MASSACHUSETTS
DEPARTMENT OF SOCIAL SERVICES

2006

Analysis of Child Fatalities

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"A child who is born is something to seek out, something to search for, a star, a northern light, a column of energy in the universe. And a child who dies—that's an abomination."

--Smilla's Sense of Snow, Peter Hoeg

Introduction

Although the child death rate in Massachusetts is nearly the lowest in the nation,[1] between 600 and 700 children die each year in Massachusetts.[2] Their deaths are attributable to natural causes, accidents, suicide, and homicide. These deceased children are included in epidemiological reports produced by the Department of Public Health (DPH). DPH gathers information on all deaths that occur in Massachusetts.[3] In contrast, the statistics compiled in this analysis by the Department of Social Services (DSS) -- the Massachusetts child welfare agency -- are limited to the deaths of children whose families had an open case or a closed case (six months or less) at the time of the child's death, as well as children whose deaths were reported to DSS pursuant to M.G.L. ch. 119, sec. 51A, and were found to be due to abuse or neglect.

All child deaths in families "known" to the Department of Social Services (DSS) are reported to the Case Investigation Unit (CIU), regardless of how the child died.[4] CIU staff conduct investigations that focus on a review of the services provided to the family and the circumstances surrounding the death. Each investigation includes but is not limited to a review of the entire case record and a visit to the DSS Area Office to interview social work staff involved with the case. Before a CIU report is finalized, a member of the Professional Advisory Committee[5] reviews the report to provide an external perspective. The purpose of this review is to determine if there are case practice and policy issues that need to be addressed by DSS.

Since the formation of the CIU in the late 1980s, they have collected information on deceased children whose families had the following status with DSS:

- families with an open case;
- families being investigated as the result of a 51A report[6] received prior to the child's death;

[1] Annie E. Casey Foundation. 2007 Kids Count Data Book available online at http://www.kidscount.org/sld/databook.jsp

[2] Number of child deaths from printouts for years 2000 to 2006 generated by the Massachusetts Registry of Vital Records and Statistics (DPH).

[3] DPH reports on Massachusetts Deaths can be found at http://www.mass.gov/dph/bhsre/resep/resep.htm#death

[4] The manner of death may be natural causes, unintentional injuries, homicide, suicide, pending investigation/autopsy, or undetermined following an autopsy.

[5] The Professional Advisory Committee has a multi-disciplinary membership including legal, educational, medical, mental health, law enforcement, social service, and child welfare professionals not employed by DSS.

[6] Massachusetts Laws, Chapter 119, Section 51A (reporting of abuse and neglect of children).

- families who had an open case within the six months preceding the child's death; and

- families who had a supported 51A report within six months preceding the child's death, but the case was not opened for services.

In 2001, the CIU began collecting information on deceased children from families unknown to DSS and deceased children from families with cases closed more than six months prior to the child's death. This "new" group of children was limited to only those children where abuse/neglect was the direct cause of death or abuse/neglect was a contributing factor to the cause of death. The data collected on these maltreatment deaths are not as comprehensive as the data collected on families "known" to DSS (see bulleted items above). Data are gathered via phone calls to Area Office staff and a review of case information through the use of the DSS case management information system (FamilyNet).

There are three main sections in this report. Section I consists of a summary of all child fatalities that occurred during 2006. Section II contains a statistical analysis of the data collected on all deceased children whose families were "known" to DSS (excluding families with case closures more than six months before the child's death). Statistics cover all manner of death during the years 1989-2006. It should be noted that the intent of this chapter is to describe what happened to all the deceased children from families "known" to DSS, regardless of the cause of death.

Section III includes a statistical profile that focuses solely on the maltreatment-related deaths that occurred in 2001-2006. In 2001, the count of children who died from abuse/neglect was expanded to include deceased children whose families were unknown to DSS or were closed more than six months prior to the child's death.

The statistics presented in this report are based on information obtained from the DSS Case Investigation Unit and FamilyNet. Additional information on the manner of death and related medical diagnoses was obtained from the Registry of Vital Records and Statistics (Massachusetts Department of Public Health).

I. Summary of Child Fatalities in 2006

Thirty-one (31) children in families with an open or recently open DSS case status died in 2006. Twenty-one (21) of these children died from natural causes, 4 died in accidents, 1 was a homicide victim, and 1 committed suicide. For the remaining 4 children, a manner of death was undetermined following an autopsy by a medical examiner. Thirty-five percent (35%) of the deceased children were infants (less than one year old), 23% were 1-4 years old, 13% were 5-11 years old, and 29% were adolescents (12-17 years old). Eleven (11) of the 31 children were in DSS custody (8 temporary, 2 permanent, 1 voluntary agreement). Of these, 4 were in unrelated foster care, 3 were hospitalized, 1 was in a pre-adoptive home, 1 was in residential care, and 2 were receiving DSS services at home. **(See table on page 5)**

The deaths of an additional seven children were maltreatment-related. Four of the children were from families not previously known to DSS and three children were from families whose cases had been closed for more than six months at the time of the child's death. **(See table on page 6)**

Child deaths have decreased dramatically over the past 18 years. Counts of fatalities have declined from 84 in 1989 to 30-31 in 2004-2006. The peak year for child deaths was 1990 (89 deceased children). Since 1989-1990 there has been a major reduction in the number of infant deaths. Typically, these children died from medical problems originating at birth.

In 2006, the leading factors causing or contributing to child fatalities were congenital conditions and prematurity. Although these death-related factors are still prominent, they have shown distinct declines over the past 18 years. The decline in these factors (as well as drugs, low birth weight, and Sudden Infant Death Syndrome) is probably related to the drop in infant deaths since 1989. Even though drugs and alcohol have decreased as factors in child fatalities, they are still a major contributor to a family's involvement with DSS. Children of substance abusing parents are at greater risk of neglect, physical abuse, sexual abuse, and emotional abuse compared to children of non-substance abusing parents. [7]

Sixty-one percent of the children known to DSS who died in 2006 were not in placement. Since monitoring of child deaths began in the late 1980s, the majority of deaths have occurred to children living at home with their parents. Regardless of location, most deaths have been due to natural causes and to a lesser degree, accidents. In the past six years (2001-2006), there have been two maltreatment-related fatalities in foster care and none in residential care. In both 2001 and 2005, there was one child maltreatment death in unrelated foster care.

[7] National Clearinghouse on Child Abuse and Neglect Information. 2003. Substance Abuse and Child Maltreatment. Children's Bureau, ACF, U.S. DHHS (http://nccanch.acf.hhs.gov).

During 2006, there were 10 fatalities with supported allegations of neglect or physical abuse. Neglect was a factor in 8 deaths, physical abuse was a factor in 1 death, and both physical abuse and neglect were factors in 1 death. The perpetrators in the 8 neglect cases were 5 mothers, 2 fathers, 2 unrelated caretakers, 1 nursing home/rehab staffperson(s), and 1 grandmother. An unknown individual(s) was the perpetrator in the physical abuse case. A mother (neglect) and an unknown individual (physical abuse) were the perpetrators in the physical abuse and neglect case. **(See tables on pages 5-7)**. The 10 deaths in 2006 were preceded by 7 deaths in 2005, 8 deaths in 2004, and 16-19 maltreatment-related deaths in 2001-2003.

CY'2006 Child Fatalities: 31 Children from Families with an Open or Recently Open DSS Case Status

AGE (YEARS)	FAMILY CASE STATUS	DURATION OPENED/CLOSED	MANNER DEATH	FACTORS CAUSING OR CONTRIBUTING TO DEATH	NEGLECT/ ABUSE	DSS CUSTODY	PLACEMENT TYPE
<1	current protective	6 months or less	NC	CLOTTING DISORDER, BLEEDING IN BRAIN, LUNG DISORDER, PREMATURE, LBW		NO	NIP
<1	current protective	6 months or less	NC	PULMONARY HYPERTENSION DUE TO DIAPHRAGMATIC HERNIA, PREMATURE		NO	HOSP
<1	current protective	6 months or less	NC	HYDROCEPHALUS (CONGENITAL)		NO	HOSP
<1	current protective	6 months or less	NC	VIRAL PNEUMONIA		NO	NIP
<1	current protective	6 months or less	U	SIDS (SLEEPING W/MOTHER)		NO	NIP
<1	closed	6 months or less	NC	SIDS		NO	NIP
<1	current protective	6 months or less	NC	SIDS, PREMATURE		NO	NIP
<1	current protective	more than 6 months	U	SIDS (SLEEPING W/MOTHER)		NO	NIP
<1	current protective	6 months or less	NC	HYDROCEPHALUS (CONGENITAL)		VOL	UNREL
<1	current protective	more than 6 months	NC	COMPLICATIONS FROM EXTREME IMMATURITY, LBW		NO	NIP
<1	current protective	6 months or less	NC	ASPIRATED/ASPHYXIA, PREMATURE, CONGENITAL CONDITION		NO	NIP
1	current protective	more than 6 months	A	ASPHYXIATION (SLEEPING W/MOTHER)	NEG	NO	NIP
1	current protective	6 months or less	NC	MULTIPLE MEDICAL CONDITIONS (CONGENITAL), PREMATURE, LBW		NO	NIP
2	current protective	more than 6 months	NC	SEPSIS & DISSEMINATED INTRAVASCULAR COAGULATION (BLOOD CLOTS)		TEMP	UNREL
2	current protective	more than 6 months	NC	TETRALOGY OF FALLOT (CONGENITAL HEART DEFECTS), PREMATURE, LBW		TEMP	UNREL
3	current protective	more than 6 months	A	DROWNING		NO	NIP
4	current protective	6 months or less	H	MULTIPLE MEDICATIONS OVERDOSE	NEG	NO	NIP
4	current voluntary	----------	NC	MULTIPLE MEDICAL CONDITIONS (CONGENITAL)		NO	HOSP
5	current protective	more than 6 months	NC	WISKOTT-ALDRICH SYNDROME (IMMUNODEFICIENCY DISEASE) (CONGENITAL)		PERM	PRE-ADOP
5	current protective	more than 6 months	NC	MULTIPLE MEDICAL CONDITIONS (CONGENITAL)		TEMP	UNREL
7	closed	6 months or less	NC	BACTERIAL MENINGITIS		NO	NIP
8	current protective	more than 6 months	NC	MULTIPLE MEDICAL CONDITIONS (CONGENITAL)		NO	NIP
12	current protective	more than 6 months	NC	HEART FAILURE (CONGENITAL)		PERM	HOSP
12	current protective	more than 6 months	NC	LEUKEMIA		TEMP	NIP
14	current protective	more than 6 months	U	ASPHYXIATION (NECK CAUGHT BETWEEN BED & RAILING)		NO	NIP
14	current CHINS	----------	NC	BRAIN TUMOR (CANCER)		TEMP	HOSP
15	current CHINS	----------	A	MOTOR VEHICLE ACCIDENT		NO	NIP
16	closed	6 months or less	A	MOTOR VEHICLE ACCIDENT		NO	NIP
16	current protective	more than 6 months	U	SEPTIC SHOCK, BRONCHOPNEUMONIA, MULTIPLE MEDICAL CONDITIONS	NEG	TEMP	HOSP
16	current protective	more than 6 months	S	ASPHYXIATION (HANGING)		TEMP	NIP
17	current voluntary	----------	NC	BACTERIAL MENINGITIS		TEMP	RES

CODES: NC = natural causes; A = accident; H = homicide; S = suicide; U = undetermined by medical examiner; NEG = neglect; PHYS = physical abuse; TEMP = temporary; PERM = permanent; VOL = voluntary agreement; NIP = not in placement; HOSP = hospital; UNREL = unrelated foster home; KIN = kinship foster home; PRE-ADOP = pre-adoptive foster home, RES = residential care

CY'2006 Child Fatalities: 7 Children from Families Unknown to DSS or with Cases Closed more than Six Months

AGE (YEARS)	FAMILY CASE STATUS	DURATION OPENED/CLOSED	MANNER DEATH	FACTORS CAUSING OR CONTRIBUTING TO DEATH	NEGLECT/ ABUSE	DSS CUSTODY	PLACEMENT TYPE
<1	closed	more than 6 months	NC	PULMONARY NEONATAL HEMORRHAGE, PREMATURE, LBW, DRUGS & ALCOHOL	NEG	NO	NIP
<1	closed	more than 6 months	NC	NECROTIZING ENTEROCOLITIS, PREMATURE, LBW, DRUGS	NEG	NO	NIP
<1	unknown family	----	H	SHAKEN BABY SYNDROME	PHYS	NO	NIP
<1	unknown family	----	A	ASPHYXIATION (SLEEPING W/FATHER)	NEG	NO	NIP
<1	unknown family	----	A	ASPHYXIATION (NOT FASTENED IN CAR SEAT)	NEG	NO	NIP
1	closed	more than 6 months	H	BLUNT FORCE TRAUMA TO THE ABDOMEN	PHYS/NEG	NO	NIP
8	unknown family	----	A	HEAD INJURY FROM ATV ACCIDENT	NEG	NO	NIP

CODES: NC = natural causes; A = accident; H = homicide; S = suicide; U = undetermined by medical examiner; NEG = neglect; PHYS = physical abuse; TEMP = temporary; PERM = permanent;NIP = not in placement; HOSP = hospital; UNREL = unrelated foster home; KIN = kinship foster home; PRE-ADOP = pre-adoptive foster home

CY'2006 Child Fatalities: Perpetrators of Child Maltreatment (10 Children from Families Known or Unknown to DSS)

CHILD	PERPETRATOR	NEGLECT	PHYSICAL ABUSE	CIRCUMSTANCES	MANNER OF DEATH	AGE
1	mother	x		pulmonary neonatal hemorrhage, premature, LBW, drugs, alchohol	natural causes	2 days
2	mother	x		necrotizing enterocolitis, premature, LBW, drugs	natural causes	9 days
3	unknown		x	shaken baby syndrome	homicide	66 days
4	father	x		asphyxiation (parent sleeping with child)	accident	93 days
5	mother grandmother	x x		asphyxiation(child not fastened in car seat)	accident	119 days
6	mother	x		asphyxiation (parent sleeping with child)	accident	437 days
7	mother unknown	x	 x	 blunt force trauma to abdomen, beating	homicide	714 days
8	mother father	x x		multiple medications overdose	homicide	4 years
9	unrelated caretaker unrelated caretaker	x x		head injury from ATV accident	accident	8 years
10	nursing home/ rehab staff	x		negligent handling of child with multiple medical conditions	undetermined	16 years

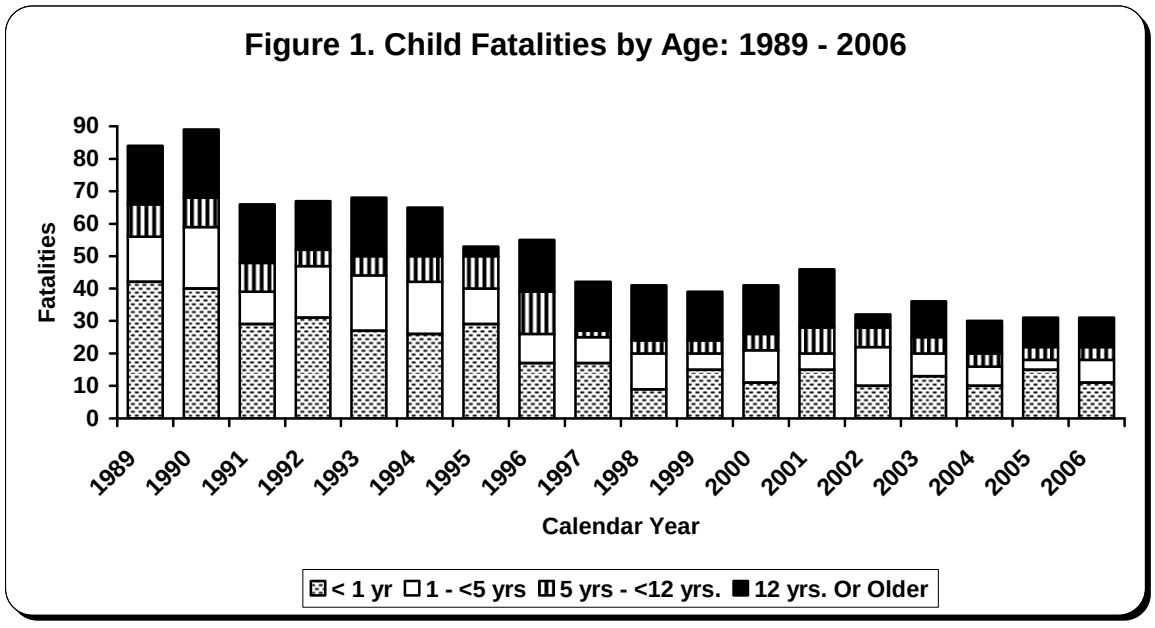
II. Analysis of DSS Child Fatalities: 1989 – 2006
(Open or Recently Open Cases)

Thirty-one children "known" to DSS died in 2006 (Table 1). Counts of deaths in prior years ranged from 30 to 36 in 2002-2005, 39 to 46 in 1997-2001, 53 to 55 in 1995-1996, 65 to 68 in 1991-1994, and 84 to 89 in 1989-1990 (Table 1). In 2006, 11 of the 31 children were infants (less than 1 year old) and 9 were adolescents (Table 1). Since 1989 there has been a significant reduction in the number of infant/young child deaths (Table 1, Fig. 1). Many of these young children die from medical problems originating at birth. The number of adolescent/young adult deaths had been relatively stable until 2002 (Table 1, Fig. 1). The decline in adolescents in 2002 was mainly attributable to the absence of adolescent deaths from natural causes. During the years 2003-2006, there was a modest increase and leveling-off in adolescent deaths.

Table 1. Age of Children (1989 – 2006): Counts of Children

Calendar Year		*Age of Children*						*Total*
		Less than 28 days	*28 days to < 1 yr.*	*1 yr. to < 2 yrs.*	*2 yrs. to < 5 yrs.*	*5 yrs. to < 12 yrs.*	*12 yrs. or Older*	
1989:	*No.*	16	26	5	9	10	18	84
	%	19%	31%	6%	11%	12%	21%	100%
1990:	*No.*	10	30	7	12	9	21	89
	%	11%	34%	8%	13%	10%	24%	100%
1991:	*No.*	8	21	4	6	9	18	66
	%	12%	32%	6%	9%	14%	27%	100%
1992:	*No.*	8	23	8	8	5	15	67
	%	12%	34%	12%	12%	7%	22%	100%
1993:	*No.*	10	17	11	6	6	18	68
	%	15%	25%	16%	9%	9%	26%	100%
1994:	*No.*	1	25	7	9	8	15	65
	%	2%	38%	11%	14%	12%	23%	100%
1995:	*No.*	8	21	6	5	10	3	53
	%	15%	40%	11%	9%	19%	6%	100%
1996:	*No.*	3	14	3	6	13	16	55
	%	5%	25%	5%	11%	24%	29%	100%
1997:	*No.*	6	11	3	5	2	15	42
	%	14%	26%	7%	12%	5%	36%	100%
1998:	*No.*	4	5	5	6	4	17	41
	%	10%	12%	12%	15%	10%	41%	100%
1999:	*No.*	6	9	1	4	4	15	39
	%	15%	23%	3%	10%	10%	38%	100%
2000:	*No.*	5	6	7	3	5	15	41
	%	12%	15%	17%	7%	12%	37%	100%
2001:	*No.*	3	12	1	4	8	18	46
	%	7%	26%	2%	9%	17%	39%	100%
2002:	*No.*	1	9	4	8	6	4	32
	%	3%	28%	12%	25%	19%	12%	100%
2003:	*No.*	3	10	4	3	5	11	36
	%	8%	28%	11%	8%	14%	31%	100%
2004:	*No.*	4	6	2	4	4	10	30
	%	13%	20%	7%	13%	13%	33%	100%
2005:	*No.*	5	10	1	2	4	9	31*
	%	16%	32%	3%	6%	13%	29%	100%
2006:	*No.*	--	11	2	5	4	9	31
	%	--	35%	6%	16%	13%	29%	100%

* Updated (addition of one child) since last report. All subsequent trend tables are updated as well.



The median age of deceased children was 3.2 years[8] in 2006 (see table below). Thirty-five percent of these children were infants and 29% were adolescents (Table 1). Median age has ranged from 0.7 years in 1995 to 9.0 years in 2001. In 1995, the proportion of infants reached its peak value (55%) (Table 1). The occurrence of the high median value in 2001 was due to a significant upward shift in the ages of children 12 years old or older (especially, ages 16-20 years).

YEAR	1990	1991	1992	1993	1994	1995	1996	1997
AGE (YRS)	1.8	2.0	1.4	1.7	1.4	0.7	5.6	2.4

YEAR	1998	1999	2000	2001	2002	2003	2004	2005	2006
AGE (YRS)	5.1	5.0	4.1	9.0	2.5	2.1	4.1	1.2	3.2

[8] Half the children are younger than the median age and half are older.

A. Manner of Death and Contributing Factors

Sixty-eight percent of the child deaths during 2006 were from natural causes (Table 2). In the past 18 years, the proportion of "natural" deaths has ranged from 27% to 68% (60.5% median) (Table 2, Fig. 2). The relatively low proportion of natural deaths in 1998 and 2002 coincided with a relatively high proportion of accidental deaths (Table 2, Fig. 2).

A total of 6 deaths (19%) in 2006 were the result of a homicide, suicide, or an unintentional injury (Table 2). Unintentional injury deaths were attributed to suffocation (1 year old sleeping with parent), motor vehicle accident (15 and 16 year old), and drowning (3 year old). There was one homicide victim (4 year old given overdose of prescription drugs) and one suicide victim (16 year old hanging).

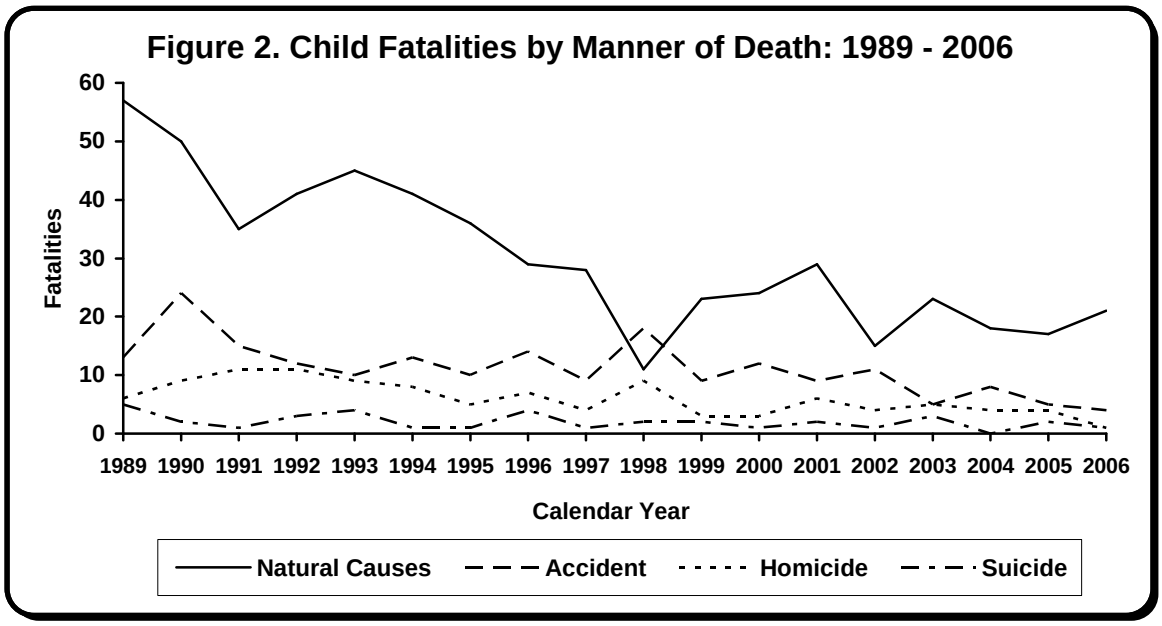
Table 2. Manner of Child's Death (1989 – 2006): Counts of Children

Calendar Year		*Manner of Death*					*Total*
		Natural Causes	*Unintentional Injury*	*Homicide*	*Suicide*	*Undetermined**	
1989:	*No.*	57	13	6	5	3	84
	%	68%	15%	7%	6%	4%	100%
1990:	*No.*	50	24	9	2	4	89
	%	56%	27%	10%	2%	4%	100%
1991:	*No.*	35	15	11	1	4	66
	%	53%	23%	17%	2%	6%	100%
1992:	*No.*	41	12	11	3	---	67
	%	61%	18%	16%	4%	---	100%
1993:	*No.*	45	10	9	4	---	68
	%	66%	15%	13%	6%	---	100%
1994:	*No.*	41	13	8	1	2	65
	%	63%	20%	12%	2%	3%	100%
1995:	*No.*	36	10	5	1	1	53
	%	68%	19%	9%	2%	2%	100%
1996:	*No.*	29	14	7	4	1	55
	%	53%	25%	13%	7%	2%	100%
1997:	*No.*	28	9	4	1	---	42
	%	67%	21%	10%	2%	---	100%
1998:	*No.*	11	18	9	2	1	41
	%	27%	44%	22%	5%	2%	100%
1999:	*No.*	23	9	3	2	2	39
	%	59%	23%	8%	5%	5%	100%
2000:	*No.*	24	12	3	1	1	41
	%	59%	29%	7%	2%	2%	100%
2001:	*No.*	29	9	6	2	---	46
	%	63%	20%	13%	4%	---	100%
2002:	*No.*	15	11	4	1	1	32
	%	47%	34%	12%	3%	3%	100%
2003:	*No.*	23	5	5	3	---	36
	%	64%	14%	14%	8%	---	100%
2004:	*No.*	18	8	4	---	---	30
	%	60%	27%	13%	---	---	100%
2005:	*No.*	17	5	4	2	3	31
	%	53%	17%	13%	7%	10%	100%
2006:	*No.*	21	4	1	1	4	31
	%	68%	13%	3%	3%	13%	100%

* Undetermined following an autopsy by a medical examiner.

Notes: Totals may not equal 100% due to rounding-off.

The manner of death for maltreated children could be accident, homicide, or natural causes. An example of natural causes would be an infant death attributed to prematurity/congenital conditions resulting from maternal substance abuse.



Note, there are 4 "undetermined" manner of death cases, 2 SIDS infants and 2 severely disabled children (Table 2 on page 10 and summary on page 5). In the two SIDS cases, the infants had been sleeping in bed with their mothers. "Undetermined" is used when the information pointing to one manner of death is no more compelling than one or more other competing manners of death when all available information is considered. "Undetermined" is intended for cases in which it is impossible to establish, with reasonable medical certainty, the circumstances of death after a thorough investigation. These two SIDS cases may have been borderline--natural causes (SIDS) or accident (asphyxiation). The deaths of the two disabled children may have been partly due to accidents and natural causes.

Specific factors causing or contributing to child fatalities in 1989 through 2006 are listed in Table 3 (on page 13). These factors were identified after reviewing autopsy reports, death certificates, DSS case records, and printouts from the Massachusetts Registry of Vital Records and Statistics. In 2006, the leading factors contributing to child fatalities were congenital conditions and prematurity (Table 3). Death-related factors that have shown the most distinct declines over the past 18 years are drugs/alcohol, Sudden Infant Death Syndrome (SIDS), congenital conditions, prematurity, and low birth weight (LBW) (Table 3). The decline in these factors is probably related to the drop in infant deaths over this period. Drug/alcohol use by mothers during pregnancy has been associated with prematurity, congenital deformities, and LBW. Substance abuse by parents/caretakers is discussed in more detail on pages 29-30.

In 2006, one fatality case was identified as being drug and/or alcohol involved (Table 3). However, it was unknown in 9 other cases whether drugs or alcohol were factors (Table 4 on page 14). Drug/alcohol-related cases are those where a parent, caretaker, or child's use of drugs or alcohol was a contributing factor in the deaths. Some examples are: a teenage homicide involving the dealing of drugs; an adolescent overdosing on drugs; a child's accidental death

from neglect while the parents/caretakers were intoxicated; a child contracting AIDS at birth from a heroin-addicted mother; a motor vehicle accident where the driver was a teenager or parent under the influence of drugs/alcohol; and an infant death due to congenital conditions/prematurity that resulted from the mother's use of substances during pregnancy. For drugs/alcohol to be considered a contributing factor in the last example, there must be a supported report of neglect and a medical diagnosis that the baby's death from congenital conditions was a direct result of the mother's use of substances during pregnancy.

Table 3. Factors Causing or Contributing to Child's Death (1989 - 2006)

	Calendar Year																	
Specific Factors	***1989***	***1990***	***1991***	***1992***	***1993***	***1994***	***1995***	***1996***	***1997***	***1998***	***1999***	***2000***	***2001***	***2002***	***2003***	***2004***	***2005***	***2006***
Drug/Alcohol Related	26	25	13	12	19	12	7	3	3	3	3	1	5	3	2	4	5	1
Congenital Condition	26	13	15	13	21	9	12	13	9	6	9	12	12	5	8	6	4	14
Prematurity	16	17	7	8	11	5	11	3	5	3	4	5	5	1	5	5	8	7
Low Birth Weight	15	13	5	7	5	1	3	--	3	2	2	2	3	--	2	4	6	4
SIDS	15	16	8	5	12	19	9	8	8	4	6	3	5	5	5	4	4	4
HIV- Related Infections	2	4	6	5	3	6	4	4	1	--	1	1	--	--	2	--	--	--
Other Infectious Disease	--	3	2	--	--	---	--	3	3	1	1	--	2	1	3	4	3	4
Fire	5	9	1	6	2	5	2	--	4	2	--	2	1	2	--	--	--	--
Motor Vehicle Accident	5	6	6	4	4	3	--	5	1	5	4	7	4	4	3	4	1	2
Drowning	1	3	4	2	2	2	2	5	1	6	2	2	2	3	--	--	1	1
Other Accident	--	10	3	--	3	5	4	3	5	5	4	2	1	3	1	1	3	2
Neglect	11	12	5	12	5	2	7	2	1	11	2	3	7	7	5	3	4	3
Physical Abuse	2	4	4	3	5	1	6	4	1	5	1	1	2	3	2	--	1	--
Firearms	3	5	4	6	3	6	1	2	4	5	2	1	1	1	2	4	3	--
Terminal Illness	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	7	2	6	1	3	3
Shaken Baby Syndrome	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	1	--	1	--	--	--
Stabbing	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	2	2	1	1	--	--
Beating	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	--	1	1	--	1	--
TOTAL FACTORS	127	140	83	83	95	76	68	55	49	58	41	42	60	43	49	41	47	45
TOTAL DEATHS	84	89	66	67	68	65	53	55	42	41	39	41	46	32	36	30	31	31
INFANT DEATHS	42	40	29	31	27	26	29	17	17	9	15	11	15	10	13	10	15	11

Note: The summation of factor counts does not equal the number of deaths because multiple factors may have contributed to a child's death.
Physical abuse only includes shaken baby syndrome, stabbing, and beating when the perpetrator is a caretaker.

When neglect and physical abuse are contributing factors to a child's death, each is counted in both of the categories displayed in Table 3. Consequently, the number of deaths involving neglect and physical abuse cannot be determined by adding the counts for each category. The following table gives the number of children with abuse- and/or neglect-related deaths during 1989-2006. In 2006, there were three neglect-related deaths. The number of abuse/neglect-related deaths has ranged from a high of 15 in 1992 to a low of 1 in 1997. These counts only include deceased children whose families had open cases or cases closed six months or less at the time of death.

Calendar Year and Number of Maltreatment-Related Deaths: 1989-1997								
1989	1990	1991	1992	1993	1994	1995	1996	1997
13	14	9	15	10	3	11	5	1

Calendar Year and Number of Maltreatment-Related Deaths: 1998-2006								
1998	1999	2000	2001	2002	2003	2004	2005	2006
13	3	4	7	9	5	3	4	3

Table 4 displays ages of children and whether or not drugs and/or alcohol were factors in their deaths. The count of drug/alcohol-related deaths (1) is a minimum value since it was not known if substances were factors in 9 other deaths. Although drugs and alcohol have been declining as factors in child fatalities, they are still a major contributor to a family's involvement with DSS. The pervasiveness of drugs/alcohol in these fatality cases is shown on page 29. Statistics are presented on the past and current use of substances by parents and other primary caretakers. A description of the type of drugs and their prevalence is also provided.

The one drug-related death during 2006 was a homicide. In this case, the parents of a four-year-old girl were charged with murder for allegedly overdosing their child on her prescribed medications.

Table 4. Drug/Alcohol-Related Child Fatalities (2006)

	Drug/Alcohol-Related			
Age of Children	***Yes***	***No***	***Unknown***	***Total***
Less than 28 days	--	--	--	--
28 days to < 1 yr.	--	6	5	11
1 yr. to < 2 yrs.	--	1	1	2
2 yrs. to < 5 yrs.	1	4	--	5
5 yrs. to < 12 yrs.	--	4	--	4
12 yrs. or Older	--	6	3	9
Total	1	21	9	31

B. DSS Involvement

1. Placement Status

In 2006, 39% of all deceased children were in placement at the time of their deaths (Table 5 on next page). Their out-of-home locations were hospitals (6 children), unrelated foster home (4), pre-adoptive foster home (1), and residential care (1) (Table 6 on next page). From 1991 to 2006, the proportion of children who died while in placement has ranged from 21% to 49% (34.5% median) (Table 5). The relatively large proportions in 1993-1995 (42-49%) were mainly attributable to fatalities in unrelated foster homes augmented by deaths in institutional settings (mostly hospitals) (Table 6). Many of these children died shortly after birth; others were hospitalized for a relatively short period of time with a terminal condition; and some spent most if not all of their lives in hospitals or pediatric nursing homes. Most of the children who died while placed with relatives or unrelated foster parents had serious illnesses or disabilities.

The total number of fatalities in 1996 was not much different from 1995; however, there was a further shift from placement to non-placement locations (Table 5). This trend continued in the ensuing years as the proportion of deceased children in non-placement locations rose to the 60-70% level. This upward trend was interrupted in 2001 when the proportion of children not in placement fell to 57% (Table 5). In 2001, a decrease in non-placement children was accompanied by an increase in the occurrence of deaths in residential care, unrelated foster care, and children on the run from placement (Table 6). Of the 10 children in residential or unrelated foster care, 6 died from natural causes (severe medical problems); 3 were accidental deaths (neglect was a factor in one of these deaths); and 1 died from an undetermined cause (child had a heart condition). In 2002-2004, there was a return to the trend of higher proportions of deceased children not in placement (70-77%) owing to a major drop in placement deaths. An increase in unrelated foster care deaths in 2005-2006 lowered the proportion of children not in placement to 61% (Table 7 on page 17). Six of the seven deaths in unrelated foster care during 2005-2006 were due to natural causes. The cause of the death for the seventh child was a homicide.

Since monitoring of child deaths began in the 1980s, the majority of deaths have occurred to children living at home with parents. The proportion of deaths in non-placement locations has ranged from 51% to 79% (65.5% median) over the past 16 years. Regardless of location, most deaths have been due to “natural causes” and to a lesser degree, accidents (Table 2 on page 10 for example). The only time accidents exceeded natural causes was in 1998 (Table 2). This singular occurrence was attributed to the high number of adolescent deaths and low number of infant deaths (Table 1 on page 8).

Table 5. Child's Placement Status at Time of Death (1991 - 2006)

Calendar Year		Location of Child: Not in Placement	Location of Child: In Placement	Total
1991:	*No.*	44	22	66
	%	67%	33%	100%
1992:	*No.*	53	14	67
	%	79%	21%	100%
1993:	*No.*	35	33	68
	%	51%	49%	100%
1994:	*No.*	37	28	65
	%	57%	43%	100%
1995:	*No.*	31	22	53
	%	58%	42%	100%
1996:	*No.*	35	20	55
	%	64%	36%	100%
1997:	*No.*	29	13	42
	%	69%	31%	100%
1998:	*No.*	26	15	41
	%	63%	37%	100%
1999:	*No.*	26	13	39
	%	67%	33%	100%
2000:	*No.*	30	11	41
	%	73%	27%	100%
2001:	*No.*	26	20	46
	%	57%	43%	100%
2002:	*No.*	23	9	32
	%	72%	28%	100%
2003:	*No.*	26	10	36
	%	72%	28%	100%
2004:	*No.*	23	7	30
	%	77%	23%	100%
2005:	*No.*	19	12	31
	%	61%	39%	100%
2006:	*No.*	19	12	31
	%	61%	39%	100%

Note: The relative percentages may not sum to 100% due to rounding-off.

Table 6. Child's Placement Status at Time of Death (1991 - 2006)

Calendar Year	Location of Child: Kinship Foster Home	Unrelated Foster Home	Institution (hospital)	Residential Care	Pre-adoptive Home	Supervised Independent Living	On the Run from Placement	Total
1991	3	12	5	2	--	--	--	22
1992	2	10	2	--	--	--	--	14
1993	3	12	16	--	--	--	2	33
1994	8	11	8	1	--	--	--	28
1995	3	10	9	--	--	--	--	22
1996	6	8	1	--	1	1	3	20
1997	3	9	--	1	--	--	--	13
1998	2	6	1	2	--	--	4	15
1999	2	5	2	3	--	--	1	13
2000	--	3	5	--	2	--	1	11
2001	1	6	6	4	--	--	3	20
2002	2	3	3	--	1	--	--	9
2003	--	2	5	2	1	--	--	10
2004	--	--	6	--	--	--	1	7
2005	1	3	7	--	1	--	--	12
2006	--	4	6	1	1	--	--	12

Note: Institution includes hospitals and pediatric nursing homes.

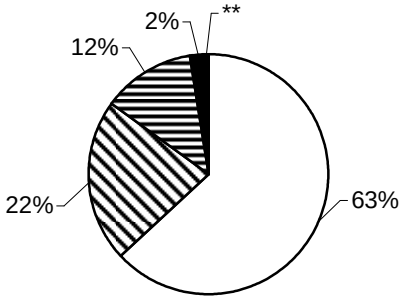
Table 7. Child's Placement Status and Manner of Death (2006)

	Manner of Death					
Location of Child	***Natural Causes***	***Accident***	***Suicide***	***Homicide***	***Undetermined***	***Total***
Not in Placement	10	4	1	1	3	19
In Placement:						
Kinship Foster Home	--	--	--	--	--	--
Unrelated Foster Home	4	--	--	--	--	4
Residential Care	1	--	--	--	--	1
Institution (hospital)	5	--	--	--	1	6
Pre-Adoptive Foster Home	1	--	--	--	--	1
Supervised Independent Living	--	--	--	--	--	--
On-the-Run from Placement	--	--	--	--	--	--
Total	21	4	1	1	4	31

During the period 1993-2006, approximately 85,500 children spent time in DSS placement. Of these, an estimated 84,600 were placed in foster and/or residential care.

Of the 610 children known to DSS who died during 1993-2006, a total of 134 children died in foster or residential care (Fig. 3). Fifteen of the 134 children died from maltreatment; 4 of these 15 children died from physical abuse/neglect[9] that occurred prior to placement in unrelated foster care (Fig. 4 on page 18). Of the 11 children who died from maltreatment that took place while the child was in foster or residential care: neglect was a contributing factor in 8 deaths; physical abuse was the cause of death for 2 children; and both physical abuse and neglect were factors in the remaining child's death. In other words, 11 of the 134 children who died while placed in foster or residential care during a 14-year period were victims of maltreatment (where the neglect or abuse occurred in the placement setting). Of the remaining 119 children who died while in foster or residential care, 83 died from natural causes, 29 died in accidents, 6 were suicides, and 1 was a homicide (shooting by an unknown/non-caretaker) (Fig. 4 and Table 8 on page 18). Natural causes can be broken down into 19% SIDS, 16% AIDS, and 65% other medical problems (often congenital in origin) (Table 8).

Figure 3. Child Fatalities 1993 - 2006
Placement Status



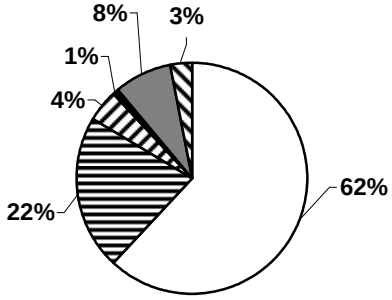
610 Children:	No.	%
Not in Placement	385	63%
Foster and Residential Care	134	22%
Institutions*	75	12%
On the Run from Placement	15	2%
Supervised Independent Living	1	**

* Hospitals and pediatric nursing homes

** Less than 1% after rounding-off

[9] Three of the children died from injuries (physical abuse) inflicted in their parent's home and one child succumbed to medical problems related to prenatal cocaine use by his mother (neglect). They died after they were placed in unrelated foster care.

Figure 4. Child Fatalities in Foster and Residential Care 1993 - 2006



134 Children:	No.	%
Natural Causes	83	62%
Accident	29	22%
Suicide	6	4%
Homicide (non-caretaker perpetrator)	1	1%
Maltreatment occurred in Placement *	11	8%
Maltreatment occurred prior to Placement **	4	3%

* Maltreatment occurred in foster or residential care.
** Maltreatment occurred in home of parents prior to placement in unrelated foster care where child died.

Note: The summation of relative percentages does not equal 100% due to rounding-off.

Table 8. Manner of Death: Children in Foster and Residential Care (1993 – 2006)

Total Fatalities	**134**
Natural Causes:	**83**
SIDS	16
AIDS	13
Other medical (often congenital in origin)	54
Accidents:	**29**
Involving a motor vehicle	9
Drowned (2 in pools, 4 in river/lake/ocean)	6
Asphyxiation/Suffocation (soft bedding, choking, etc.)	7
Other (fire, drug overdose, fell, shot)	7
Suicide:	**6**
Homicide (shooting by an unknown/non-caretaker):	**1**
Neglect/Physical Abuse: (9 accidents, 4 homicides, 2 natural causes)	**15**
Occurred in Foster/Residential Care	11
Occurred in home of parent(s) prior to placement in Foster/Residential Care	4

Note: <u>This table only includes children who died in foster and residential homes/facilities; it does not include children who died while in institutions (hospitals), supervised independent living, or on the run from placement</u>.

2. DSS Case Status

In 2006, child deaths occurred primarily in open protective cases (24 of 31 or 77%) (Table 9 on next page). Over the past 16 years, the proportion of protective cases has ranged from 61% to 96% (78.5% median). During 2006, 14 protective cases were open for more than six months and 10 protective cases were open for six months or less at the time of the child's death. Of the remaining 7 cases, 3 were closed less than six months prior to the child's death, 2 were current CHINS (Children in Need of Services) referrals, and 2 were current voluntary requests for services.

Of the 24 children who died while in open protective cases, 1 committed suicide, 1 was a homicide victim, 2 were accident victims, and 16 died from natural causes. Manner of death could not be conclusively determined for the remaining 4 children in open protective cases.[10] The homicide case involved a 4-year-old girl who was not in placement. The suicide victim was a 16-year-old boy not in placement.

The 7 children in the remaining cases (CHINS, voluntary, closed) died from car accident injuries (2), bacterial meningitis (2), cancer (1), SIDS (1), and multiple medical conditions (1).

Table 9. Family's Case Status at Time of Child's Death (1991 - 2006)

Calendar Year		***Case Status at Time of Death***					***Totals***
		Current Protective < 6 mos.	***Current Protective > 6 mos.***	***Current Voluntary Request***	***Current CHINS Referral***	***Case Closed < 6 mos.***	
1991:	*No.*	10	42	7	1	6	66
	%	15%	64%	11%	2%	9%	100%
1992:	*No.*	17	41	4	1	4	67
	%	25%	61%	6%	1%	6%	100%
1993:	*No.*	13	45	5	2	3	68
	%	19%	66%	7%	3%	4%	100%
1994:	*No.*	19	27	5	4	10	65
	%	29%	42%	8%	6%	15%	100%
1995:	*No.*	11	40	--	--	2	53
	%	21%	75%	--	--	4%	100%
1996:	*No.*	11	31	3	3	7	55
	%	20%	56%	5%	5%	13%	100%
1997:	*No.*	10	21	2	1	8	42
	%	24%	50%	5%	2%	19%	100%
1998:	*No.*	4	21	4	5	7	41
	%	10%	51%	10%	12%	17%	100%
1999:	*No.*	11	18	1	3	6	39
	%	28%	46%	3%	8%	15%	100%
2000:	*No.*	11	21	1	2	6	41
	%	27%	51%	2%	5%	15%	100%
2001:	*No.*	8	30	1	1	6	46
	%	17%	65%	2%	2%	13%	100%
2002:	*No.*	8	20	--	1	3	32
	%	25%	62%	--	3%	9%	100%
2003:	*No.*	10	20	--	3	3	36
	%	28%	56%	--	8%	8%	100%
2004:	*No.*	9	16	--	2	3	30
	%	30%	53%	--	7%	10%	100%
2005:	*No.*	8	16	1	2	4	31
	%	26%	52%	3%	6%	13%	100%
2006:	*No.*	10	14	2	2	3	31
	%	32%	45%	6%	6%	10%	100%

Note: The relative percentages may not sum to 100% due to rounding-off.

[10] Manner of death could not be determined following an autopsy by a medical examiner.

3. Custody Status of Children

Eight of the 31 children who died during 2006 were in temporary DSS custody, 2 were in permanent DSS custody, and 1 child was in care via a voluntary placement agreement. DSS seeks court ordered custody of a child when remaining in the home is contrary to the child's welfare. Courts can also grant custody to DSS as part of CHINS, divorce, or paternity petitions among others. DSS can accept voluntary care of a child at a parent's request. Courts grant DSS permanent custody of a child upon finding that the child is in need of care and protection. Of the 11 children in the care of DSS, 9 died from natural causes, 1 committed suicide, and 1 child's manner of death was undetermined. The location of these 11 children were: 4 in unrelated foster care, 3 in hospitals, 1 in residential care, 1 in pre-adoptive foster care, and 2 children in temporary custody while receiving DSS services at home. It is not unusual for DSS to retain custody for up to 6 months for some kids who are returned home from placement. The extent to which this is done depends on the area office, the home situation, and the court.

4. Reports of Child Maltreatment

Reports of abuse or neglect made pursuant to M.G.L. ch. 119, sec. 51A are screened-in when there is reason to believe that a child has been maltreated or may be at risk of maltreatment by a caretaker. Depending on the urgency, a screened-in report is designated an emergency or non-emergency. For screened-in emergency reports, an investigation must be completed within 24 hours after receiving the report. Investigations prompted by non-emergency reports must be completed within 10 calendar days. The reported allegations are investigated by DSS staff who determine whether the report should be supported or unsupported.

Reports alleging child maltreatment were filed on the deaths of 10 of the 31 children known to DSS during 2006. One report was screened-out, 3 reports were screened-out and referred to the district attorneys, 3 were unsupported, and 3 were supported. Neglect was a factor in the deaths of the 3 children with supported reports.

The allegations of neglect were supported for the following situations: (1) nursing home/rehab staff's negligent handling of a severely disabled child with multiple medical conditions; (2) accidental suffocation of infant while sleeping with his mother; (3) parents charged with murder for repeatedly overdosing their child with her prescribed medications. The infant who suffocated and the 4-year-old who overdosed, had prior supported reports of neglect that occurred less than one month before they died. Both cases involved domestic violence and substance abuse.

C. Family Demographics

1. Age and Sex of Children

In 2006, 65% of the deceased children were male (Table 10). Over the years, the proportion of males has ranged from 49% to 80% (63.5% median) (Table 10). Table 11 shows 8 male and 3 female infants. Except for 1992, 1998, and 1999, infant deaths have been predominantly male. Males have also accounted for most of the adolescent deaths; the exceptions are 2001 and 2005 when females outnumbered males by 2:1 (Table 11).

Table 10. Sex of Children (1989 - 2006)

	Sex of Children			
	Male		***Female***	
Year	*No.*	*%*	*No.*	*%*
1989	47	56%	37	44%
1990	54	61%	35	39%
1991	44	67%	22	33%
1992	39	58%	28	42%
1993	42	62%	26	38%
1994	37	57%	28	43%
1995	34	64%	19	36%
1996	37	67%	18	33%
1997	22	52%	20	48%
1998	27	66%	14	34%
1999	19	49%	20	51%
2000	28	68%	13	32%
2001	23	50%	23	50%
2002	23	72%	9	28%
2003	23	64%	13	36%
2004	24	80%	6	20%
2005	19	61%	12	39%
2006	20	65%	11	35%

Table 11. Age and Sex of Children (2006)

	Age of Children						
Sex	*< 1 yr.*	*1 - < 2 yrs.*	*2 - < 5 yrs.*	*5 - < 12 yrs.*	*12 - 18 yrs.*	*19 - 21 yrs.*	***Total***
Male	8	1	3	3	5	--	20
Female	3	1	2	1	4	--	11
Total	11	2	5	4	9	--	31

2. Age of Parents

Mothers of the children who died in 2006 ranged in age from 14 to 55 years old. The median ages of mothers and fathers, were 27 and 33 years, respectively. Forty-three percent of all mothers were 20-29 years old and 10% were less than 20 years old (Table 12). Compared to all mothers in the DSS caseload, a greater proportion of the mothers of deceased children were 20-29 year olds (Table

12). Over the past 15 years, the proportion of 20-29 year-old mothers of deceased children has ranged from 15% to 63% (median of 37%). The years 1993, 1996, and 1998 are the only years where the proportions of 20-29 year-old and 30-39 year-old mothers of deceased children approximated the corresponding caseload proportions.

Table 12. Age of Parents at Time of Child's Death (2006)

	Mothers of Deceased Children		***Mothers in the DSS Caseload (*)***	***Fathers of Deceased Children***	
Parent's Age (yrs.)	*No.*	*%*	*%*	*No.*	*%*
12 - 17	2	7%	NA	--	--
18 - 19	1	3%	3%	--	--
20 - 29	13	43%	27%	--	--
30 - 39	9	30%	38%	8	26%
40 - 49	2	7%	25%	1	3%
50 - 59	2	7%	7%	--	--
60 - 69	--	--	--	--	--
Unknown	1	3%	--	22	71%
Deceased	1	--	--	--	--
Total	31	100%	100%	31	100%

(*) As of June 30, 2006, based on the number of females not in placement who were 18 to 59 years old with an open case status. NA = Not Available

Note: The relative percentages may not sum to 100% due to rounding-off.

3. Marital Status of Mothers

Ninety percent of the mothers of deceased children were unmarried (Table 13). Over the past 15 years the proportion of unmarried mothers has ranged from 76% to 97% (87% median). A comparison with the general caseload showed that at least 70% (5% unknown marital status) of the mothers in the caseload were unmarried (Table 13).

Table 13. Marital Status of Mothers at Time of Child's Death (2006)

	Mothers of Deceased Children		***Mothers in the DSS Caseload (*)***
Marital Status	*No.*	*%*	*%*
Married	3	10%	25%
Divorced	1	3%	9%
Separated	--	--	6%
Single (**)	26	84%	55%
Widowed	1	3%	1%
Unspecified	--	--	5%
Total	31	100%	100%

(*) As of June 30, 2006, based on the number of females not in placement who were 18 to 59 years old with an open case status.

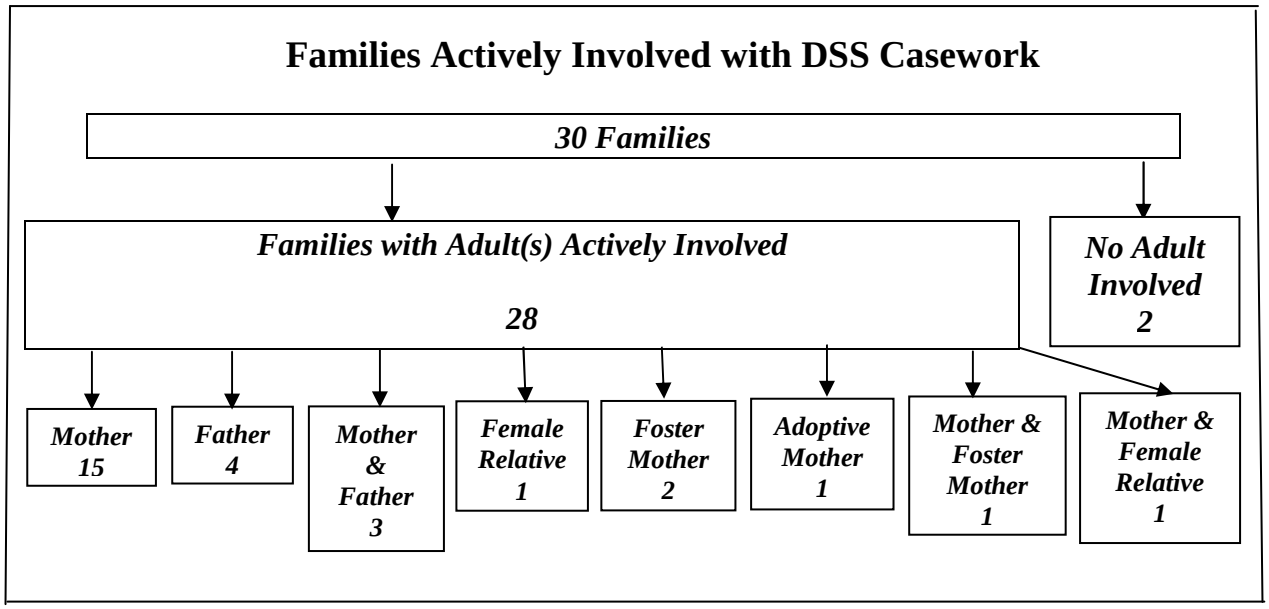
(**) Never married or single at time of child's death (unknown marital history).

4. Mothers: Age at First Birth, DSS Placement, Mental Illness

Sixteen mothers (52%) were known to have been less than 20 years old when they gave birth to their first child. Six mothers (19%) were known to have been placed in DSS foster or residential care as children. Six mothers (19%) were known to have mental health issues. The most frequently cited psychiatric disorders were depression (4 mothers) and anxiety/anxiety attacks (3). A few mothers were diagnosed with bipolar affective disorder/bipolar disorder (1), schizoaffective disorder (1), or paranoia (1).

5. Caretakers Actively Involved in DSS Casework

In 28 of the 31 families with deceased children, adult caretakers were known to be actively involved with DSS casework.[11] Of the 28 involved families, 23 families had only one adult caregiver who was an active participant. Fifteen of these solitary caregivers were mothers, 4 were fathers, 2 were foster mothers, 1 was a female relative, and 1 was an adoptive mother. (See chart below)



[11] In 2 families, no adult was involved. Nursing home/rehab staff were the caretakers of the deceased child from the remaining family.

6. Race and Hispanic Origin of Deceased Children and Their Parents

Thirty-nine percent of all children who died in 2006 were White, 29% were Black, 3% were Asian, and 23% were Multi-Racial (Table 14A). Race could not be determined for 6% of the deceased children. Thirty-two percent of the deceased children were identified as Hispanic/Latino[12] (Table 14B). Compared to the DSS child caseload, the child fatalities group had a smaller proportion of White children (Table 14A). The proportion of Black children was higher in the fatalities group than in the caseload (Table 14A). Hispanic children were more prominent in the child fatalities group than in the DSS caseload—32% vs. 27%, respectively (Table 14B).

Table 14A. Race of Children (2006)

	Deceased Children		***Children in DSS Caseload (*)***
Race	*No.*	*%*	*%*
White	12	39%	57%
Black	9	29%	17%
Asian	1	3%	2%
Native American	--	--	***
Pacific Islander (**)	--	--	***
Multi-Racial	7	23%	4%
Unspecified	2	6%	19%
Total	31	100%	100%

(*) As of June 30, 2006, children less than 18 years old with an open case status.

(**) Native Hawaiian or other Pacific Islander

*** = less than 1% after rounding-off

Note: The relative percentages may not sum to 100% due to rounding-off.

Table 14B. Hispanic/Latino Origin of Children (2006)

	Deceased Children		***Children in DSS Caseload (*)***
Origin	*No.*	*%*	*%*
Hispanic/Latino	10	32%	27%
Not Hispanic/Latino	21	68%	66%
Unspecified	--	--	7%
Total	31	100%	100%

(*) As of June 30, 2006, children less than 18 years old with an open case status.

[12] Children of any race who are identified as being of Hispanic/Latino origin.

For each racial category, Table 15 displays the proportion of deceased children in four age groups. White children were marginally more likely to be in the 1-11 year-old group. Black children showed a tendency towards the teen years. Hispanic child fatalities were most prominent (60%) in the 1-11 year-old group.[13]

Table 15. Age and Race of Deceased Children (2006)

	Age Groups				
Race	***< 1 yr.***	***1 - 11 yrs.***	***12 - 18 yrs.***	***19 – 21 yrs.***	***Total***
White	4 (33%)	5 (42%)	3 (25%)	-- ---	12 (100%)
Black	3 (33%)	1 (11%)	5 (56%)	-- ---	9 (100%)
Asian	-- ---	1 (100%)	-- ---	-- ---	1 (100%)
Native American	-- ---	-- ---	-- ---	-- ---	-- ---
Multi-Racial	4 (57%)	3 (43%)	-- ---	-- ---	7 (100%)
Unspecified	-- ---	1 (50%)	1 (50%)	-- ---	2 (100%)
Total	11 (35%)	11 (35%)	9 (29%)	-- ---	31 (100%)

The racial distribution for mothers was close to their children's distribution (Tables 14A and 16). Differences are attributable to multi-racial children. A comparison of the mothers of deceased children to the mothers in the DSS caseload yielded results which were similar to the analysis of their children. Like most previous years, the proportion of mothers who were Black was greater in the fatalities group than in the overall DSS caseload (Table 16). White mothers were under-represented in the fatalities group when compared to the DSS caseload. The proportion of Hispanic mothers of deceased children was greater than the proportion of Hispanic mothers in the caseload. Twenty-nine percent of the mothers of deceased children self-identified as being of Hispanic origin compared to 19% for all mothers in the DSS caseload.

Table 16. Race of Parents (2006)

	Mothers of Deceased Children		***Mothers in the DSS Caseload (*)***	***Fathers of Deceased Children***	
Race	*No.*	*%*	*%*	*No.*	*%*
White	13	42%	59%	5	16%
Black	11	35%	15%	2	6%
Asian	1	3%	2%	--	--
Native American	--	--	***	--	--
Pacific Islander (**)	--	--	***	--	--
Multi-Racial	4	13%	1%	1	3%
Unspecified	2	6%	23%	23	74%
Total	31	100%	100%	31	100%

(*) As of June 30, 2006, based on the number of females not in placement who were 18 to 59 years old with an open case status.

(**) Native Hawaiian or other Pacific Islander.

(***) Less than 1% after rounding-off.

Note: The summation of relative percentages may not equal 100% due to rounding-off.

[13] The age-group breakdown for Hispanic child fatalities was 30% infants (3 children), 60% 1-11 year olds (6 children), and 10% 12-18 year olds (1 child).

7. Family Residence

Boston was the family residence of 6 children who died in 2006. Other cities with more than two child fatalities were Lawrence (3 children) and Lowell (3). On a county basis, 6 children were from Suffolk, 6 from Middlesex, 5 from Worcester, and 4 from Essex (Table 17). Comparing the DSS regional distributions of deceased children to all children in the caseload showed that the Boston and Northeastern Regions were the most over-represented and the Western and Southeastern Regions were the most under-represented (Table 18).

Table 17. Family's County of Residence (2006)

County	***Deceased Children***
Suffolk	6
Middlesex	6
Worcester	5
Essex	4
Hampden	3
Barnstable	3
Plymouth	2
Norfolk	1
Bristol	1
Berkshire	--
Franklin	--
Hampshire	--
Dukes	--
Nantucket	--
Total	31

Table 18. Child's DSS Service Region at Time of Death (2006)

	Deceased Children		***Children in DSS Caseload (*)***
DSS Region	*No.*	*%*	*%*
West	3	10%	20%
Central	5	16%	14%
Northeast	7	23%	18%
Metro	4	13%	14%
Southeast	5	16%	20%
Boston (**)	7	23%	13%
Total	31	100%	100%

(*) As of June 30, 2006, children less than 18 years old with an open case status.

(**) Brookline, Chelsea, Revere, and Winthrop are part of the Boston Region.

8. Family Size

The median number of children in families with a child death was three. In 11 of the last 14 years (1993-2006), the median value has been three children per family. There were three or more siblings in 16 (52%) of the families with a deceased child (Table 19). From 1993-2006, the proportion of families with three or more children has ranged from 46% to 74%. In contrast, 24% of the families in the overall caseload had three or more children (Table 19). Also, 49% of the families in the DSS caseload had one child versus 26% of the families with deceased children. The percentage of one-child families of deceased children has ranged from 5% to 26% over the past 14 years.

Table 19. Family Size (2006)

Number of Children in Family	***Deceased Children Family Count***		***DSS Caseload Family Count (*)***
	No.	*%*	%
one	8	26%	49%
two	7	23%	27%
three	5	16%	15%
four	9	29%	6%
five	--	----	2%
six	1	3%	1%
seven or more	1	3%	**
Total Families (***)	31	100%	100%

(*) As of June 30, 2006, based on the number of children (less than 18 years old) with the same case identification number and an active case status.

(**) Less than 1% after rounding-off

D. Substance Abuse

1. Substance Abuse and Child Maltreatment

According to the Prevent Child Abuse America Fifty-State Survey[14] (PCAA 2001), substance abuse was the most frequently cited problem affecting families reported for maltreatment. Other less frequently noted problems displayed by families reported for child maltreatment were poverty and economic strains, domestic violence, and lack of parental capacity and skills (PCAA 2001). Poverty, interpersonal violence, social isolation, the presence of unrelated substance-abusing adults in the home, and parental mental illness (particularly depression), that often co-occur with parental substance abuse are all associated with child maltreatment (Dore 1998).[15] Estimates of 40% to 80% have been given for the proportion of families in the child welfare system with alcohol/drug and abuse/neglect problems (studies cited by Young and colleagues 1998).[16] In 80% of substance-abuse-related cases, the child's entry into foster care was the result of severe neglect (U.S. Department of Health and Human Services 1999).[17] Addicted parents are often unable to meet the needs of their children.

The increasingly widespread use of methamphetamine in the U.S. is a new major threat to children. Children are being exposed to home "meth" labs with serious toxicities and dangers that have not yet been well studied (Rosas 2004).[18] Adult studies indicate life-threatening toxicities from both methamphetamines and lab chemicals. In addition to the direct physical effects of methamphetamines and lab chemicals, there is the substance abuse-child maltreatment association identified in numerous studies.

[14] National Center on Child Abuse Prevention Research, a program of Prevent Child Abuse America. 2001. Current trends in child abuse prevention, reporting, and fatalities: the 1999 fifty-state survey. Working Paper Number 808, Chicago, IL. 26pp.

[15] Dore, M.M. 1998. Impact and relationship of substance abuse and child maltreatment: risk and resiliency factors. Paper presented at conference on "Protecting Children in Substance Abusing Families" (9/28/98). Center for Advanced Studies in Child Welfare, Univ. of Minnesota School of Social Work, Minneapolis, MN. 25pp.

[16] Young, N.K., S.L. Gardner, and K. Dennis. 1998. Responding to alcohol and drug problems in child welfare: weaving together practice and policy. Office of Juvenile Justice and Delinquency Prevention. CWLA Press, Washington, D.C. 179pp.

[17] U.S. Department of Health and Human Services. 1999. Blending perspectives and building common ground: a report to Congress on substance abuse and child protection. U.S. Government Printing Office, Washington, D.C. 175pp.

[18] Rosas, A. 2004. Drug endangered children: medical effects. Presentation at Idaho's Second Annual Drug Endangered Children Conference. September 14-16, 2004. Idaho State Police (www.isp.state.id.us/DEC_Conference)

2. Parent/Caretaker's Past and Current[19] Use of Illicit Drugs/Alcohol

The National Center on Addiction and Substance Abuse (CASA 1999) found that the substance most frequently used by parents who have maltreated their children was alcohol, usually in combination with other drugs.[20] The illegal drug most often used was crack cocaine. Table 20 shows the past and current use of substances by mothers and other primary caregivers in the household. The 18 other primary adults were: 10 fathers, 3 foster mothers, 2 female relatives, 2 male partners, and 1 female adoptive parent. It should be noted that the presence of another adult does not mean the adult is actively engaged in DSS casework (see page 23).

Thirteen mothers had a documented history of abusing drugs and alcohol. The proportion of mothers (43%) with a past history of substance abuse was lower than in 2005 (55%). Since 1992, the proportion of mothers with a history of drugs/alcohol has ranged from 39% in 1997 to 65% in 1994. At the time of the CIU investigation, two mothers were known to be using substances. A significant part of the difference between the past and current counts is due to a shift from "yes" in the past to "unknown" in the present. The principal substances used were alcohol, marijuana, and cocaine. Of the 13 mothers known to have used substances at some time, 62% used alcohol, 46% used marijuana, and 38% used cocaine. Sixty-two percent of the mothers used more than one substance. The most frequently used combinations were: alcohol-cocaine and alcohol-marijuana. Compared to last year, the proportion of mothers using alcohol was higher (56% in 2005), the proportion using cocaine was lower (44% in 2005), and the proportion using marijuana was higher (44% in 2005). The only other known drugs used by the mothers of children who died in 2006 were: heroin (4 mothers), methadone (1), and crack (1).

Table 20. Primary Caregiver Past and Current Use of Drugs/Alcohol (2006)

	Past History of Use				*Current Use*			
Relationship to Child	***Yes***	***No***	***Unk***	***Totals***	***Yes***	***No***	***Unk***	***Total***
Mother (*)	13	11	6	30	2	14	14	30
Other Primary Adult	4	9	5	18	1	9	8	18

(*) Does not include one mother who was deceased.

[19] At the time of the CIU investigation.

[20] National Center on Addiction and Substance Abuse. 1999. No safe haven: children of substance-abusing parents. Columbia Univ., New York, NY. 167pp.

3. Mother's Prenatal Care and Use of Substances during Pregnancy

One serious public health problem that continues to be an issue in case practice is that of drug-involved infants. Eleven infants died in 2006: 9 deaths were due to "natural causes" and 2 were undetermined (Table 24 on page 32). In 2 of the 9 "natural" deaths, the mothers were known to have used drugs and/or alcohol. A determination of drug use is made at the time of delivery, either by the mother's admission or from a positive toxic screen. In Table 21, the infant's medical condition is compared to the mother's use of substances during pregnancy.

In 2006, 3 of 11 deceased infants were born to mothers who took drugs/alcohol during their pregnancy (Table 21). None of the drug-exposed infants were found to be victims of neglect (manner of death accidental). Table 21 shows a total of 6 medical conditions for children of substance-abusing mothers, 6 medical conditions for children of non-substance-abusing mothers, and 4 medical conditions for children whose mothers' use of substances during pregnancy was unknown. The small number of infants and the lack of information on drug/alcohol use for almost half of the mothers precludes any statement about an association between substance abuse and medical conditions at birth (Table 21).

Table 21. Medical Conditions of Infants and Mother's Use of Substances during Pregnancy (2006)

	Drug/Alcohol Use during Pregnancy			
Medical Condition	***Yes***	***No***	***Unknown***	*Total*
Prematurity	2	2	1	5
Low Birth Weight	1	1	--	2
Congenital Condition	2	1	2	5
SIDS	1	2	1	4
TOTAL CONDITIONS	6	6	4	16
No Medical Condition (*)	--	--	1	1
TOTAL INFANTS	3	4	4	11

(*) One infant had no medical conditions.

Notes: (1) An infant may have more than one medical condition; consequently, the summation of counts for each condition may not equal the total number of children.

In Table 22, the small numbers and a lack of information on prenatal care and substance abuse prevents any comparison of the level of prenatal care received by substance-abusing mothers and non-substance-abusing mothers.

Table 22. Infant Deaths: Mother's Prenatal Care and Use of Substances during Pregnancy (2006)

	Drug/Alcohol Use during Pregnancy			
Prenatal Care	***Yes***	***No***	***Unknown***	***Total***
Routine	--	2	--	2
Little	1	--	2	3
None	--	1	--	1
Unknown	2	1	2	5
TOTAL CHILDREN	3	4	4	11

E. Domestic Violence

1. Prevalence of Domestic Violence in Families

It is now widely known that adult domestic violence and child maltreatment often occur together. Domestic violence perpetrators not only victimize adults, but also harm their children, involve them in the abuse, and instill fear in them by exposing them to violence directed at their caregiver, usually the mother. Reviews of more than two decades of studies have revealed that in 30 to 60 percent of the families where women were abused, their children were also maltreated.[21]

Domestic violence was reported in at least 10 of the 31 families where a child died (Table 23). If a past history with violence is included, the number of families increases to 15. A past history of violence includes mothers who were victims or perpetrators in a prior relationship. The prevalence of domestic violence among fatality cases is presented in Table 23 for the past 14 years.

Table 23. Prevalence of Domestic Violence among Fatalities (1993-2006)

Year	***Prevalence of Domestic Violence in Families with Child Fatalities***				***Total Families with Child Fatalities(*)***
	Current Violence		***Past Violence***		
	No.	*% of Total*	*No.*	*% of Total*	*No.*
1993	24	35%	35	51%	68
1994	11	17%	23	37%	63
1995	18	34%	25	48%	52
1996	14	26%	19	35%	54
1997	5	12%	14	34%	41
1998	15	38%	22	55%	40
1999	7	18%	15	38%	39
2000	11	27%	23	56%	41
2001	14	30%	22	48%	46
2002	10	33%	17	57%	30
2003	13	37%	17	49%	35
2004	10	33%	17	57%	30
2005	8	27%	10	33%	30
2006	10	32%	15	48%	31

(*) Family counts for the following years are less than the number of fatalities because of sibling deaths (3 siblings in 1994, 2 in 1995, 2 in 1996, 2 in 1997, 2 in 1998, 2 pair in 2002, 2 in 2003, and 2 in 2005).

[21] National Council of Juvenile & Family Court Judges. 1999. Effective intervention in domestic violence and child maltreatment cases: guidelines for policy and practice.

F. Special Groups of Children

1. Adolescents

Twenty-nine percent of the children (9 of 31 children) who died in 2006 were 12 years old or older (Table 1 on page 8). Except for 1995 and 2002, the proportion of adolescents has ranged from 21% to 41% (Table 1). In 1995 and 2002, the proportion of adolescents dropped to 6% (3 children) and 12% (4 children), respectively. Prior to 1997, adolescents/young adults (virtually all 12-18 years old) accounted for approximately one-quarter of all deaths each year (Table 1). From 1997 to 2001, the proportion of adolescents/young adults was at its highest level (36-41%). The number and proportion of adolescent deaths have been relatively stable the past four years, 9-11 and 29-33%, respectively (Table 1).

Five male adolescents and four female adolescents died in 2006 (Table 11 on page 21). Over the past 18 years, the counts of deceased adolescents by gender were: mostly male in 9 years; similar for the sexes in 7 years; and mostly female in 2 years. In 2006, 2 adolescents died from car accident injuries, 2 from cancer, 1 from bacterial meningitis, 1 from heart failure, and 1 committed suicide (Table 24). The manner of death could not be determined for two severely disabled adolescents.

Table 24. Age of Children and Manner of Death (2006)

Manner of Death	***Age of Children***						***Total***
	< 1 yr.	***1 - < 2 yrs.***	***2 - < 5 yrs.***	***5 - < 12 yrs.***	***12 - 18 yrs.***	***> 18 yrs.***	
Natural Causes	9	1	3	4	4	--	21
Accidental	--	1	1	--	2	--	4
Suicide	--	--	--	--	1	--	1
Homicide	--	--	1	--	--	--	1
Undetermined (*)	2	--	--	--	2	--	4
Total	11	2	5	4	9	--	31

(*) Undetermined following an autopsy by a medical examiner.

Five adolescents were not in placement, 3 were in hospitals, and 1 was in residential care. The following issues were identified for the 9 adolescents: mental illness (4), criminal activities (4), neglect (3), sexual abuse (2), exposure to domestic violence (2), substance abuse (1), physical abuse (1), and special education (1). An adolescent may have more than one issue. Two adolescents were known to have been involved with DYS.

Table 25 displays the type of services provided to 6 of the 9 adolescents. Two of the adolescents had severe medical conditions; the services they received were not due to adolescent issues. The remaining adolescent was offered services, but he and his mother were adamantly against receiving any assistance from DSS. Just prior to his death (car accident), the adolescent had asked to see a therapist (counseling). At the time of his death, his social worker was reviewing wait lists for a therapist.

An adolescent may have received more than one service; consequently, the breakdown of services is based on the type of service not the number of children. The most frequently provided services were mental health counseling, tracking, and home-based treatment.

Table 25. Type and Frequency of Services Provided to Adolescents (2006)

Service	Count of Adolescents Receiving Services
Mental Health Counseling	5
Tracking	3
Home-Based Treatment	3
Residential Treatment	2
Group Home	1
Residential Substance Abuse Treatment	1
Educational Advocacy	1
Kinship Arrangement	1
Total Services	17
Total Number of Adolescents	6

Note: An adolescent may have received more than one service; consequently, the summation of counts for each service does not equal the total number of children.

2. Medically-Involved/Physically-Challenged Children

Nineteen of the 31 deceased children were medically-involved; 15 of the 19 were also physically challenged. Six of the 19 children were infants, 4 were 1-4 years old, 3 were 5-8 years old, and 6 were adolescents. Fourteen of the 19 children died from medical problems related to prematurity/congenital conditions, 2 succumbed to cancer, 2 died from infectious diseases, and 1 child's manner of death appeared to be accidental.

At the time of their death, 7 of the 19 children were living with their parents or other family member, 6 were in hospitals, 4 were in unrelated foster homes, 1 was in residential care, and 1 was in a pre-adoptive home. The four foster children were in the Special Kids-Special Care medical program because of their special health care needs. Special Kids-Special Care provides intensive medical case management for children with complex medical needs who are in DSS custody and in foster care. Examples of some of the medical conditions of children enrolled: uncontrolled diabetes, congenital anomalies, liver disease, prematurity, spastic quadraparesis, encephalopathy, neurological disorders, cystic fibrosis, AIDS, renal failure, cancer, and cerebral palsy. The program is co-sponsored by DSS, MassHealth, and Neighborhood Health Plan.

III. Child Maltreatment-Related Fatalities: 2001 – 2006

The following statistics only deal with child fatalities where maltreatment was a direct cause of death or a contributing factor to the cause of death. In 2001, DSS began compiling statistics on maltreatment-related deaths of children whose families were unknown to DSS and children whose families had their DSS cases closed more than six months prior to the child's death. These "new" counts were added to the "old" counts of maltreated children whose families had an active case status with DSS and maltreated children whose families had their cases closed within six months prior to the child's death.

During 2006, there were 10 child fatalities with supported allegations of neglect or physical abuse by a caretaker (Table 26 on next page). Neglect was a factor in 8 deaths, physical abuse was a factor in 1 death, and both neglect and physical abuse were factors in 1 death. The numbers of deaths in 2004-2006 were a significant drop from years 2001-2003 (Table 26). None of the deceased children were in foster or residential care at the time of their deaths (Table 27 on page 37). The DSS case statuses of their families were: 3 open, 3 closed, and 4 unknown to DSS (Table 26).

- Two of the neglect-related deaths involved sleeping babies. Despite being aware of the risk suffocation, the parents were sleeping with their infants.

- Another suffocation death occurred when a 3-month-old baby was not fastened to his car seat. He suffocated after he changed position while sleeping and was found face down at the bottom of the car seat.

- There were two neglect cases involving substance-abusing pregnant mothers. Both mothers had no prenatal care. Their newborns weighed approximately 1.5 lbs and succumbed to complications related to prematurity.

- The circumstances of two other neglect-related deaths were: (1) a medically fragile (multiple medical conditions) teenager's arm was broken through negligent handling by nursing home/rehab staff; following hospital treatment, his medical condition worsened and he was re-admitted; cause of death was attributed to bronchopneumonia and septicemia. (2) an unsupervised 8-year-old boy was driving an adult-sized ATV that flipped over and killed him.

- Two children were victims of physical abuse. One child died from shaken baby injuries and the other from blunt force trauma to the abdomen. In both cases, the perpetrator of physical abuse was unknown (neglect was supported on one mother for continually taking her child into an unsafe environment).

Statistics pertaining to the deceased child's age, race, gender, Hispanic origin, placement status, and manner of death are displayed in the following summary profiles (Tables 26 and 27). In Table 26, the perpetrator's relationship to the child is shown for each type of maltreatment. The family's case status is also shown in Table 26. For comparison, statistics are given for each year from 2001 to 2006. Totals for the five years are also presented. Combining the six years allows a more complete description of the children who died. For example:

Profile of Child Maltreatment-Related Deaths
(Data Compiled on 77 Deaths from 2001 to 2006)

- 65% of the children were males
- 53% of the children were infants (less than 1 year old)
- 68% of the children were victims of neglect, another 17% were victims of neglect and physical abuse, 16% were victims of physical abuse
- 38% of the deaths were accidents and 32% were homicides
- 87% of the children were not in placement
- 60% of the families were known to DSS
- 57% of the perpetrators of neglect were mothers and 19% were fathers
- 31% of the perpetrators of physical abuse were mothers and 27% were fathers

--(see Fig. 5, Tables 26 and 27 on pages 36-38)

As for race and Hispanic origin of the children, there were too many "unknowns" the first two years (Table 26). Removing the "unknown" counts from the race and Hispanic totals yielded:

- 43% of the children were non-White
- 29% of the children were Hispanic

Table 26. Profile of Child Neglect/Physical Abuse Deaths 2001-2006

		Calendar Year						
		2001	2002	2003	2004	2005	2006	Total
Total Child Maltreatment Fatalities		19	17	16	8	7	10	77
Family Case Status:	current protective case open 6 months or less	3	--	1	1	2	1	8
	current protective case open more than 6 months	3	7	4	1	--	2	17
	case closed 6 months or less	1	2	--	1	2	--	6
	case closed more than 6 months	3	2	4	2	1	3	15
	unknown to DSS	9	6	7	3	2	4	31
Maltreatment:	neglect	11	12	10	6	5	8	52
	physical abuse	3	4	1	2	1	1	12
	neglect and physical abuse	5	1	5	--	1	1	13
Gender:	male	10	11	9	7	6	7	50
	female	9	6	7	1	1	3	27
Age (years):	less than 1	11	9	6	6	4	5	41
	1 – 5	6	6	6	--	2	3	23
	6 – 11	2	2	2	--	1	1	8
	12 - 17	--	--	2	2	--	1	5
Race:	White	3	3	12	2	2	4	26
	Black	2	2	--	--	2	2	8
	Asian	--	--	1	--	--	--	1
	multi-racial	1	7	1	1	--	1	11
	unknown	13	5	2	5	3	3	31
Hispanic Origin:	yes	1	4	3	3	--	3	14
	no	6	5	11	2	4	7	35
	unknown	12	8	2	3	3	--	28
*Perpetrator:	mother	10	11	13	4	5	6	49
(Neglect)	father	2	3	6	2	1	2	16
	father's girlfriend	1	1	--	--	--	--	2
	grandmother	--	1	2	--	1	1	5
	aunt	--	--	2	--	--	--	2
	uncle	1	--	1	--	--	--	2
	female legal guardian	--	1	--	--		--	1
	foster parent	1	--	--	--	1	--	2
	day care provider	--	--	1	--	--	--	1
	provider (after school program)	1	--	--	--	--	--	1
	baby sitter	--	--	1	--	--	--	1
	unrelated adult caretaker	--	--	--	1	--	2	3
	nursing home/rehab staff	--	--	--	--	--	1	1
*Perpetrator:	mother	1	3	2	1	1	--	8
(Physical Abuse)	father	4	1	1	1	--	--	7
	mother's boyfriend	1	1	2	--	--	--	4
	father's girlfriend	1	--	--	--	--	--	1
	uncle	1	--	--	--	--	--	1
	foster parent	--	--	--	--	1	--	1
	unknown	1	--	1	--	--	2	4

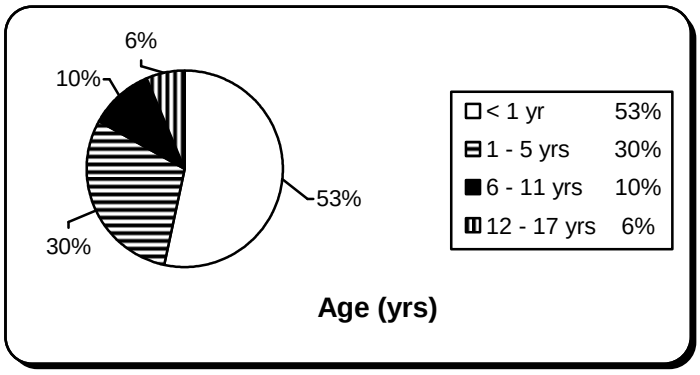
*Perpetrators who neglect and physically abuse a child are counted under each category. If more than one perpetrator victimized a child, each perpetrator is counted under the appropriate category(ies).

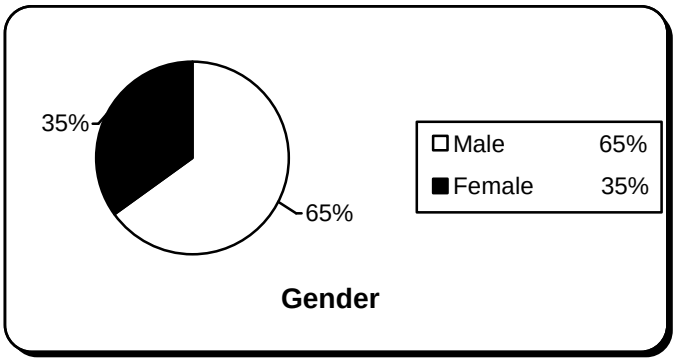
Table 27. Placement Status and Manner of Death of Neglected and Physically Abused Children 2001-2006	Calendar Year						
	2001	2002	2003	2004	2005	2006	Total
Total Child Maltreatment Fatalities	19	17	16	8	7	10	77
Placement Status: not in placement	16	14	16	7	5	9	67
unrelated foster home	1	--	--	--	1	--	2
institution (hospital/nursing home)	2	3	--	1	1	1	8
Manner of Death: natural causes*	4	3	3	4	1	2	17
accident	6	7	7	2	3	4	29
suicide	--	--	1	--	1	--	2
homicide	8	5	5	2	2	3	25
unknown**	1	2	--	--	--	1	4

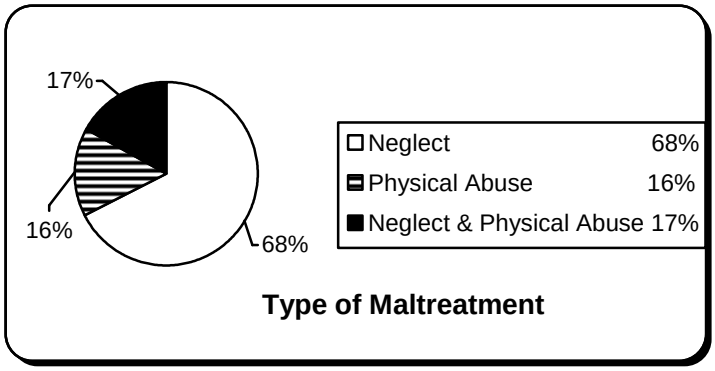
* Premature babies dying from congenital conditions (neglect) or placental abruption (physical abuse) due to their mothers' use of substances during pregnancy.

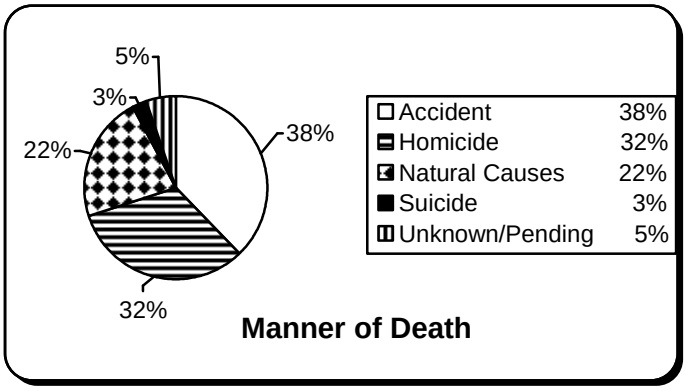
** Manner of death could not be determined following an autopsy by a medical examiner.

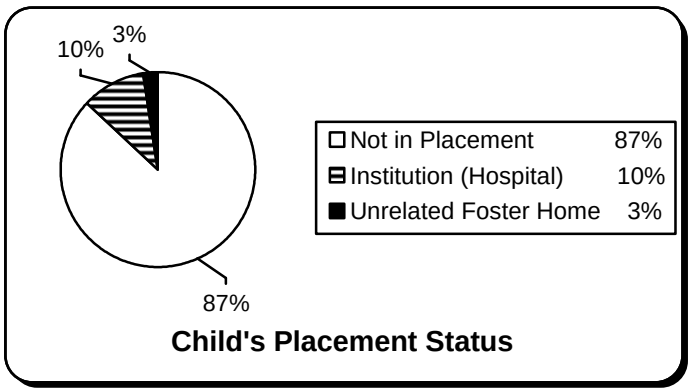
Figure 5. Profile of Child Maltreatment Fatalities: 2001 - 2006











Note: Percentages may not equal 100% due to rounding-off.

IV. Age-Specific Death Rates[22]

A. All Child Fatalities

According the Registry of Vital Records and Statistics, there were 599 child deaths in Massachusetts during January 1 - December 31, 2006.[23] The deaths included 387 infants (less than 1 year old) and 212 children 1-17 years old. These counts of child fatalities were translated to age-specific death rates using the U.S. Census Bureau's population projections for children residing in Massachusetts in 2006.[24] The age-specific death rate was 3.9 child deaths per 10,000 resident children in Massachusetts. The rate was 48.2 for infants and 1.5 for children 1-17 years old. Infants are defined as being less than one year old when they died.

- ***Massachusetts (2006): 3.9 child deaths per 10,000 resident children in the state; 48.2 infant deaths per 10,000 resident infants in the state; 1.5 deaths of children 1-17 years old per 10,000 resident children 1-17 years old in the state***

In 2006, there were 28 child deaths (all causes) in DSS families with open cases. An age-specific death rate was determined using the 28 deceased children whose families had open cases and the 41,842 children[25] in the DSS caseload (open cases) on June 30, 2006. The rate was 6.7 child deaths (open cases) per 10,000 children in the DSS caseload. Of the 28 deceased children (open cases) known to DSS, 10 were infants and 18 were 1-17 years old. Age-specific death rates for DSS infants and children 1-17 years old were 47.7 and 4.5, respectively.

- ***DSS Caseload (2006): 6.7 child deaths (open cases) per 10,000 children in the DSS caseload; 47.7 infant deaths per 10,000 infants in the DSS caseload; 4.5 deaths of children 1-17 years old per 10,000 children 1-17 years old in the DSS caseload***

[22] The age-specific death rate was computed by dividing the number of deaths in 2006 for a specific age group by the mid-year resident population in that age group. For DSS, this meant dividing the number of children who died while in open cases during 2006 by the number of children less than 18 years old with open cases on 6/30/2006.

[23] Massachusetts Department of Public Health, Registry of Vital Records and Statistics, childhood deaths printout on August 15, 2007.

[24] U.S. Census Bureau, Population Division, Interim State Population Projections, 2005. File 4. Interim State Projections of Population by Single Year of Age and Sex: July 1, 2004 to 2030. (Internet Release: 4/21/2005) (www.census.gov/population/projections/DownldFile4.xls) [1,520,589 children less than 18 years old (as of 7/1/2006), includes 80,219 infants and 1,440,370 children 1-17 years old]

[25] The 41,842 includes 2,098 infants, 39,729 children 1-17 years old, and 15 children age unspecified.

B. Maltreatment-Related Child Fatalities

Across the nation, an estimated 1,460 children died from abuse and/or neglect in FFY'2005. Expressed as a rate, this count converts to .20 maltreatment-related deaths per 10,000 resident children in the United States.[26]

National (2005): .20 maltreatment-related deaths per 10,000 children in the U.S.

DSS recorded 10 maltreatment-related deaths[27] in Massachusetts during 2006 – a rate of .07 maltreatment-related deaths per 10,000 resident children in Massachusetts. Six of the 10 maltreated children were in families known to DSS. None of the children were in foster or residential care. Of the 6 children from families known to DSS, 3 were in open cases and 3 were in closed cases. The death rate was .72 maltreatment-related deaths (open cases) per 10,000 children in the DSS caseload. Neglect was a contributing factor in the deaths of all three children with open cases.

Massachusetts (2006): .07 maltreatment-related deaths per 10,000 resident children in the state

DSS Caseload (2006): .72 maltreatment-related deaths (open cases) per 10,000 children in the DSS Caseload

It should be noted that the term maltreatment-related death is used because neglect and/or physical abuse were factors in the deaths; it does not necessarily mean they were the direct cause of the death.

Death rates for DSS caseload children were higher than the rates for Massachusetts and the United States. This was expected since DSS has a much greater proportion of families at risk. Supported reports of maltreatment are responsible for 80-90% of the children who enter the DSS system. Their families are beset by problems such as substance abuse, poverty and economic strains, domestic violence, and lack of parental capacity and skills. The use of alcohol and drugs by pregnant mothers and the lack of pre-natal care are contributing factors to the birth of premature babies with severe medical problems. Poverty and the associated economic stresses are barriers to a healthy lifestyle and quality healthcare. Children are more susceptible to fatal accidents when parental oversight and decision-making are impaired as parents struggle with substance abuse, mental illness, poverty, and other problems.

[26] U.S. Department of Health and Human Services, Administration on Children, Youth & Families. 2007. Child Maltreatment 2005. U.S. Government Printing Office, Washington, D.C. 163pp. (www.acf.hhs.gov/programs/cb/stats_research/index.htm#can)

[27] Maltreated children are less than 18 years old and the perpetrators are caretakers.