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OFFICE OF THE SECRETARY**

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Janie Miller
Secretary

November 23, 2010

Governor Steven Beshear
The Capitol, Suite 100
700 Capitol Avenue
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Dear Governor Beshear:

Pursuant to KRS 620.050 (12), I have enclosed the Annual Child Fatality/Near Fatality Report from the Cabinet for Health and Family Services, Department for Community Based Services.

Should you have any questions, please feel free to contact me at 564-7195.

Sincerely,

Janie Miller
Secretary

JM:DPP:MC:sr

Enclosure

cc: Legislative Research Commission
Dr. Ruth Ann Shepherd, Department for Public Health

Child Abuse and Neglect Annual Report of Child Fatalities and Near Fatalities



Prepared by:
Division of Protection and Permanency
Department for Community Based Services
Cabinet for Health and Family Services

September 1, 2010



Table of Contents

Introduction.....	1
Executive Summary.....	2
Section II - Historical Trends (SFY 2006- 2010)	5
Section III - Child Fatality and Near Fatality SFY 2010.....	12
Section IV – Child Fatality and Near Fatality SFY 2010 with Child or Adult Protective Services History.....	18
Section V – Policy and Practice Implications.....	26
Appendix A Regional Map.....	30
Appendix B Investigation Flow Chart.....	32
Appendix C Data Tables for SFY 2010.....	35

Introduction

Tragically, each year scores of Kentucky children die or are seriously injured under many different circumstances ranging from natural causes to homicide. In fact, in calendar year 2007 Kentucky had the unfortunate distinction of leading the country in the per capita number of child fatalities. Understandably, the citizens of the Commonwealth voice concerns about whether these tragedies could have been prevented. To that end, multiple state agencies have a role in the investigation and determination surrounding child deaths. While the Department for Public Health Child Fatality Review and Injury Prevention Program is notified of all Kentucky child deaths, provided to them by the Kentucky Department of Vital Statistics in the form of the final death certificate, children whose deaths are suspicious or unexpected may have other agencies involved in the investigation of the fatality. The Kentucky Medical Examiner's Office and the local coroner are responsible for the completion of a postmortem investigation of all suspicious or unexplained deaths. It is their responsibility to determine the medical cause of death (the chain of events or the disease process that led to the death) and manner of death (the circumstances surrounding the death). DCBS is charged with investigating and assisting families and surviving children when a fatality or a near fatality occurs and there are allegations of maltreatment by a caretaker that may have contributed to the death or serious injury. Law enforcement is involved in many of the cases referred to the department. The goal of law enforcement is to determine if any criminal activity surrounding the death occurred. For example, a young child has fallen into a pool and drowned. The cause of death on the death certificate may be listed as drowning and the manner of death may be determined accidental by the Medical Examiner or the coroner. If the Department for Community Based Services receives allegations that the child drowned due to lack of caretaker supervision, an investigation will occur. Upon completion of the investigation, DCBS may substantiate that the fatality was a result of neglect on the part of the caretaker. This does not indicate a conflict between DCBS and other agencies, but rather that the Department looks specifically for contributing factors when there are allegations of abuse or neglect.

The Cabinet for Health and Family Services, Department of Community Based Services (DCBS) participates in the investigation of all child abuse and neglect allegations per KRS Chapter 620. Many of these situations have the potential to result in the death or serious injury of a child. The investigative process is complex and necessarily involves a myriad of individuals and agencies. CHFS is an integral partner in this process, but the lessons learned from child fatalities and near fatalities¹ consistently indicate that interventions in these tragic situations are not complete without the specific, timely collaboration of many partners. As mandated by KRS 620.050(12)(c), the following annual report is being submitted to the Governor, the General Assembly and the state child fatality review team in order to summarize cases with prior child or adult protective services involvement² and discuss interventions to address these cases.

This report is organized into five sections: executive summary; historical trends from state fiscal years 2006-2010; trend analysis on all substantiated fatalities and near fatalities for state fiscal year 2010; case data for state fiscal year 2010 for fatalities and near fatalities with prior child or adult protective services involvement and actions the Department is taking as a result of findings from reviews.

¹ Near Fatality is defined by KRS 600.020(37) as an injury that, as certified by a physician, places the child in serious or critical condition.

² Prior involvement is defined by 922 KAR 1:420 as any assessment or investigation of which the Cabinet has record, with child or family in the area of protection and permanency.

Section I- Executive Summary

The SFY 2010 Annual Report of Child Fatalities and Near Fatalities is designed to provide insight into the circumstances that resulted in the death or near death of children who were known to the Department for Community Based Services (DCBS) as needing child protective services or whose family was known to the Department for child protection issues.

In the past five years of tracking fatalities and near fatalities (SFY 2006-2010) 207 cases meet the above definition. The analysis of those cases has provided the following demographic pattern:

- 71% of child victims were 3 years of age or younger
- 80% of children were Caucasian
- 73% of perpetrators were either one or both parents
- Median age for female caregivers is 25.7 years, for male caregivers, 26.5 years.
- 60% of cases were classified as neglect, 29% were physical abuse 29%, and 11% were multiple forms of trauma
- 70% of cases presented with caretaker substance abuse as a risk factor
- Abusive Head Trauma accounted for 43 % of all the physical abuse fatalities/near fatalities
- Battered Child Syndrome accounted for 34 % of the physical abuse fatalities/near fatalities
- In neglect fatalities/near fatalities, the leading cause of death or serious injury is drug related accounting for 28% of the cases. This would include children ingesting a caretaker's medication and over medicating by a caretaker.
- Parents as perpetrators in fatality/near fatality cases rose 10% in SFY 2010 to 83% from the 73% from the five year analysis.

Based upon the analysis of trends from previous years, the Department's Division of Protection and Permanency introduced or enhanced several trainings and initiatives for both front-line DCBS staff and community service providers. For example:

Trainings

- "Risk Factors and the Assessment of Child Protective Service Investigations" training emphasizes the assessment of domestic violence, mental health and substance abuse in families, and strongly emphasizes the use of collaterals, service providers and documentation to appropriately assess families' strengths and needs. A team approach training concept is used that includes both frontline staff and their supervisors. This training has been provided in all nine DCBS service regions during this reporting period. 372 participants have attended this training which encompasses over 50 DCBS teams.
- "Medical Elements of Child Abuse and Neglect" (MECAN) trainings provide information on a variety of medical topics for front line staff and supervisors. Current trainings include Bruises, Burns and Bites; Abusive Abdominal Injuries; Abusive Skeletal Injuries; Failure to Thrive; and Growth and Development. Trainings have been provided to all nine DCBS regions, as well as multiple community partners. These trainings are also provided to new DCBS staff during the Academy training on Medical Indicators of Child Abuse and

Neglect. Several trainings have been converted to modules on the KYTRAIN network for access by both DCBS staff and community partners.

- A new MECAN course “Newborn Drug Testing and the DCBS Implications” was developed and has been provided to staff in seven of the nine DCBS service regions. In partnership with the Kentucky State Medical Examiner’s Toxicology Laboratory the presentation has provided a more comprehensive training on this subject. One positive outcome of this training is the creation of a tool for social service workers to utilize as they assess newborn infants testing positive for drugs. It also assesses the family structure to determine immediate safety issues or risks to the infant and any siblings in the home.
- The MECAN training, “Photo Documentation of Abusive Injuries and Neglect,” is a collaborative effort with the Kentucky State Police. The training addresses the importance of photographic analysis in the investigation of child abuse and neglect. It was presented as a train the trainer course with CPS specialists from each DCBS service region. It has now been converted to modules and placed on the KYTRAIN network for DCBS staff and community partners to access.
- A training module on mandated reporting was provided to each DCBS office on compact disc and became available on KYTRAIN network for community partners. This module can be utilized by DCBS staff when presenting to civic groups and community partners. Information is included on acceptance criteria, how to make a report, process for taking and initiating a report and services.
- The Child Fatality Nurse Service Administrator presented a workshop titled “Recognition of Abusive Injuries” at the annual meeting of the Kentucky Nurses Association as well as a workshop for victim advocates and prosecutors sponsored by the Office of the Attorney General and the Justice and Public Safety Cabinet.

Initiatives

- The Division of Forensic Medicine in the Department of Pediatrics at the University of Louisville provides clinical/forensic consultations and evaluations regarding child victims of physical abuse. This relationship exists to assist the Department for Community Based Services (DCBS) staff in completing and documenting child protective services investigations. Staff in the Division of Forensic Medicine also provides court testimony, when warranted. Dr. Melissa L. Currie, Board-Certified Child Abuse Pediatrician and Director of the Division of Forensic Medicine also provides medical consultation to the Child Fatality Nurse Service Administrator on cases of physical abuse.
- The Child Fatality Nurse Service Administrator continues to develop fact sheets to assist frontline staff during child fatality and near fatality investigations. These include x-rays, skeletal survey, quick facts about drowning and photo-documentation of injuries. The CFNSA is also available to provide direct medical consultation, including medical record and autopsy reviews.

The tragedy of child fatalities and near fatalities is devastating to families, communities and the staff of this agency. The fact that a child's life can be so precarious results in soul searching questions for all who were involved with that child, whether through formal or informal contacts. It is the hope that the analysis this report provides will help reduce the number of those tragedies.

Section II- Historical Trends

Without diminishing the personal impact of a single child's death or serious injury, it is instructive to understand the relative infrequency of these cases in relationship to all child protective services cases. In a five year period between July 1, 2005 and June 30, 2010 (SFY 2006-2010), 207 children died or were seriously injured as a result of caretaker abuse or neglect in cases where DCBS had prior involvement with the child or family. Prior involvement includes everything from having had a juvenile offender case on the parent to a domestic violence incident involving one parent to previous reports of abuse/neglect in this family unit.

Table 1 shows that in SFY 2006, DCBS received 30,827 investigations of child abuse and neglect. This number represents reports that met the criteria for investigation. In SFY 2010, that number reached 33,209, an increase of 2,382 from SFY 2006. The number of children involved in these cases has increased proportionally from 42,040 in SFY 2006 to 45,657 in SFY 2010. Unfortunately, the number increased in SFY 2009 by 3,590.³ In SFY 2008, a revision was made to the acceptance criteria standards of practice which may have impacted the significant increase of abuse/neglect investigations in SFY 2009.

Table 1- SFY 2006-2010 Abuse and Neglect Data*

	SFY 06	SFY 07	SFY 08	SFY 09	SFY 10
Number of abuse/neglect reports that meet criteria for investigation	30,827	31,584	30,964	33,001	33,209
Number of children involved in reports that met criteria	42,040	43,296	41,402	44,992	45,657
Number of abuse/neglect reports that were substantiated	10,024	9,960	9,845	9,112	9,470
Number of children involved in cases where abuse/neglect were substantiated	15,509	15,500	14,695	14,475	15,083
Number of <i>fatalities</i> where abuse/neglect was substantiated	38	34	31	29	23*
Number of substantiated abuse/neglect fatalities with DPP history	21	17	15	17	15*
Number of <i>near fatalities</i> where abuse/neglect was substantiated	29	35	48	64	38*
Number of substantiated abuse/neglect near fatalities with DPP history	17	20	28	37	20³

*Numbers are not final as there are still pending investigations.

³ Data source: TWS-Y084 run for respective SFY time periods.

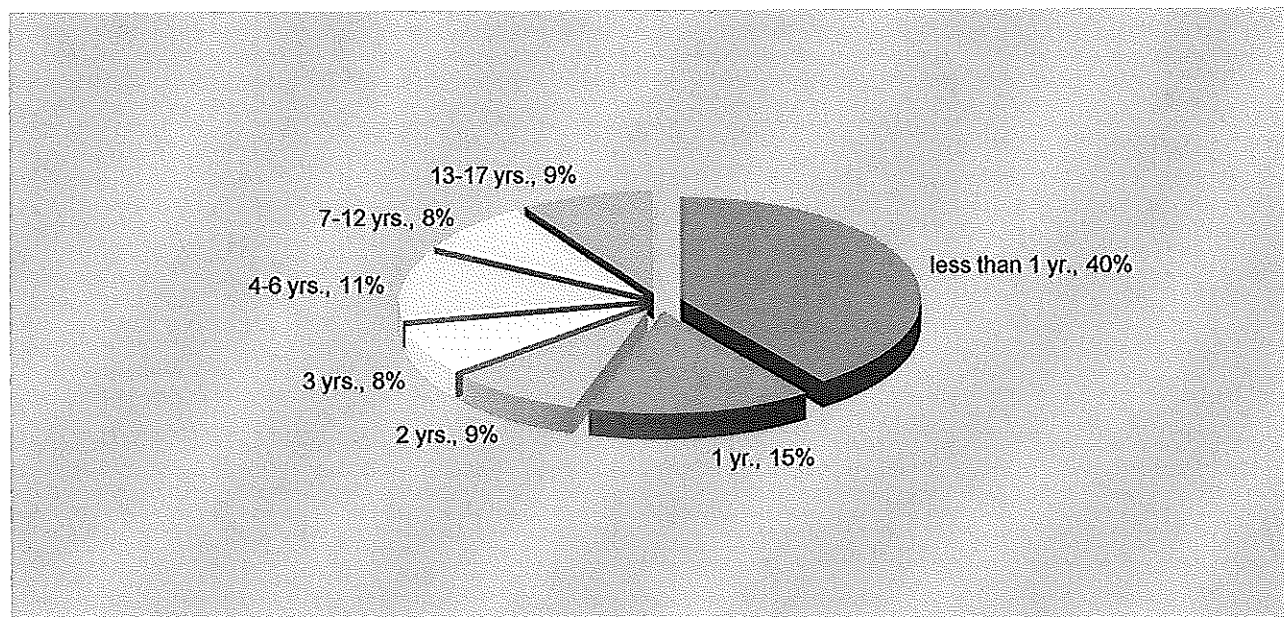
The Cabinet for Health and Family Services began submitting an annual report outlining individual state fiscal year trends in SFY 2004. However, over the first five years the small number of annual occurrences results in significant trend fluctuation from year to year and does not provide a representative picture of child abuse or neglect related fatality and near fatality cases. In order to establish a context against which the data can be evaluated and improvement measured, this report provides an analysis of Kentucky's data across five state fiscal years and compares Kentucky's child fatality data to the most recent national data.

Once the context for the data is established, consideration can be given to the trends in basic demographic information including the child victim, caretaker risk factors and family/household dynamics. Since July 1, 2005, 207 children whose family has had prior child or adult protective services involvement have either died or been seriously injured as a result of abuse or neglect. The analysis of these data is presented in three categories: victim characteristics, caretaker demographics and family/household dynamics.

Victim Characteristics- Age and Gender

In Kentucky, child victims 3 years of age or younger account for 148 of the 207 total fatalities and near fatality cases (71%). The national average in 2008 (the last year for which national data are available) for child fatalities among children 3 years of age or younger was (79.8%).⁴ Children under the age of 1 year comprised 40% of KY deaths or serious injuries compared to 45.3% of child deaths nationally.

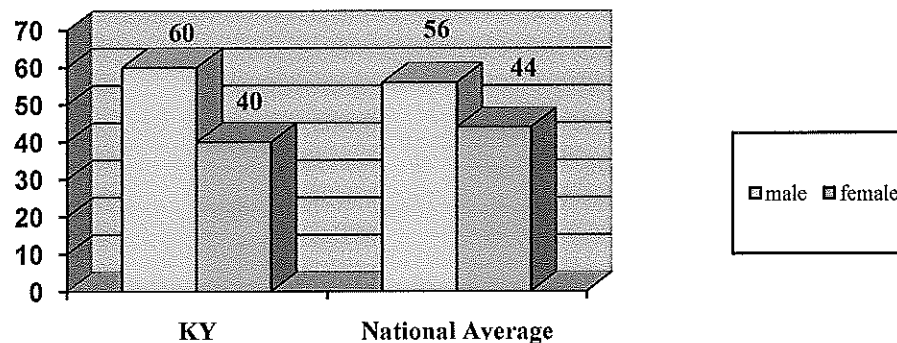
Table 2- Percentage of children by age for SFY 2006-2010 (N=207)



⁴All National Data referenced is taken from: ACF Children's Bureau 2008 Child Maltreatment Report

Of the 207 children in this data set whose death or serious injury was the result of abuse or neglect, 125 victims are male (60%) and 82 are female (40%). In the 2008 national data, males account for (56%) of victims and females (44%), the same as the 2006 national data.

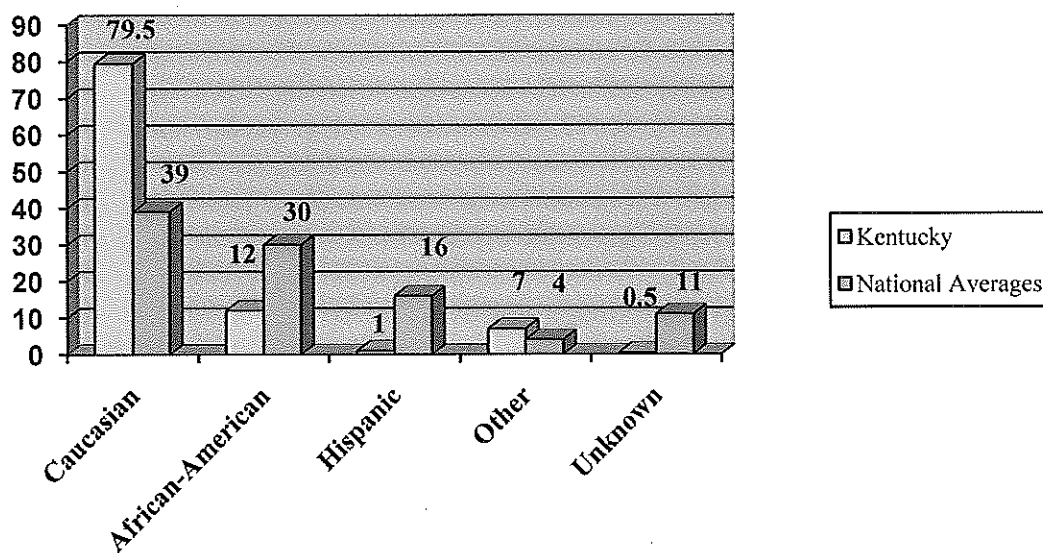
Table 3- Percentage of child victims by gender for SFY 2006-2010 (N=207)



Victim Characteristics- Race and Ethnicity

Caucasian children account for 165 of the 207 child fatalities and near fatalities from SFY 2006-2010 (79.5%). African American children account for 25 of the child victims (12%), and other (consisting of children of multiple race categories) account for 15 child victims (7%). Two children are of Hispanic ethnicity (1%) and the race or ethnicity of 1 (.5%) child is unknown. The chart below shows how Kentucky's rates compare with the national data.

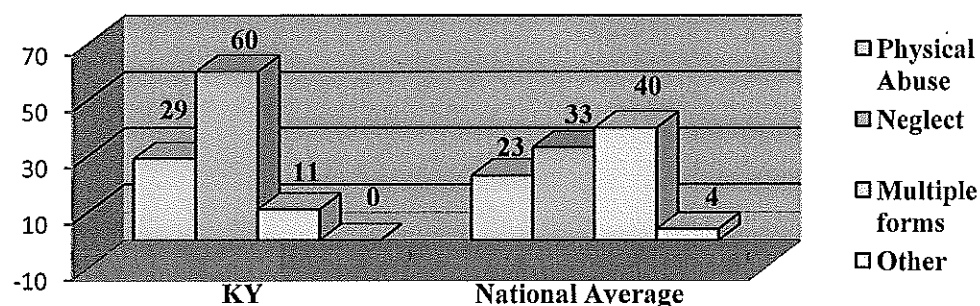
Table 4- Percentage of KY child victims by race/ethnicity for SFY 2006-2010 (N=207)



Victim Characteristics- Type of Maltreatment

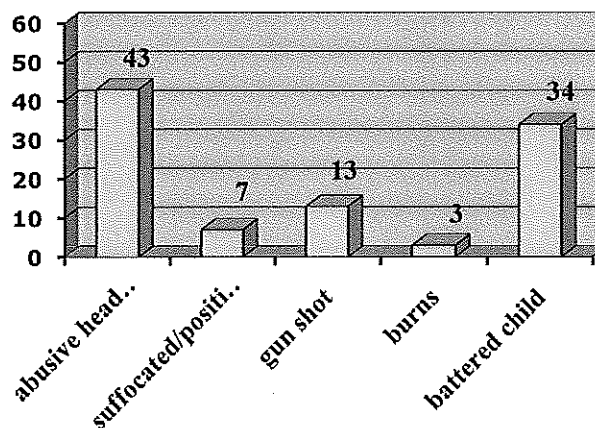
In this analysis, child maltreatment is broken into two categories; physical abuse and neglect. Of the 207 cases in Kentucky occurring between SFY 2006 and SFY 2010, 61 children died or were seriously injured as a result of physical abuse (29%) and 124 children died or were seriously injured as a result of neglect (60%). Multiple forms of trauma (physical abuse and neglect; physical abuse and sexual abuse) account for 22 children (11%). The national data for the most recent year published indicate 23% of fatalities result from physical abuse, 33% of fatalities result from neglect and 40% result from combinations of maltreatment which are accounted for by varying means of reporting among states. The remaining types of maltreatment identified in the national data were other at 3% and psychological maltreatment at 1%.

Table 5- Percentage of child victims by maltreatment type for SFY 2006-2010 (KY N=207)



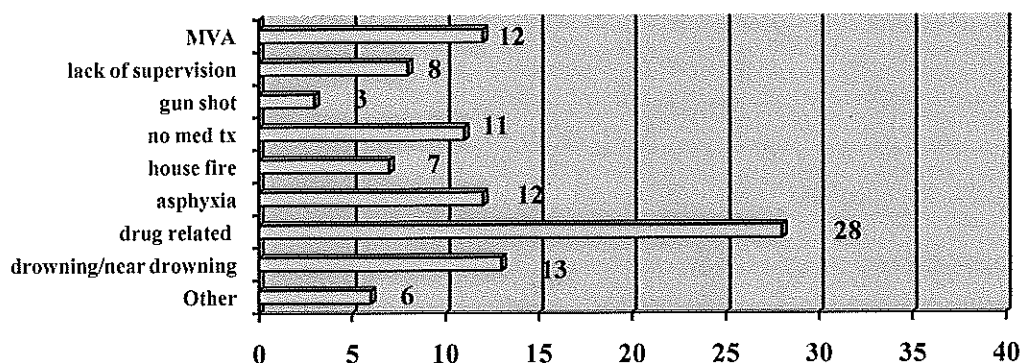
Of the 61 physical abuse fatalities and near fatalities in Kentucky, the leading cause of death or serious injury is abusive head trauma, otherwise referred to as inflicted head injury, which accounts for 43% of injuries resulting from physical abuse. Following abusive head trauma at 34% is battered child syndrome, which consists of multiple injuries and often includes head trauma. Some child victims who fall into this category have head trauma, abdominal injuries, broken ribs and fractures in the extremities. Gunshots account for 13% of physical abuse fatalities and near fatalities. Suffocation/positional asphyxia comprise 7% and intentional burns 3%. Table 6 below shows the distribution of inflicted injury included in this category.

Table 6- Percentage of KY child victims- physical abuse for SFY 2006-2010 (N=61)



Of the 124 neglect fatalities and near fatalities, the leading cause of death or serious injury is drug related and accounts for 28% of the cases. Drug related cases include self-administration or accidental ingestion as a result of lack of supervision, overmedication by a caregiver and drug exposed infants. Drowning/near drowning, resulting from lack of adult supervision, accounts for 13%. Motor vehicle accidents involving an impaired driver account for 12% of cases; positional asphyxia 12%; withheld medical treatment 11%; lack of supervision 8% and house fires 7% of these cases. Other causes of death or serious physical injury include poisoning, suicide with inappropriate supervision, and burns which account for 6% of neglect cases.

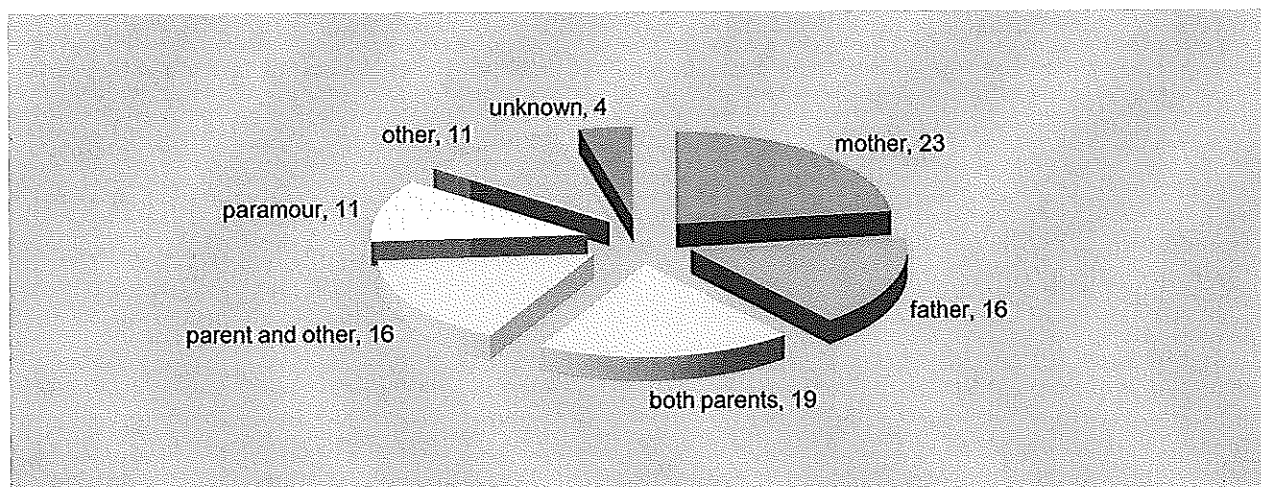
Table 7- Percentage of KY child victims- neglect for SFY 2006-2010 (N=124)



Caretaker Characteristics- Relationship to Victim

In the 207 cases included in this analysis there were children who had two or more caretakers at the time of the fatality or near fatality incident. The total number of caretakers involved in the five year analysis is 304. Of those 304 caretakers, 74% of the perpetrators of abuse or neglect related child fatalities and near fatalities are either one or both biological parents, either acting alone or with others. The 2008 national average is 71% for this element. National data also shows that 26.6% of fatalities are perpetrated by the mother acting alone.

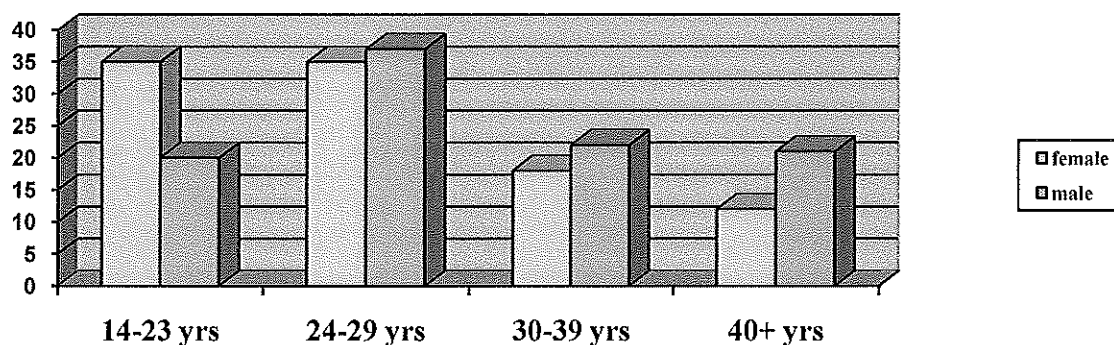
Table 8- Percentage of KY caretaker relationship to victim for SFY 2006-2007(N=304 reflecting total number of caretakers, not cases)



Caretaker Characteristics - Age of Caregivers

The median age of female caregivers in abuse or neglect related fatality and near fatality cases is 25.7 years while the median age of male caregivers is slightly higher at 26.5 years of age. Many of the cases had 2 or more caretakers at the time of the incident.

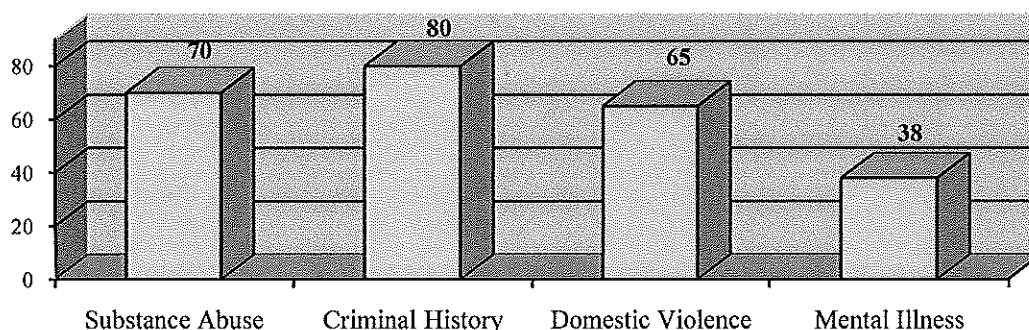
Table 9- Percentage of KY caretaker by age for SFY 2006-2010 (N=304 reflecting total number of caretakers, not cases)



Household Dynamics- Risk Factors

Substance abuse, domestic violence, criminal history and mental illness are commonly known antecedents in child abuse and neglect cases and a similar pattern of risk is present in child fatality and near fatality cases. Of the 207 cases included in this report, 145 indicate substance abuse by one or both caretakers (70%); 165 cases indicate one or both caregivers have a criminal history not including traffic violations (80%); 135 cases have experienced domestic violence (65%); and, 78 cases document a mental health diagnosis for one or both caretakers (38%).

Table 10- Percentage of risk factors in KY fatality and near fatality cases for SFY 2006-2010 (N=207)



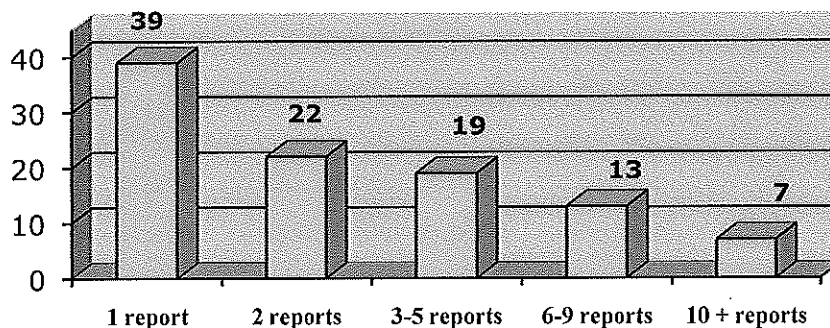
Families that experience a child fatality or near fatality often present with multiple risk factors. Substance abuse and criminal history co-occur most frequently and domestic violence is often an additional risk factor. Criminal history does not necessarily predispose a caregiver to maltreat, but it may co-occur with behaviors that are associated with the other listed risk factors. Serial relationships, an element that was not collected for all state fiscal years and therefore not included in this analysis, also occurred proportionally more often in child fatality and near fatality cases⁵. The definition for serial relationships that is used by DCBS is where a caretaker has been involved in an intimate relationship with 2 or people in the last 12 months from the reported incident.

⁵ Building and Using Models of Lethality: R. Huebner, T. Webb 2006

Family/Household Dynamics- Number of previous CPS reports

All cases included in this analysis have at least one previous child protective services (CPS) report resulting in an assessment of the child or family. Table 11 depicts the amount of CPS history associated with child fatality and near fatality cases. It is important to note the previous report may not have been related to the child now reported as a fatality or near fatality. The previous report could have been related to older siblings or domestic violence prior to the birth of the reported child.

Table 11- Percentage of cases by number of previous CPS reports (N=207)



Regional Differences- Fatality and Near Fatality Data SFY2006-SFY2010

Of the 207 child fatality and near fatality cases in this analysis, Eastern Mountain Service Region had the highest count of fatality and near fatality cases that were the result of abuse or neglect (33). Northeastern Service Region had the lowest count of child fatality and near fatality cases (13). See Appendix A for a regional map of counties in each service region.

Table 12- Number of Abuse/Neglect Fatality and Near Fatality cases by region (N=207)

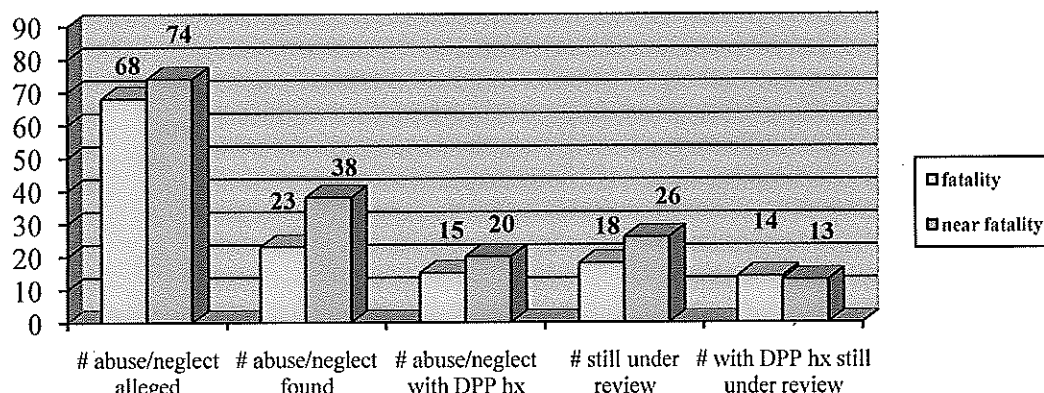
Service Region	# of abuse/neglect fatalities with DCBS history	# of abuse/neglect near fatalities with DCBS history	Total fatality/near fatality with DCBS history	Percentage of statewide total
Cumberland	4	11	15	7%
Eastern Mountain	14	19	33	16%
Jefferson	12	15	27	13%
Northeastern	4	9	13	6%
Northern Bluegrass	9	9	18	9%
Salt River Trail	11	8	19	9%
Southern Bluegrass	11	15	26	13%
The Lakes	11	13	24	12%
Two Rivers	9	23	32	15%
Statewide Totals	85	122	207	100%

Section III- Child Fatality and Near Fatality Analysis SFY 2010

During SFY 2010, DCBS received a total of 77,281 child abuse and neglect calls involving 91,295 children. Of these calls, 33,209 reports which involved 45,657 children met criteria for a child abuse or neglect investigation. Child abuse or neglect was substantiated in 9,470 of these 33,209 cases (29%) and involved 15,083 children. Of these 15,083 children, 23 died as a result of abuse or neglect (.15%) and 38 were seriously injured as a result of abuse or neglect (.25%). Of the 23 child fatality cases, 15 had prior involvement with DPP. Of the 38 near fatality cases 20 had prior involvement with DCBS.⁶ The cases with prior involvement will be discussed in Section IV. This section will provide statistics and trends for all fatalities and near fatalities with substantiated abuse and neglect were, including cases with child or adult protective services history.

Currently there are 44 pending fatality and near fatality investigations. While the overall number of reported fatalities/near fatalities did not significantly increase in SFY 2010, DCBS received a significant number of reports in the last quarter of the state fiscal year which contributes to the amount of pending investigations. In completing a child fatality or near fatality investigation, many external resources are utilized. Consequently, the complexity of these cases can cause significant delay in the final disposition of a case. Factors contributing to these delays can include receipt of autopsy results, with toxicology findings, tissue or organ tests conducted out of state, law enforcement investigations and other interviews and documentation.

Table 13- Number of abuse/neglect related fatalities and near fatalities for SFY 2010



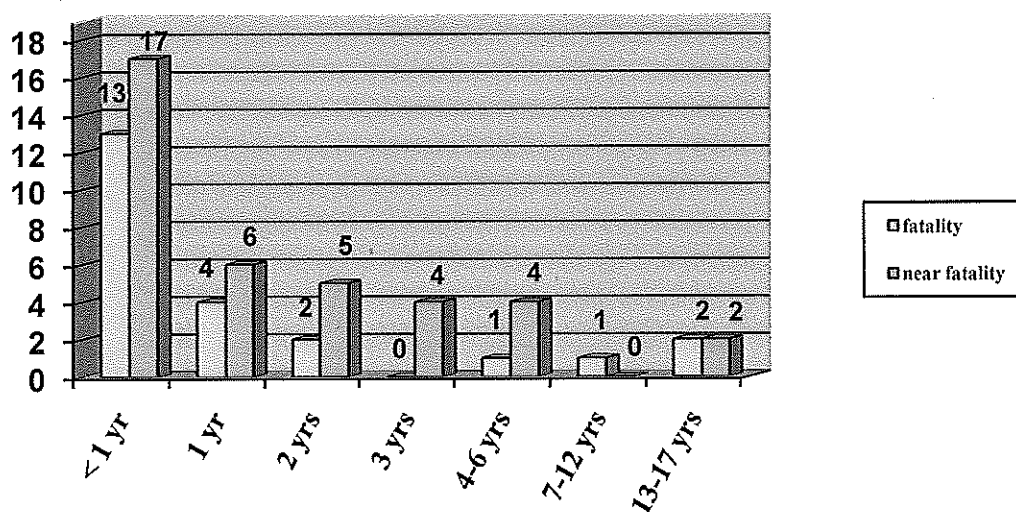
State fiscal year 2010 data is presented in four categories: child victim characteristics, caretaker characteristics, family/household dynamics and regional differences. Due to the small number of cases presented, all data for this section are reported in numbers and supplemented with percentages.

⁶ 44 Fatality and near fatality cases, 27 of which have prior DPP involvement are still under review

Victim Characteristics- Age and Gender

Fifty one (84%) children 3 years of age and younger account for the majority of child victims in this data. Thirty (49%) child victims in this reporting period were under the age of 1 year. Nine children were between the ages of 4-17 (15%). Table 14 shows the number of child fatality and near fatality victims by age group.

Table 14 – Age distribution by number of victims for SFY 2010(N=61)



The distribution of the victim gender during this state fiscal year is similar to national averages in that male children are more likely to be the victim of a fatality or near fatality. Thirty five (57%) of the fatality and near fatality victims in SFY 2010 are male and twenty six (43%) are female.

Victim Characteristics- Race, Ethnicity and Disability

During SFY 2010, 50 of the 61 victims are Caucasian (82%), 7 are African American (11%) and 4 are other or unknown (7%). 6 of the 61 victims (10%) have a disability or a special need.

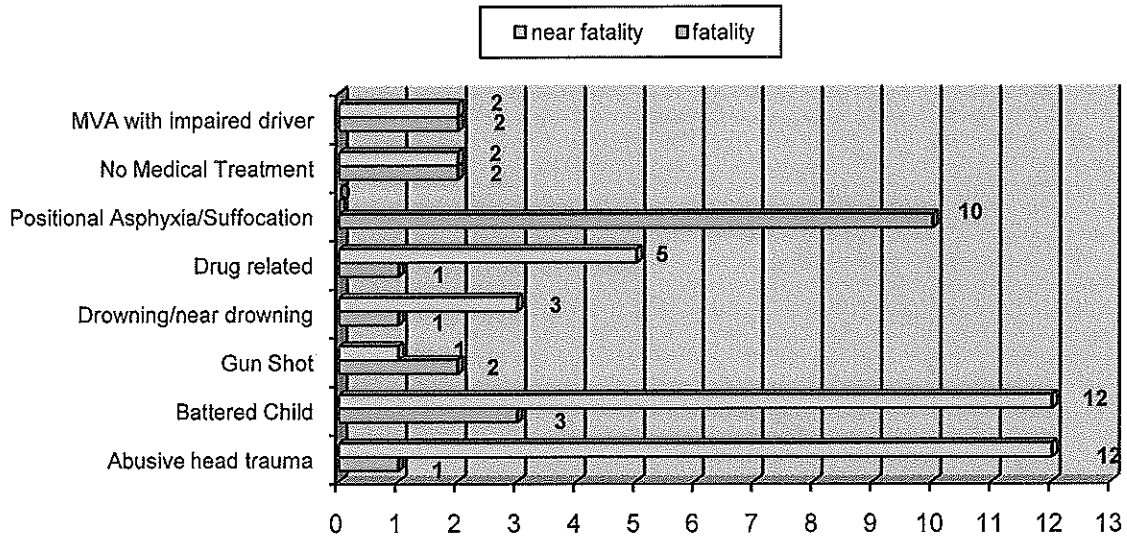
Victim Characteristics- Type of Maltreatment

Physical abuse accounts for 26 of the 61 total child fatality and near fatality cases for SFY 2010. Of the 26 cases, 6 are fatalities (23%) and 20 are near fatalities (77%). Children who have head trauma and/or abdominal trauma with other injuries are now classified as battered children, per the Children's Bureau and represent 13 of the 26 cases (50%). Abusive head trauma accounts for 10 cases (38%) and two of the children are classified under suffocation (8%). The remaining child was injured by being shot by a family member.

Neglect accounts for 28 of the 61 total child fatality and near fatality cases for SFY 2010. Of the 28 cases, 16 are fatalities (57%) and 12 are near fatalities (43%). Drug related maltreatment consisting of intentional overdose, unintentional ingestion of medicine and drug exposed infant accounts for 6 of the 28 cases (21%). Positional asphyxiation/suffocation accounts for 7 of the 28 cases (25%), while withheld medical treatment accounts for 4 of the 28 cases (14%). Motor vehicle accidents (MVA) with an impaired driver account for 4 of the 28 cases (14%). There are 4 near drowning/drowning cases (14%) and 2 children died from gunshots (7%). The last child was a victim in a murder/suicide incident.

Physical abuse and neglect (multiple maltreatment) occurred in 7 of the 61 cases (11%). Each of these 7 children experienced neglect in that the medical treatment was either withheld or there was a delay in treatment. The physical abuse consisted of battered child, abusive head trauma and immersion burns.

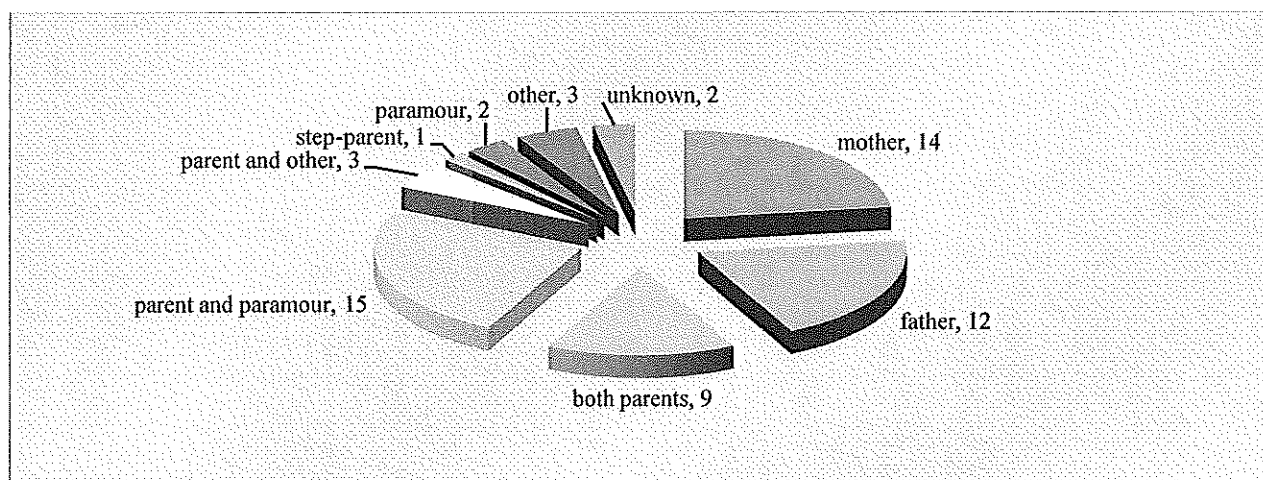
Table 15-Number of child victims by cause of injury for SFY 2010 (N=61)



Caregiver Characteristics- Relationship to Victim

Current data for SFY 2010 shows that 82% involve biological parents. During SFY 2010, in all of the 23 fatalities (100%) and 30 of the 38 near fatalities (79%) one or both biological parents perpetrated the abuse or neglect that resulted in death or serious injury to the child victim. In 4 of 23 fatalities (17%) and 14 of 38 near fatalities (37%), the parent or parents along with another person perpetrated the abuse or neglect. Of the total 61 cases, parents acting alone, with each other or with another person perpetrated the abuse or neglect in 50 cases (82%). Out of the 50 cases including parents, 15 cases involve a parent with a paramour (30%) and 3 of the cases (6%) involve other relatives and one family friend along with the parent. Parent paramours are listed as the perpetrators in 2 cases (3%). For the remaining cases the caregivers are step-parents for 1 case (1%), 3 are listed as other (5%) with other being defined as another relative or caretaker who is not in a parental role and for the 2 remaining cases the perpetrators are unknown (3%).

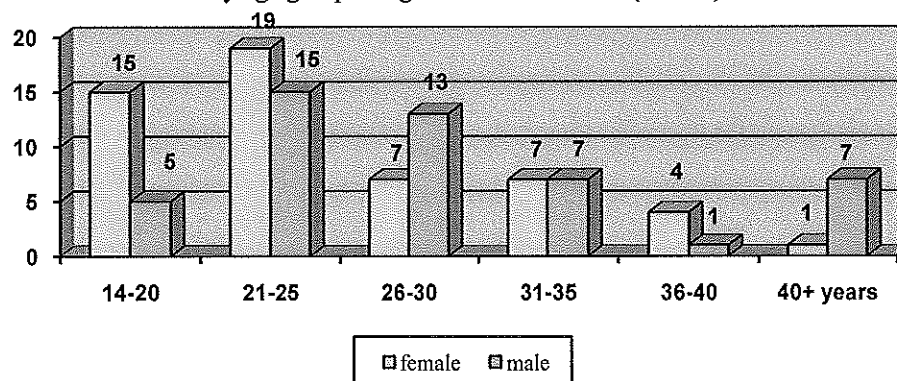
Table 16- Number of caretaker relationship to victims for SFY 2010 (N=61)



Caretaker Characteristics- Caretaker Age

The median age for female caregivers during this reporting period is 22 years of age which is 8 years less than the national median. The median age for male caregivers is 26 years of age, which is lower than the national median by 7 years. Table 18 shows the distribution of female and male caregivers involved in cases of child fatality and near fatality in SFY 2010.

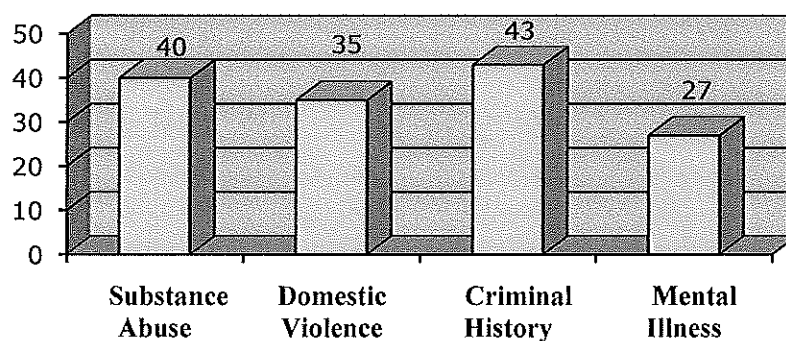
Table 17- Number of caretakers by age group and gender for SFY 2010 (N=101)



Family/Household Dynamics -Risk Factors

The most prevalent risk factor in the SFY 2010 fatality and near fatality cases is criminal history which is indicated in 43 of the 61 cases (70%). Criminal history is defined as any criminal conviction with the exception of traffic violations. Substance abuse is a risk factor in 40 of the 61 cases (66%) and a domestic violence history within the family is found in 35 of the 61 fatality and near fatality cases (57%). Diagnosed mental illness is indicated in 27 of the 61 child fatality cases and near fatality cases (44%) Caregivers involved in fatality and near fatality cases are likely to have more than one risk factor present. Additional risk factors found in fatality and near fatality cases include caretakers with a personal child abuse or neglect history in Kentucky in 12 of the 61 cases (20%) and serial relationships among caretakers found in 10 of the 61 child fatality and near fatality cases (16%).

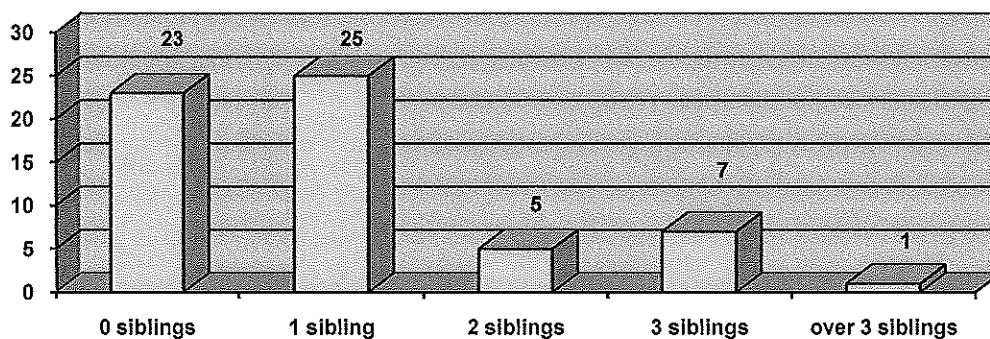
Table 18- Number of risk factors in SFY 2010 fatality and near fatality cases (N=61)



Family/Household Dynamics- Number of siblings or other children in the home

The number of siblings in homes where a child fatality or near fatality occurred ranges from no siblings in 23 cases (38%) to 4 siblings in 1 case (2%). In SFY 2010 there are 38 families (62%) that had other children in the home at the time the fatality or serious injury occurred. This percentage is the same as in SFY 2009. Of the 38 families 25 have one sibling in the home (66%); 5 families have 2 other children in the home (13%) and 8 families have 3 or more other children in the home (21%).

Table 19- Number of siblings or other children in homes with fatalities or near fatalities for SFY 2010 (N=61)



Regional Differences

The following chart below depicts the number of child fatality cases and the near fatality cases in each of the nine DCBS service regions. See Appendix A for a regional map of counties in each service region.

Table 20- Number of abuse/neglect fatality and near fatality cases for SFY 2010

Service Region	# of abuse/neglect fatalities	# of abuse/neglect near fatalities	Total fatality/ near fatality
Cumberland	6	2	8
Eastern Mountain	0	0	0
Jefferson	5	12	17
Northeastern	2	0	2
Northern Bluegrass	2	7	9
Salt River Trail	0	4	4
Southern Bluegrass	3	5	8
The Lakes	3	6	9
Two Rivers	2	2	4
Statewide Totals	23	38	61

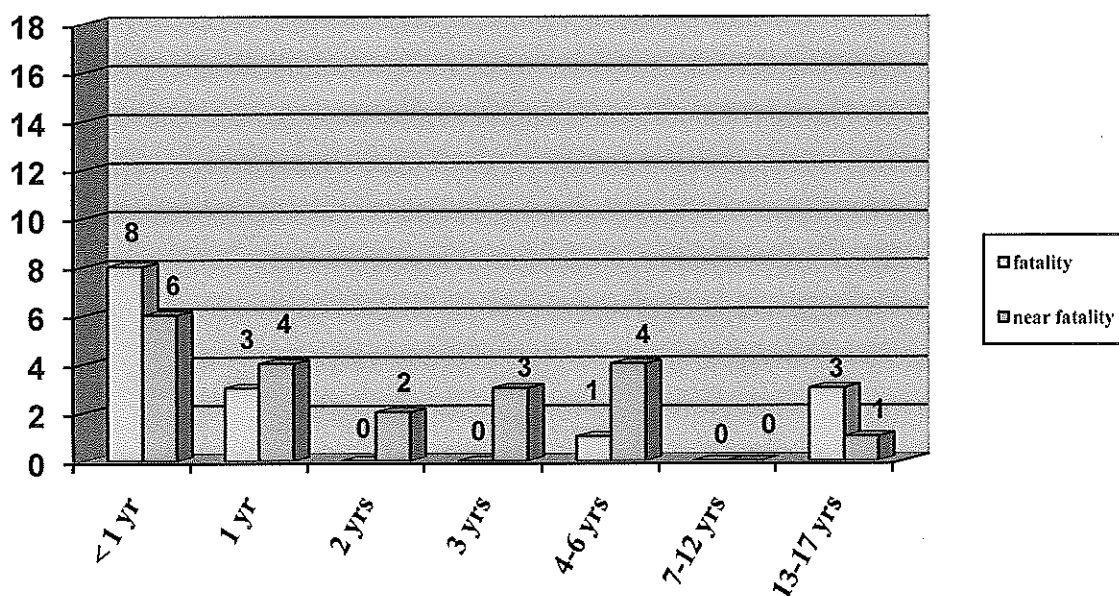
Section IV- Child Fatality and Near Fatality Analysis for Cases with Child or Adult Protective Services History SFY 2010

During SFY 2010, DCBS received a total of 142 child fatality or near fatality reports. Of those, 68 were alleged child fatalities and 74 were alleged near fatalities. In Section III of this report, 61 cases (23 fatalities and 38 near fatalities) were analyzed. Of the 23 child fatality reports, 15 had prior child or adult protective services involvement. Of the 38 near fatality cases 20 had prior involvement.⁷

Victim Characteristics- Age and Gender

15 child fatalities and 20 near fatalities were the result of abuse or neglect and the family had prior child or adult protective services involvement. Twenty six children 3 years of age and younger (74%) accounted for the majority these reports. Fourteen (40%) of the child victims in this reporting period were under the age of 1 year. Children ages 4-17 years-old accounted for 9 children (26%). Table 21 shows the number of child fatality and near fatality victims by age group.

Table 21– Age distribution by number of victims for SFY 2010 (N=35)



This current data corresponds with national data indicating that children under the age of four are more likely to be victims of abuse and neglect. Data also indicates many of these victims come from families with younger, Caucasian parents, who have significant substance use/abuse in the home. Recently developed training emphasizes the importance of these risk factors during the investigative process.

The distribution of the victim gender during this state fiscal year is similar to national averages in that males are more likely to be reported as a fatality or near fatality with 20 of these victims being male (57%) and 15 female (43%). There is little research to support the finding that male children more likely to be the victim of a fatality or near fatality.

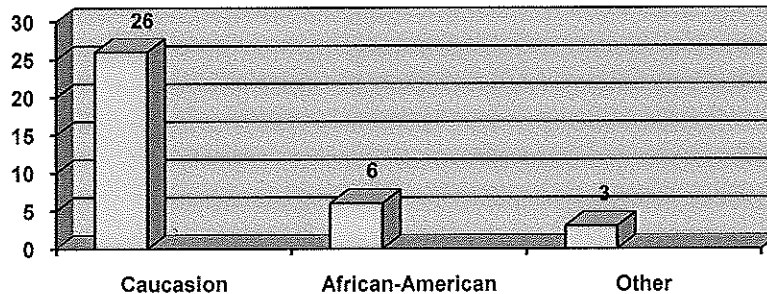
⁷ 44 Fatality and near fatality cases, 27 of which have prior DPP involvement are still under review

Victim Characteristics- Race, Ethnicity and Disability

During SFY 2010, 26 of the 35 victims are Caucasian (74%) and 6 victims are African American (17%). Three children are of other races or multiple races (9%).

There are 6 children identified a special needs (17%). One child identified as having a disability or special needs was a child born with multiple prescription drugs in her system who had experienced withdrawal symptoms.

Table 22-Number of children by race and ethnicity for SFY 2010 (N=35)



Victim Characteristics- Type of Maltreatment

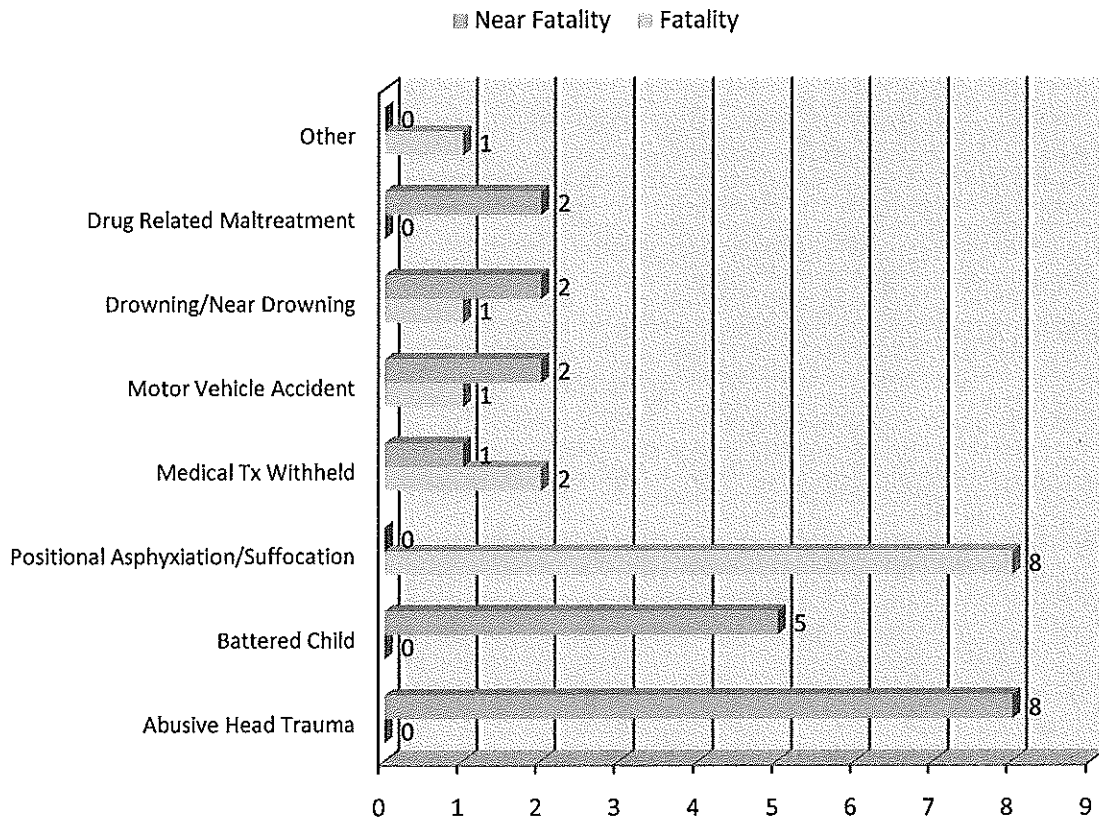
Physical abuse accounts for 13 of the 35 total child fatality and near fatality cases with prior child or adult protective services family involvement. Of the 13 cases, 2 are fatalities (15%) and 11 are near fatalities (85%). As seen in previous years, the cause of death or serious injury is most often abusive head trauma for 6 of the 13 cases (46%). Children who experienced head trauma and/or abdominal trauma with other injuries are classified as battered children and represent 5 of the 13 cases (38%). The remaining 2 child fatalities are victims of suffocation (16%). Many of the children found to have been battered were also found to have old healing injuries, including fractures of the ribs and limbs. Some of the children were found to have visible abrasions on multiple parts of the body.

Neglect accounts for 19 of the 35 total child fatality and near fatality cases with prior child or adult protective services family involvement. Of the 19 reports, 12 are fatalities and 7 are near fatalities. Positional asphyxiation accounts for 5 of the 19 cases (26%). *Positional asphyxiation may be caused when the child is placed into the adult bed with an impaired parent/parents and the child is positioned under one of the adults or face down in the covers. It can also involve the infant being placed on inappropriate bedding and not being checked for several hours.* The withholding of medical treatment accounts for 3 of the 19 cases (16%). Motor vehicle accidents (MVA) with an impaired driver account for 3 of the 19 cases (16%). There are 3 drowning/near drowning (16%), two near fatalities are drug related (11%) and two children were wounded by a gunshot (11%). The remaining child was a victim of murder/suicide incident by a parent (4%). The victims of drowning, gunshots and drug related maltreatment can also be classified as lack of appropriate supervision, but in accordance with historical data, they remain as separate categories.

Since national data indicates that multiple forms of maltreatment are the number one form of fatality maltreatment, it is being added as a category in this year's report. For SFY 2010, 3 of 35 cases meet criteria for this category (12%) and include both physical abuse and neglect. All 3 of the children were found to have medical treatment being withheld following the incident or there

being a significant delay in the caretaker seeking medical treatment for the child. Two of the 3 of children had abusive head trauma (6%) and the remaining child died from positional asphyxiation.

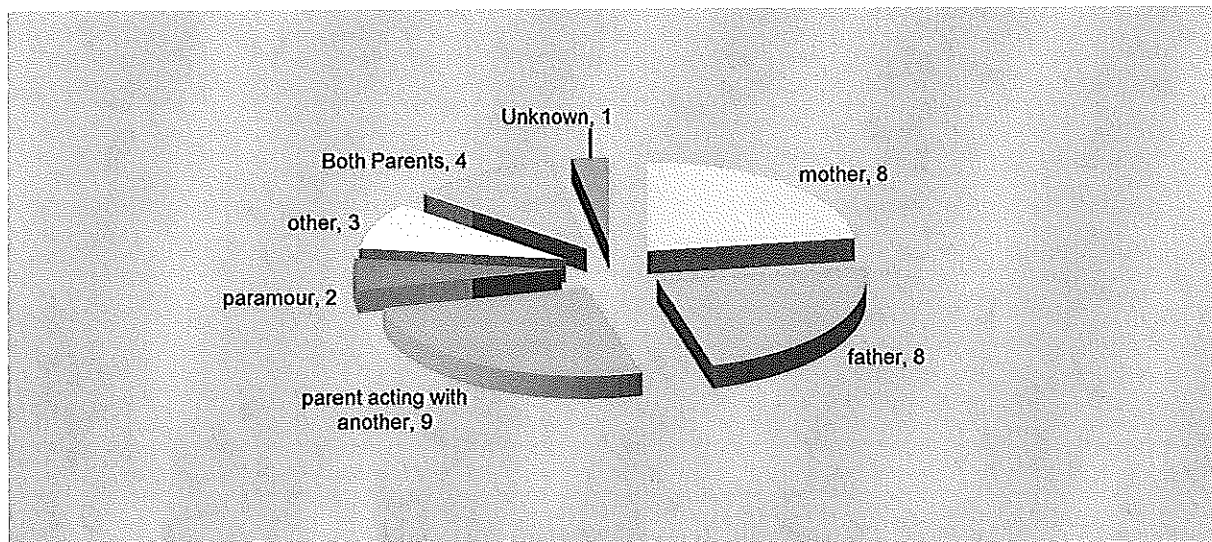
Table 23-Number of child victims by cause of injury/maltreatment for SFY 2010 (N=35)



Caretaker Characteristics- Relationship to Victim

Previous data indicated that (78%) of perpetrators of abuse or neglect related child fatalities and near fatalities involved one or both biological parents. During SFY 2010, 15 of the 15 fatalities (100%) and 14 of the 20 near fatalities (52%) involve one or both biological parents as the perpetrator of abuse or neglect that resulted in death or serious injury to the child victim. Of the total 35 cases, parents acting alone, with each other or with another person are the perpetrators in 29 cases (83%) and parent paramours are listed as the perpetrators in 2 cases (6%). For the remaining cases 3 of the caretakers are listed as other (8%) with other being defined as another relative or caretaker who was not in a parental role and for the remaining case the perpetrator(s) are unknown (3%).

Table 24- Number of caretakers' relationship to victims for SFY 2010 (N=35)

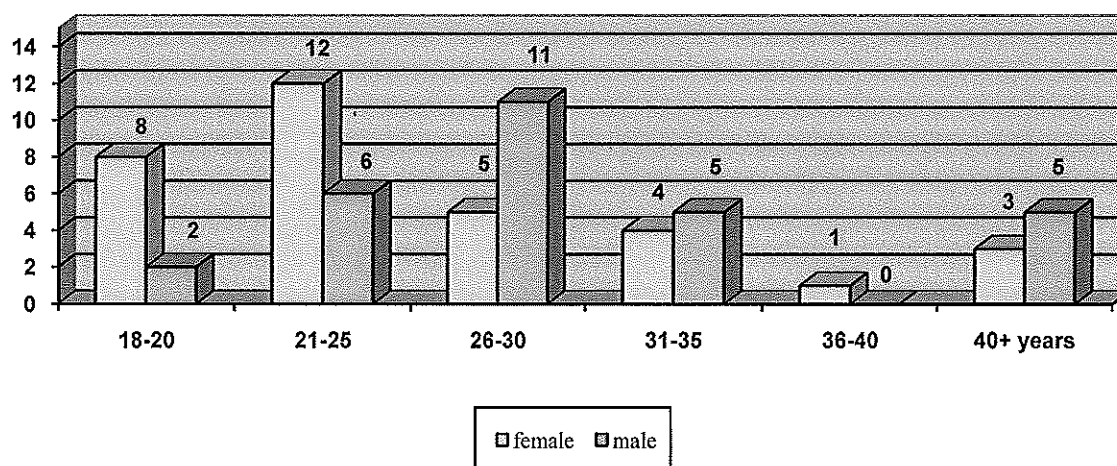


Upon review of the category of parent acting with another, we are led to believe this usually involves the paramour of a parent. This year's data lend support to that belief since 7 of the 9 cases involve the parent paramour. The 2 remaining cases involve a father, uncle and mother with a family friend. In the case involving the uncle, he was declared a caretaker and was found to have not provided appropriate supervision which led to a sibling shooting and killing another sibling.

Caretaker Characteristics - Caretaker Age

The median age for female caretakers during this reporting period is 25 years which is 3 years lower than the national median and an increase from last year when the median age for females was 22. The median age for male caretakers is 27 years, which is lower than the national median by 6 years. The median age for male caretakers is the same for this state fiscal year as it was for SFY 2009. Table 26 shows the distribution of female and male caretakers involved in cases of child fatality and near fatality in SFY 2010.

Table 25- Number of caretakers by age group and gender for SFY 2010 (N=62)



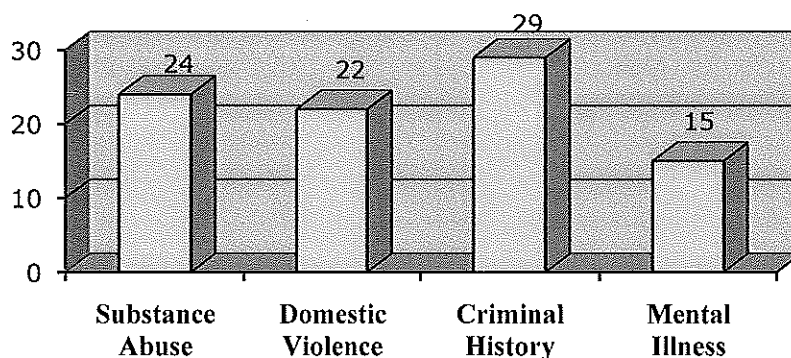
While this data is a small sample of the overall reports received by DCBS, it is significant that when comparing SFY 10 data with historical data, young women (usually biological mothers) between the ages of 18 and 25 are more likely to be the perpetrators of a fatality or near fatality. Male caretakers are slightly older than female caretakers and between the ages of 21-35, a much larger age span than with females. One example of a case involving a very young parent involves the child (8 months old) being given an adult strength pain reliever then placed into the bathtub and left unattended. The child was found unresponsive in the water and later died.

Family/Household Dynamics - Risk Factors

The most prevalent risk factor in the SFY 2010 fatality and near fatality cases is criminal history which was indicated in 29 of the 35 cases (83%). Criminal history is defined as any criminal conviction with the exception of traffic violations. Substance abuse is a risk factor in 24 of the 35 cases (69%) and domestic violence is present in 22 of the 35 fatality and near fatality cases (63%). Mental illness is indicated in 15 of the 35 child fatality cases and near fatality cases (43%).

Caretakers in a family are likely to have more than one risk factor present and there is often a correlation between substance abuse and criminal behavior. Additional risks factors found in these cases include caretakers with a personal child abuse or neglect history in 5 of the 35 cases (14%) and serial relationships among caretakers in 7 of the 35 child fatality and near fatality cases (20%).

Table 26- Number of risk factors in SFY 2010 fatality and near fatality cases (N=35)

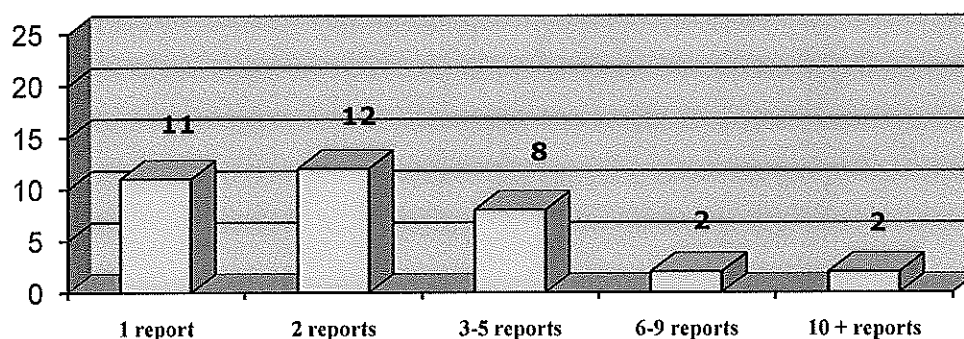


In looking at the substance use data involving child maltreatment related to child fatalities and near fatalities, marijuana and alcohol tend to be present in most of the listed 24 cases, but in 17 of those cases a combination of substances is present. These combinations include any of the following: alcohol, marijuana, cocaine, ecstasy and prescription medications. Although prescription medication is usually received by the caretaker legally, they fail to take the medication as prescribed. The medication may belong to a family member or friend or be acquired through illegal means. The improper use of prescription medication and alcohol usage in these fatalities/near fatalities cases is prevalent across all nine service regions of the state. The lack of treatment resources is a significant barrier in assisting families when substance use, abuse or dependency is indicated.

Family/Household Dynamics- Number of previous CPS reports

All cases included in Section IV of this report have at least one previous child or adult protective services report that resulted in an assessment of the child or family. It is important to understand that many often the history may have occurred long before the fatality or near fatality. Eleven of the 35 cases (31%) had only 1 report prior to the fatality or near fatality. Two cases included in this report only had APS-partner abuse history prior to the child victim being born and there were no other children living in the home. Table 27 depicts CPS/APS history associated with child fatality and near fatality cases.

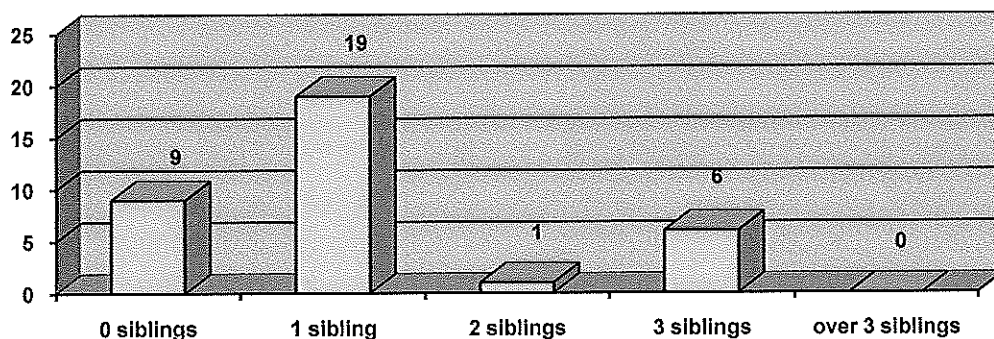
Table 27- Number of cases by number of previous CPS reports for SFY 2010 (N=35)



Family/Household Dynamics- Number of siblings or other children in the home

The number of siblings in homes where a child fatality or near fatality occurred ranges from no siblings in 9 cases (26%) to 3 siblings in 6 cases (17%). In SFY 2010, 26 families (74%) had other children in the home at the time the fatality or serious injury occurred. This percentage is similar to past years. Of the 26 families, 19 had one sibling in the home (73%); 1 family had 2 other children in the home (4%) and 6 families had 3 other children in the home (23%).

Table 28- Number of siblings or other children in homes with fatalities or near fatalities for SFY 2010 (N=47)



When investigating at child fatality and near fatality cases, DCBS has the task of protecting the safety of any siblings in the home. To accomplish this, DCBS may create a prevention plan with the family to explore suitable safe alternatives for the siblings and family. This may include utilization of relatives for temporary placement or involvement of the Court to place the child in foster care if the sibling's safety cannot be reasonably ensured. Family Preservation, counseling, protective child care, substance abuse treatment and referrals to other appropriate agencies may be a part of this planning.

Regional Differences

The chart below depicts the number of child fatality and near fatality cases with child and adult abuse history in each of the nine service regions during SFY 10. Compared to the SFY 2009 report, the numbers for 2010 are lower however, this is inclusive due to pending investigations received in the last quarter of SFY 2010.

Table 29- Number of abuse/neglect fatality and near fatality cases for SFY 2010

Service Region	# of abuse/neglect fatalities with DCBS history	# of abuse/neglect near fatalities with DCBS history	Total fatality/ near fatality with DCBS history
Cumberland	2	1	3
Eastern Mountain	0	0	0
Jefferson	4	10	14
Northeastern	1	0	1
Northern Bluegrass	1	3	4
Salt River Trail	0	0	0
Southern Bluegrass	2	4	6
The Lakes	3	2	5
Two Rivers	2	0	2
Statewide Totals	15	20	35

Section V- Policy and Practice Implications

Based on the analysis that reveals that children most prevalent in fatalities/near fatalities are those under four years of age, with parents in their early-mid 20's, who have issues with substance abuse, the cabinet has taken numerous actions as a result of the internal reviews completed in the child fatality and near fatality cases. The action steps fall into the following 3 categories: training and pilot projects, resource development, and data and technology.

Training and Pilot Projects

- In State Fiscal Year 2009, DCBS handled 47,257 reports of child maltreatment involving 65,464 children, or about 6.5% of all children in the state. Approximately 40% (26,000 children) had parental substance abuse as a risk factor. Among children with substantiated abuse or neglect, approximately 60% had parental substance abuse as a risk factor. Because of the potential impact of parental substance abuse on child maltreatment, Kentucky sought and is currently receiving In-Depth Technical Assistance (IDTA) through The National Center on Substance Abuse and Child Welfare (NCSACW).

The NCSACW is providing 18 months of intensive intervention to Kentucky. Three partnering agencies are a part of this collaborative effort to enhance Kentucky's response to substance abuse: Department for Community Based Services (DCBS) as lead, Administrative Offices of the Courts (AOC), and Department for Behavioral Health Developmental and Intellectual Disabilities (DBHDID).

The IDTA process will produce

1. A joint statement of values and principles that will guide planning and systems change efforts.
2. A standardized screening and assessment system and protocol that will ensure consistency across cases and systems of care, including data sharing and monitoring.
3. An integrated cross-training package to be applied within and across systems.
4. A cross-system, multi-year funding plan that maximizes current and potential funding sources.

The readiness to be accepted by the NCSACW as an IDTA site stems from Kentucky's work with two programs: Sobriety Treatment and Recovery Teams (START) and funding for the Solutions program. In conjunction of these two programs DCBS dedicated specific funds to ensure timely access to substance abuse treatment and to improve child welfare outcomes including parental sobriety and capacity to care for children. Since 2007, the START and Solutions programs have been caring for families with co-occurring substance abuse and child maltreatment in five areas of the state (Jefferson County, Kenton County, Boyd County, Martin County and 5 counties in the Kentucky River Region). The START program serves families with at least one child 5 years of age or younger and pairs a specially trained CPS worker with a family mentor (person with at least 3 years of recovery) and sets expectations for service provision in the community Mental Health Center (CMHC). The START program is paired with a comprehensive program evaluation with the following findings:

- More than 230 families have been served with 480 children.

- 90% of parents are poly-substance abusers with opiates (including diverted prescriptions), crack/cocaine, marijuana, and alcohol most often abused.
- 10% of children enter state custody (foster care) compared to 32% for non-START. They are kept safely at home with supports and timely access to treatment.
- 70% of women and 40% of men move toward prolonged recovery without drug abuse and make progress toward their goals.
- 75% of women receive an intake assessment by a substance abuse provider within 7 days.
- 75% of parents (men and woman) complete 5 treatment sessions in the first month.
- Parents make significant gains in developing sober parenting capacity which increases from 9% being adequate at intake to 47% being adequate at discharge.

START in Martin County is funded by a five year 2.5 million dollar Regional Partnership Grant (RGP) through the Children's Bureau. Kentucky participates with 53 other grant sites in a rigorous national evaluation of treatment outcomes.

Resource Development

- Collaborative meetings are occurring between the Department for Public Health and the Department for Community Based Services regarding data sharing between the programs. These meetings were convened to explore the use of data in developing prevention/education strategies with the ultimate goal of lowering the rate of substantiated child abuse, neglect, and dependency.
- The Commission for Children with Special Health Care Needs (CCSHCN) and the Department for Community Based Services continue the collaborative effort providing medical consultations to regional staff on cases of child abuse and neglect. The CCSHCN maintains nurse coverage in eight of the nine service regions.
- The Child Fatality Nurse Service Administrator continues to develop fact sheets to assist front line staff during child fatality and near fatality investigations. The fact sheets include: x-rays to obtain during a skeletal survey; quick facts about drowning; and, photo-documentation of injuries. The child fatality nurse is also available to provide medical consultation on every child fatality and near fatality case, including medical record and autopsy reviews.
- A staff from the Child Safety Branch represents DCBS on the Division of Behavioral Health's new "Substance Exposed Infants" workgroup. The workgroup's collaborative goals include: reducing the incidence of substance exposure during pregnancy; protecting children from harm; and, improving the functioning of prenatally drug exposed children and their families.
- As part of a Child and Family Services Program Improvement Plan, as well as the five year Child and Family Services Plan, DCBS is examining ways to improve the quality and depth of family assessments and match the needs of these families with appropriate services. This is concurrently being accomplished while enhancing the quality of management consultations with workers to improve outcomes for children and families.

Data and Technology

- The DCBS continues to use a dedicated database to track and trend cases of child fatality and near fatality and to inform practice as well as policy.

Annotated Bibliography

Huebner, R., Webb, T., Cox, G. (2006). *Building and Using Models of Lethality: Research, Data, and Practice*.

The Building and Using Models of Lethality study was presented at the 9th Annual Child Welfare and Data Technology Conference and the 16th Annual Child Abuse and Neglect Conference. The research includes a logistic regression analysis of child protective service cases most likely to experience a child fatality or near fatality. The study found that fatality and near fatality cases were more likely than other child protective service cases to have serial relationships in the home, a caregiver with mental health issues, and more adults in the home and previous physical abuse of the child victim.

The U.S. Department of Health and Human Services, Administration on Children, Youth and Families, *Child Maltreatment 2008*.

The Administration on Children, Youth and Families compiles national and state statistics about child maltreatment that are derived from the data collected by child protective services agencies through the NCANDS. The data are analyzed, disseminated, and published in an annual report. Variables included in the report are: age and gender of fatality victims, race and ethnicity of fatality victims, perpetrator relationships to fatality victims, maltreatment types in fatality cases and prior CPS contact with fatality victims.

Appendix A

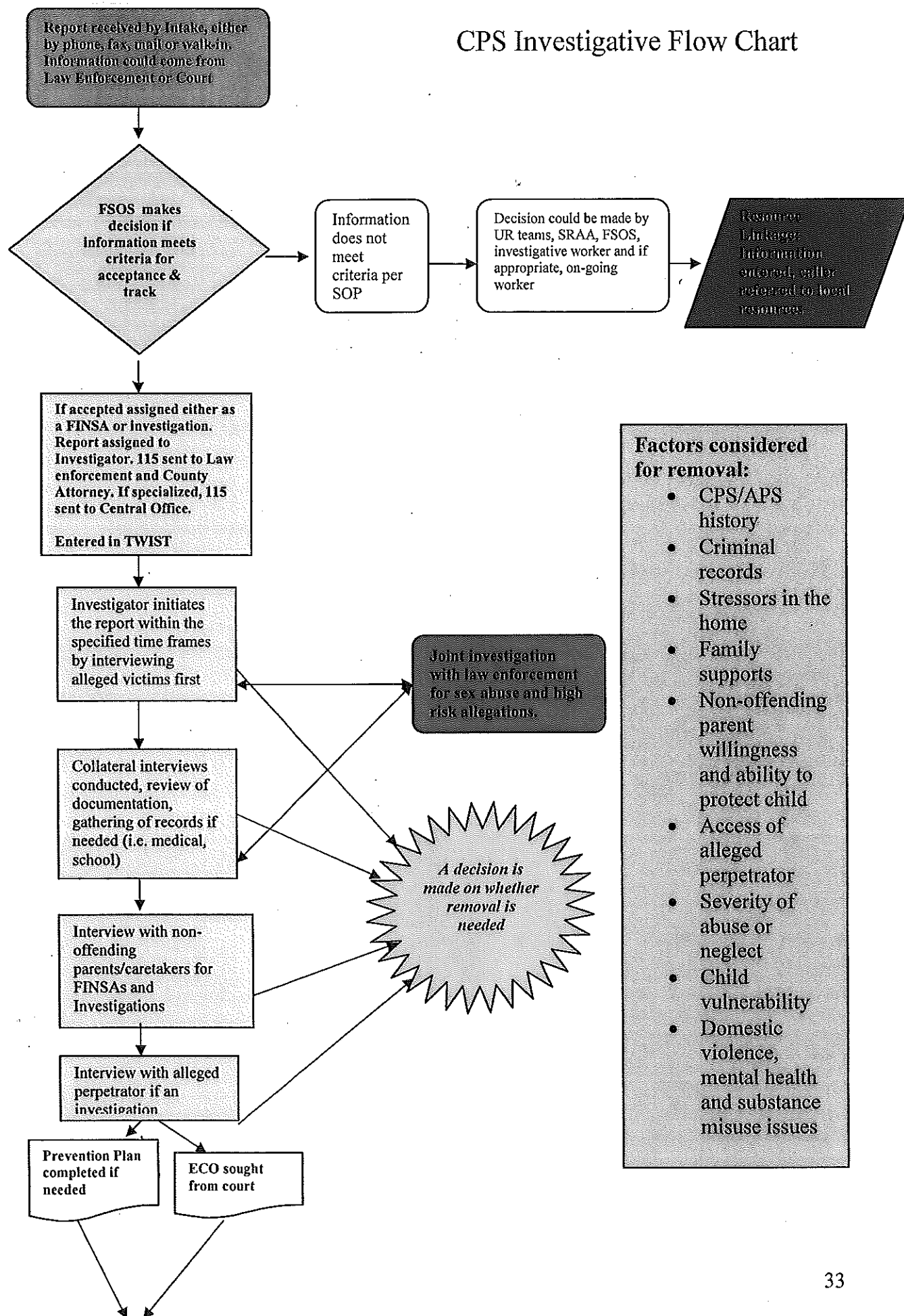
KY Map of Service Regions

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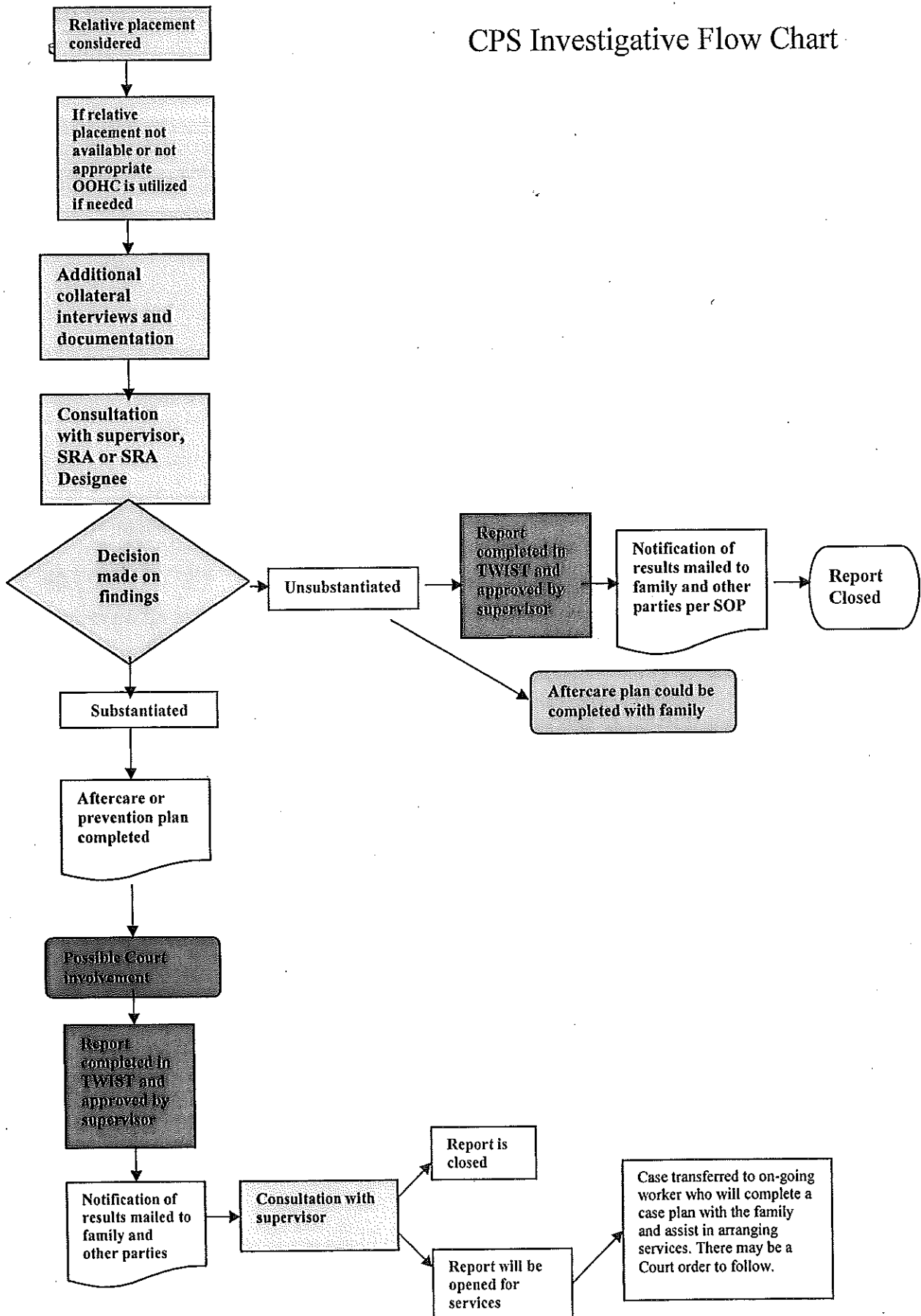
Appendix B

Investigative Flow Chart

CPS Investigative Flow Chart



CPS Investigative Flow Chart



Appendix C

Data Tables

Age- (N=207)

AGE OF CHILD	SFY 2010		SFY 2006-2009 TOTALS	PENDING CASES AT CLOSE OF SFY 2009-NOW COMPLETED	SFY 2006-2010 TOTALS
	Fatality	Near Fatality			
Under 1 yr	8	6	67	1	82 (40%)
1 year	3	4	21	3	31 (15%)
2 years	0	2	15	2	19 (9%)
3 years	0	3	13	0	16 (8%)
4-6 years	1	4	16	1	22 (11%)
7-12 years	0	0	18	0	18 (8%)
13-17 years	3	1	14	1	19 (9%)
Total	15	20	164	8	207 (100%)

Gender (N=207)

GENDER OF CHILD	SFY 2010		SFY 2006-2009 TOTALS	PENDING CASES AT CLOSE OF SFY 2009-NOW COMPLETED	SFY 2006-2010 TOTALS
	Fatality	Near Fatality			
Male	9	11	102	3	125 (60%)
Female	6	9	62	5	82 (40%)
Total	15	20	164	8	207 (100%)

Race and Ethnicity (N=207)

RACE OF CHILD	SFY 2010		SFY 2006-2009 TOTALS	PENDING CASES AT CLOSE OF SFY 2009-NOW COMPLETED	SFY 2006-2010 TOTALS
	Fatality	Near Fatality			
African American	1	5	17	2	23 (12%)
Bi-racial	1	1	9	3	14 (7%)
Caucasian	12	14	136	3	165 (80%)
Hispanic	0	0	2	0	2 (1%)
Unknown	1	0	0	0	1 (0%)
Total	15	20	164	8	207 (100%)

Type of Maltreatment by category (N=207)

TYPE OF MALTX	SFY 2010		SFY 2006-2009 TOTALS	PENDING CASES AT CLOSE OF SFY 2009-NOW COMPLETED	SFY 2006-2010 TOTALS
	Fatality	Near Fatality			
Physical abuse	2	11	45	3	61 (29%)
Neglect	12	7	100	5	180 (59%)
Multiple maltreatment	1	2	19	0	22 (11%)
Total	15	20	164	8	207 (100%)

Physical Abuse (N=124)

PHYSICAL ABUSE	SFY 2010		SFY 2006-2009 TOTALS	PENDING CASES AT CLOSE OF SFY 2009-NOW COMPLETED	SFY 2006-2010 TOTALS
	Fatality	Near Fatality			
Abusive Head Trauma	0	6	18	2	26 (43%)
Suffocation	2	0	2	0	4 (7%)
Gun shot	0	0	8	0	8 (13%)
Burns	0	0	1	1	2 (3%)
Battered Child	0	5	16	0	21 (34%)
Total	2	11	45	3	61 (100%)

Neglect (N=124)

NEGLECT	SFY 2010		SFY 2006-2009 TOTALS	PENDING CASES AT CLOSE OF SFY 2009-NOW COMPLETED	SFY 2006-2010 TOTALS
	Fatality	Near Fatality			
MVA impaired driver	1	2	11	0	14 (11.5%)
Drowning	1	2	13	2	18 (15%)
Gunshot	2	0	2	0	4 (03%)
Positional asphyxia	5	0	10	1	16 (13%)
House fire	0	0	9	0	9 (07%)
No medical treatment	2	1	10	1	14 (11%)
Drug exposed	0	2	33	0	35 (28%)
Lack of supervision/other	1	0	12	1	14 (11.5%)
Total	12	7	100	5	124 (100%)

Caregiver Relationship to Child (N=207)

RELATION	SFY 2010		SFY 2006-2009 TOTALS	PENDING CASES AT CLOSE OF SFY 2009-NOW COMPLETED	SFY 2006-2010 TOTALS
	Fatality	Near Fatality			
Mother	5	3	43	2	53 (25%)
Father	4	4	25	1	34 (16%)
Both parents	3	1	18	1	23 (11%)
Parent and other	3	6	27	2	48 (16%)
Paramour	0	2	20	1	23 (11%)
Other	0	3	18	1	22 (11%)
Unknown	0	1	6	0	7 (3%)
Total	15	20	156	8	207 (100%)

Caregiver Risk Factors (N=207)

RISK	SFY 2010	SFY 2006-2009 TOTALS	PENDING CASES AT CLOSE OF SFY 2009-NOW COMPLETED	SFY 2006-2010 TOTALS
Substance Abuse	24	118	3	145 (70%)
Domestic violence	22	109	4	135 (65%)
Mental Illness	15	61	2	78 (38%)
Criminal history	29	131	5	165 (80%)
Note: Numbers will not total 207 because the majority of cases have more than one risk factor identified.				

Prior History with P&P (N=207)

AMOUNT OF HISTORY	SFY 2010	SFY 2006-2009 TOTALS	PENDING CASES AT CLOSE OF SFY 2009-NOW COMPLETED	SFY 2006-2010 TOTALS
1 prior report	11	56	5	72 (35%)
2 prior reports	12	37	1	50 (24%)
3-5 prior reports	8	30	1	39 (19%)
6-9 prior reports	2	27	0	29 (14%)
10 + reports	2	14	1	17 (8%)
Total	35	253	8	207 (100%)