7 mo	Overdose/poisoning	Mother & Father	Yes	SA, DV, MHI
4 yo	House fire- not supervised	Mother	Yes	SA, DV, MHI
2 yo	House fire- not supervised	Mother	Yes	SA, DV, MHI
8 mo	Medical neglect- Pneumonia	Mother & Father	Yes	SA, DV
1 mo	Asphyxia- unsafe sleep arrange.	Mother & Father	Yes	SA, DV
1 mo	Premature/substance exposed	Mother	Yes	SA
3 yo	DUI car accident	Mother	Yes	SA

### **Age**

- 82% (14) of these children were under 4 years of age
- 47% (8) of these children were under 1 year of age
- 18% (3) were ages 4-15

### **Cause**

- 24% (4) Asphyxiation due to unsafe sleeping practices-caregiver intoxicated
- 24% (4) Injuries sustained in motor vehicle accident-caregiver/driver intoxicated
- 18% (3) Premature birth with medical complications-prenatal substance abuse
- 18% (3) Drowning due to lack of supervision
- 12% (2) Accidental overdose
- 12% (2) House fire-children not supervised
- 12% (2) Medical neglect- parents failed to seek medical attention for child
- 6% (1) Head injury- infant injured while parent not supervising properly

### **Relationship of Perpetrator to Victim**

- 53% (9) Mother responsible
- 29% (5) Both mother and father responsible
- 12% (2) Other relative responsible
- 6% (1) Foster mother responsible

### **Common Risk Factors**

- 100% (17) Substance Abuse was a risk factor in the family
- 59% (10) Domestic Violence was a risk factor in the family
- 53% (9) Mental Health Issues were a risk factor in the family
- 100% (17) One or more of the above three risk factors were present in the family

## Appendix 2

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

**(SFY July1, 2003 – June 30, 2004)**

As of September 1, 2004, there are **19** child abuse/neglect near fatalities and **3** pending child abuse/neglect near fatality cases where P&P 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.

#### **Gender**

- 53% (10) were male
- 47% (9) were female

#### **Age**

- 68% (13) were under 4 years of age
- 37% (7) were under 1 year of age
- 32% (6) were 4 years of age or older

#### **Common Risk Factors**

- 58% (11) Substance Abuse (SA) was a risk factor in the family
- 53% (10) Domestic Violence (DV) was a risk factor in the family
- 42% (8) Mental Health Issues (MHI) were a risk factor in the family
- 79% (15) One or more of the above three risk factors were present in the family

#### **Type of Maltreatment**

- 53% (10) Near fatal injuries due to Neglect
- 47% (9) Near fatal injuries due to Physical Abuse

#### **Relationships of Perpetrators to the Victims**

- 37% (7) Mother
- 16% (3) Father
- 11% (2) Mother's paramour
- 11% (2) Foster mother
- 5% (1) Both mother and father
- 5% (1) Other relative
- 5% (1) Mother and her paramour
- 5% (1) Unknown perpetrator

### Regional Numbers

Cumberland Valley – 6 (Laurel, Laurel, Laurel, Bell, Clay, Laurel)  
 Big Sandy – 2 (Martin, Magoffin)  
 Bluegrass Fayette – 2  
 KIPDA Jefferson – 2  
 Barren River – 2 (Logan, Hart)  
 Bluegrass Rural – 1 (Estill)  
 Lake Cumberland – 1 (Pulaski)  
 Lincoln Trail – 1 (Grayson)  
 Kentucky River – 1 (Perry)  
 Northern Kentucky – 1 (Kenton)  
 Purchase – 1 (McCracken)  
 Green River – 1 (Union)

### PHYSICAL ABUSE CHILD NEAR FATALITIES

AGE	INJURY	PERPETRATOR	P&P HISTORY	RISK FACTORS
1 yo	Burned over 40% body	Mother	Yes	
7 mo	Head injury with other injuries	Mother	Yes	
5 mo	Head injury (Shaken Baby Syn)	Father	Yes	DV
8 mo	Head injury (Shaken Baby Syn)	Mother's paramour	Yes	SA, DV
2 yo	Head injury with other injuries	Mother & paramour	Yes	DV, MHI
2 yo	Broken neck/choking/bruises	Father	Yes	SA, DV
6 mo	Head injury (Shaken Baby Syn)	Mother's paramour	Yes	
6 mo	Head injury (Shaken Baby Syn)	Unknown	Yes	SA
1 yo	Head injury (Shaken Baby Syn)	Father	Yes	SA, DV, MHI

#### Age

- 100% (9) of these children were under 4 years of age
- 56% (5) of these children were under 1 year of age

#### Cause

- 78% (7) Inflicted head injury
- 11% (1) Child was burned over 40% of body
- 11% (1) Broken neck, choking injuries, facial bruising

#### Relationship of Perpetrator to Victim

- 22% (2) Father
- 22% (2) Mother's paramour
- 22% (2) Mother
- 11% (1) Mother and her paramour
- 11% (1) Unknown perpetrator

### Common Risk Factors

- 56% (5) Domestic Violence was a risk factor in the family
- 44% (4) Substance Abuse was a risk factor in the family
- 44% (4) Mental Health Issues were a risk factor in the family
- 67% (6) One or more of the above three risk factors were present in the family

### NEGLECT CHILD NEAR FATALITIES

AGE	INJURY	PERPETRATOR	P&P HISTORY	RISK FACTORS
15 yo	DUI car accident/child driver	Foster mother	Yes	SA, MHI
13 yo	DUI car accident/child driver	Foster mother	Yes	SA, MHI
1 yo	Overdose/poisoning	Mother & father	Yes	
11 mo	Near drowning	Mother	Yes	DV
7 yo	DUI car accident	Mother	Yes	SA, DV, MHI
4 yo	DUI car accident	Mother	Yes	SA
1 do	Premature/substance exposed	Mother	Yes	SA, DV
11 yo	Injury due to hanging	Mother	Yes	MHI
1 yo	DUI car accident	MGM	Yes	SA, DV
7 yo	Overdose/poisoning	Father	Yes	SA, DV

### Age

- 40% (4) of these children were under 4 years of age
- 20% (2) of these children were under 1 year of age
- 30% (3) were ages 4-10
- 30% (3) were over 10 years of age

### Cause

- 50% (5) Injuries sustained in motor vehicle accident-caregiver/driver intoxicated
- 20% (2) Accidental overdose
- 10% (1) Near drowning due to lack of supervision
- 10% (1) Premature birth with medical complications- prenatal substance abuse
- 10% (1) Injury due to accidental hanging- child not supervised properly

### Relationship of Perpetrator to Victim

- 50% (5) Mother responsible
- 20% (2) Foster mother responsible
- 10% (1) Both mother and father responsible
- 10% (1) Father responsible
- 10% (1) Other relative responsible

### Common Risk Factors

- 70% (7) Substance Abuse was a risk factor in the family
- 50% (5) Domestic Violence was a risk factor in the family
- 40% (4) Mental Health Issues were a risk factor in the family
- 90% (9) One or more of the above three risk factors were present in the family