MASSACHUSETTS
DEPARTMENT OF CHILDREN AND FAMILIES

2007

Analysis of Child Fatalities & Near Fatalities

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Commissioner

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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 recorded deaths that occur in Massachusetts.[3] In contrast, the statistics compiled in this analysis by the Department of Children and Families (DCF) -- the Massachusetts child welfare agency -- are limited to the deaths of children whose families had open cases or cases that had been closed six months or less at the time of the child's death, as well as children whose deaths were reported to DCF 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 Children and Families (DCF) 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 comprehensive review of the case record and a visit to the DCF 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 DCF.

Since its formation in the late 1980s, the CIU has collected information on deceased children whose families had the following status with DCF:

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

[1] Annie E. Casey Foundation. Kids Count 2008 Data Book online http://www.kidscount.org/datacenter/compare.jsp
[2] Number of child deaths from printouts for years 2000 to 2007 generated by the Massachusetts Registry of Vital Records and Statistics (DPH).
[3] DPH reports on Massachusetts Deaths http://www.mass.gov/Eeohhs2/docs/dph/research_epi/death_report_06.pdf
[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 DCF.
[6] Massachusetts Laws, Chapter 119, Section 51A (reporting of abuse and neglect of children).

In 2001, the CIU began collecting information on deceased children from families unknown to DCF 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 DCF (see bulleted items on page 1). Data are gathered via phone calls to Area Office staff and a review of case information through the use of the DCF case management information system (FamilyNet).

The CIU also receives notification of all cases that meet the definition of "near fatality." DCF defines a "near fatality" as any case where a doctor or hospital has filed a 51A report and determined the child named in the report to be in "serious" or "critical" condition as a result of physical and/or sexual abuse or neglect, and that the condition is considered to be life threatening. Upon receiving notification of a near fatality from an Area Office, CIU staff review all information about the case from FamilyNet. This preliminary data collection serves as the basis for their investigation. The CIU process is a paper review; there are no meetings with Area Office managers or staff. However, CIU investigators may call Area Office managers or staff for additional information.

If the CIU review of a fatality or near fatality reveals any clinical or case practice issues, a corrective action plan is developed.

There are three main sections in this report: Section I consists of a summary of all fatalities and near fatalities that occurred during 2007. Section II contains a statistical analysis of the data collected on all deceased children whose families were "known" to DCF (excluding families with case closures more than six months before the child's death). Statistics cover all manner of death during the years 1989-2007. It should be noted that the intent of this chapter is to describe what happened to all the deceased children from families "known" to DCF, regardless of the cause of death.

Section III includes a statistical profile that focuses solely on the maltreatment-related deaths that occurred in 2001-2007. In 2001, the count of children who died from abuse/neglect was expanded to include deceased children whose families were unknown to DCF 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 DCF 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 and Near Fatalities in 2007

A. Child Near Fatalities

There were 11 near fatalities during 2007. Shaken-Baby-type injuries[7] were diagnosed in 7 of the 11 near fatalities. Of the remaining 4 children, 3 were near-drowning victims and 1 was a burn victim. Neglect was a factor in the near fatalities of 3 children, physical abuse was a factor for 3 children, and both physical abuse and neglect were factors for 5 children. The victimized children included 7 infants, 3 one-year-olds, and 1 ten-year-old. Fathers and mothers were the primary perpetrators of child maltreatment. Allegations of neglect were supported on 7 fathers, 6 mothers, and 1 grandmother. Physical abuse was supported on 3 fathers, 1 babysitter, and 4 unknown perpetrators. **(See tables on pages 6 and 7)**

Of the 11 families, 5 were known to DCF (2 current protective and 3 closed cases) and 6 were unknown **(See table on page 6)**. None of the children were in DCF custody. Median age of fathers and mothers was 27 and 20 years, respectively. Seven mothers were less than 20 years old when they gave birth to their first child. Five mothers were married and 5 had a prior history with DCF. Four fathers had a previous history with DCF.

B. Child Fatalities

Thirty-four (34) children in families with an open DCF case status died in 2007. Eleven (11) of these children died from natural causes, 7 died in accidents, and 11 were homicide victims. For the remaining 5 children, a manner of death was undetermined following an autopsy by a medical examiner.[8] Fifty percent (50%) of the deceased children were infants (less than one year old), 12% were 1-4 years old, 15% were 5-11 years old, and 24% were adolescents (12-17 years old). Five (5) of the 34 children were in DCF custody (temporary). Of those children in temporary custody, 2 were in unrelated foster care, 2 were hospitalized, and 1 was receiving DCF services at home. **(See table on page 8)**

The deaths of an additional six children were maltreatment-related. Five of the children were from families not previously known to DCF and one child was from a family whose case had been closed for more than six months at the time of the child's death. **(See table on page 9)**

[7] Abusive head trauma defined as brain, skull, and spinal injuries associated with shaking and other injuries inflicted on infants (new terminology from the American Academy of Pediatrics) (Christian, C.W. and R. Block. 2009. Abusive Head Trauma in Infants and Children. Pediatrics 123: 1409-1411).

[8] The medical examiner has performed a full forensic evaluation (toxicology screens, investigation of the scene at death, autopsy, etc.) but cannot determine if the manner of death was due to natural causes, an accident, a homicide, or a suicide.

Child deaths have decreased dramatically over the past 19 years. Counts of fatalities have declined from 84 in 1989 to 30-36 in 2002-2007. 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. Over the past 19 years, the decline in death-related factors such as congenital conditions, prematurity, low birth weight, Sudden Infant Death Syndrome (SIDS), and drugs is probably related to the drop in infant deaths. Even though drugs and alcohol have decreased as factors in child fatalities, they are still major contributors to a family's involvement with DCF. 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. [9]

There was not a significant difference in the number of fatalities (34) compared to the previous five years (30-36). The major change was the manner of death—a shift from natural causes to homicide. Homicides accounted for 3-14% of the child deaths in 2002-2006 and 32% of the deaths in 2007. There were 11 homicide deaths in 2007: 5 adolescents, 3 infants, and 3 children ages 2-9 years. The 5 adolescents died from gunshot wounds and the 3 infants died from physical abuse (shaken babies). Of the remaining 3 children, 2 (siblings) were murdered (asphyxiation) and 1 succumbed to physical abuse injuries.

Another notable change in child fatalities that occurred in 2007 was the number of infants who died from SIDS while co-sleeping with their parents. There were 7 SIDS deaths in families known and unknown to DCF **(See tables on pages 8 and 9).** Because of circumstances related to co-sleeping, the medical examiner could not determine the manner of death for 5 of the 7 children—natural or accidental. Of the remaining 2 SIDS deaths, the manner of death was accidental for one and natural causes for the other. In some cases, the parents admitted to rolling over the infant or waking up and finding the child beneath them or the blanket. The type of bedding and the parents use of drugs or alcohol are some additional factors which may have played a role in these SIDS-related deaths. Neglect was found to be a contributing factor in 4 of the deaths.

During 2007, there were 19 fatalities (families known and unknown to DCF) with supported allegations of neglect or physical abuse **(See tables on pages 8 and 9)**. Neglect was a factor in 13 deaths, physical abuse was a factor in 3 deaths, and both physical abuse and neglect were factors in 3 deaths. The perpetrators in the 13 neglect cases were: mother (10 cases); father (1 case); and mother and father (2 cases). In the 3 physical abuse cases, the perpetrators were: mother (1 case); and male partner (2 cases). The perpetrators in the 3 cases involving both physical abuse and neglect were: mother (neglect and physical abuse); mother (neglect) and male partner (physical abuse); mother (neglect and physical abuse) and male partner (neglect). **(See tables on pages 8-10)**.

[9] 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).

The 19 deaths in 2007 were a significant increase from 2004 through 2006, but similar to the number of deaths in years 2001-2003. There were 10 deaths in 2006, 7 deaths in 2005, 8 deaths in 2004, and 16-19 maltreatment-related deaths each year in 2001-2003. The most noticeable differences between the fatalities recorded in 2007 compared to the fatalities occurring years 2004-2006 were the relatively large number of neglect deaths, and to a lesser degree more female child deaths, infant deaths, and accidental deaths. The neglect-related deaths included illicit drug use during pregnancy, parents co-sleeping with infants, lack of supervision, and medical neglect. There was no overriding reason for the increase in neglect deaths during 2007.

Eighty-two percent of the children known to DCF who died in 2007 were not in placement **(table on page 8)**. 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 seven years (2001-2007), 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.

CY'2007 Child Near Fatalities: 11 Children from Families Known and Unknown to DCF

CHILD'S AGE	FAMILY CASE STATUS	DURATION OPENED/CLOSED	DESCRIPTION OF INJURIES	NEGLECT/ ABUSE	DCF CUSTODY	PLACEMENT TYPE
23 days	unknown family	----------	bilateral subconjunctival hemorrhages (corneas); multiple fractures and bruises to body	PHYS/NEG	NO	NIP
83 days	unknown family	----------	retinal and subdural hemorrhages; swelling/fluid on brain; rib and leg fractures; seizures	PHYS/NEG	NO	NIP
116 days	unknown family	----------	fluid on brain; subdural hematomas; hemorrhaging in both eyes	PHYS/NEG	NO	NIP
128 days	unknown family	----------	retinal and subdural hemorrhages; seizures	PHYS	NO	NIP
136 days	current protective	6 mos. or less	leg fracture; head swelling; fluid on brain (subdural hemorrhage); low weight	PHYS/NEG	NO	NIP
136 days	closed	more than 6 mos.	subdural hematoma; brain swelling; bilateral skull fractures	PHYS	NO	NIP
276 days	unknown family	----------	near drowning	NEG	NO	NIP
1 year	current protective	6 mos. or less	retinal hemorrhages; coma	PHYS	NO	NIP
1 year	unknown family	----------	inflicted burns	PHYS/NEG	NO	NIP
1 year	closed	more than 6 mos.	near drowning	NEG	NO	NIP
10 years	closed	6 mos. or less	near drowning	NEG	NO	NIP

CODES: NEG = neglect; PHYS = physical abuse; SEX = sexual 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'2007 Child Near Fatalities: Perpetrators of Child Maltreatment (11 Children from Families Known or Unknown to DCF)

CHILD'S AGE	PERPETRATOR	NEGLECT	PHYSICAL ABUSE	SEXUAL ABUSE	DESCRIPTION OF INJURIES	CURRENT FAMILY ISSUES	FAMILY RESIDENCE
23 days	mother	X	-----	-----	bilateral subconjunctival hemorrhages (corneas); multiple fractures and bruises to body	-------	Lowell
	father	X	X	-----			
83 days	mother	X	-----	-----	retinal and subdural hemorrhages; swelling/fluid on brain; rib and leg fractures; seizures	-------	Springfield
	father	X	-----	-----			
	unknown	-----	X	-----			
116 days	mother	X	-----	-----	fluid on brain; subdural hematomas; hemorrhaging in both eyes	-------	Sharon
	father	X	-----	-----			
	grandmother	X	-----	-----			
	unknown	-----	X	-----			
128 days	babysitter	-----	X	-----	retinal and subdural hemorrhages; seizures	-------	Lynn
136 days	mother	X	-----	-----	leg fracture; head swelling; fluid on brain (subdural hemorrhage); low weight	MI	Springfield
	father	X	-----	-----			
	unknown	-----	X	-----			
136 days	father	-----	X	-----	subdural hematoma; brain swelling; bilateral skull fractures	MI	Boston
276 days	father	X	-----	-----	near drowning	-------	Lynn
1 year	unknown	-----	X	-----	retinal hemorrhages; coma	MI	Southbridge
1 year	father	X	X	-----	inflicted burns	DV	Boston
1 year	mother	X	-----	-----	near drowning	MI/DV/SA	Brockton
	father	X	-----	-----			
10 years	mother	X	-----	-----	near drowning	-------	Lowell

CODES: DV = domestic violence; MI = mental illness; SA = substance abuse

NOTE: Omissions under "Current Family Issues" indicates "No" or "Unknown."

CY'2007 Child Fatalities: 34 Children from Families with an Open DCF Case Status

AGE YEARS	FAMILY CASE STATUS	DURATION OPENED	MANNER DEATH	FACTORS CAUSING OR CONTRIBUTING TO DEATH	NEGLECT/ ABUSE	DCF CUSTODY	PLACEMENT TYPE
<1	current protective	more than 6 months	A	extreme immaturity, cocaine, brain hemorrhage	NEG	NO	NIP
<1	current protective	more than 6 months	A	extreme immaturity, cocaine, necrotizing enterocolitis	NEG	NO	NIP
<1	current protective	6 months or less	NC	gastroschisis (congenital abdominal wall defect), bacterial sepsis		NO	NIP
<1	current protective	more than 6 months	U	SIDS (sleeping w/parents who had been drinking alcohol)		NO	NIP
<1	current protective	6 months or less	NC	complications due to extreme immaturity		NO	HOSP
<1	current protective	6 months or less	U	SIDS (at risk sleeping w/father)	NEG	NO	NIP
<1	current protective	6 months or less	NC	bacterial meningitis		TEMP	HOSP
<1	current protective	6 months or less	NC	SIDS		NO	NIP
<1	current protective	more than 6 months	U	ill defined and unspecified cause		TEMP	PRE-ADOP
<1	current protective	6 months or less	NC	congenital obstruction of intestine		TEMP	UNREL
<1	current protective	6 months or less	H	shaken baby, physical abuse, head injuries	PHYS	NO	NIP
<1	current voluntary	more than 6 months	U	SIDS		NO	NIP
<1	current protective	6 months or less	NC	complications related to twisted bowel (volvulus), congenital		NO	NIP
<1	currrent CHINS	more than 6 months	NC	bronchopneumonia		NO	UNREL*
<1	current protective	more than 6 months	H	brain damage--blunt impact & shaking, maltreatment	PHYS/NEG	NO	NIP
<1	current protective	more than 6 months	NC	Infantile Krabbe disease (congenital metabolic disorder)		NO	NIP
<1	current protective	more than 6 months	H	shaken baby syndrome	PHYS/NEG	NO	NIP
1	current protective	more than 6 months	A	drowning	NEG	NO	NIP
1	current protective	more than 6 months	NC	Leigh's Syndrome (congenital neurometabolic disorder), septicemia		NO	NIP
2	current voluntary	6 months or less	NC	complications from long-term illness (congenital)		NO	NIP
2	current protective	6 months or less	H	homicide, physical abuse	PHYS/NEG	NO	NIP
6	currrent CHINS	more than 6 months	H	homicide, asphyxiation	PHYS	NO	NIP
8	current protective	more than 6 months	A	gun shot wound	NEG	NO	NIP
9	currrent CHINS	more than 6 months	H	homicide, asphyxiation	PHYS	NO	NIP
10	current protective	6 months or less	U	seizure disorder	NEG	NO	NIP
11	currrent CHINS	more than 6 months	A	drowning	NEG	NO	NIP
13	current protective	6 months or less	H	gun shot wounds		NO	NIP
14	currrent CHINS	6 months or less	H	gunshot wounds		TEMP	NIP
14	current protective	more than 6 months	H	gun shot wounds		NO	NIP
14	currrent CHINS	6 months or less	H	gunshot wound		TEMP	UNREL
17	current protective	more than 6 months	A	motor vehicle accident		NO	NIP
17	currrent CHINS	more than 6 months	H	gunshot wounds		NO	NIP
17	current protective	6 months or less	A	motor vehicle accident		NO	NIP
17	current protective	6 months or less	NC	heart disease (cardiomyopathy), acute renal failure		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; 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

* Infant was not in DCF custody; she was with her mother who was placed in an unrelated foster home.

CY'2007 Child Fatalities: 6 Children from Families Unknown to DCF 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	DCF CUSTODY	PLACEMENT TYPE
<1	unknown family	----------	H	abortion pills, extreme immaturity	NEG	NO	NIP
<1	closed	more than 6 months	A	extreme immaturity, cocaine	NEG	NO	NIP
<1	unknown family	----------	A	SIDS in setting of co-sleeping w/parents	NEG	NO	NIP
<1	unknown family	----------	U	SIDS (at risk sleeping w/parents)	NEG	NO	NIP
<1	unknown family	----------	U	SIDS (at risk sleeping with mother)	NEG	NO	NIP
1	unknown family	----------	A	drowning	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; 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'2007 Child Fatalities: Perpetrators of Child Maltreatment (19 Children from Families Known or Unknown to DCF)

CHILD #	SIBLINGS	AGE OF CHILD	PERPETRATOR	NEGLECT	PHYSICAL ABUSE	FACTORS CAUSING OR CONTRIBUTING TO DEATH	MANNER OF DEATH
1		<1 day	mother	x		extreme immaturity, cocaine	accident
2	*	2 days	mother	x		extreme immaturity, cocaine, brain hemorrhage	accident
3		4 days	mother	x		abortion pills, extreme immaturity	homicide
4	*	6 days	mother	x		extreme immaturity, cocaine, necrotizing enterocolitis	accident
5		29 days	mother	x		SIDS (at risk sleeping with mother)	undetermined
6		39 days	mother	x		SIDS (at risk sleeping w/parents)	undetermined
			father	x			
7		51 days	mother	x		SIDS in setting of co-sleeping w/parents	accident
			father	x			
8		59 days	mother	x		SIDS (at risk sleeping w/father)	undetermined
9		114 days	father		x	shaken baby, physical abuse, head injuries	homicide
10		272 days	mother	x	x	brain damage--blunt impact & shaking, maltreatment	homicide
11		324 days	mother	x		shaken baby syndrome	homicide
			male partner		x		
12		1 year	father	x		drowning	accident
13		1 year	mother	x		drowning	accident
14		2 years	mother	x	x	homicide, physical abuse	homicide
			male partner	x			
15	**	6 years	male partner		x	homicide, asphyxiation	homicide
16		8 years	mother	x		gun shot wound	accident
17	**	9 years	male partner		x	homicide, asphyxiation	homicide
18		10 years	mother	x		seizure disorder	undetermined
19	**	11 years	mother	x		drowning	accident

* 2 siblings (mother used cocaine, infants born extremely immature with medical problems)

** 3 siblings (two separate incidents, accidental drowning and homicides)

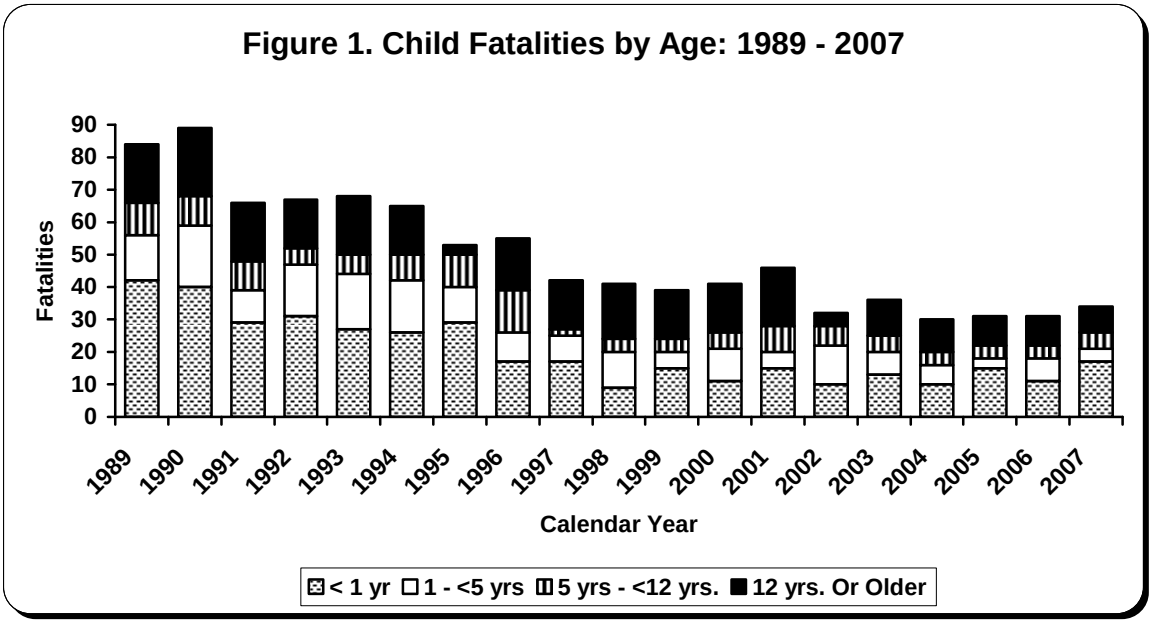
II. Analysis of DCF Child Fatalities: 1989 – 2007
(Open or Recently Closed Cases)

Thirty-four children "known" to DCF died in 2007 (Table 1). Counts of deaths in prior years ranged from 30 to 36 in 2002-2006, 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 2007, 17 of the 34 children were infants (less than 1 year old) and 8 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 2003-2007, there was a modest increase and leveling-off in adolescent deaths.

Table 1. Age of Children (1989 – 2007): 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%
2007:	*No.*	4	13	2	2	5	8	34
	%	12%	38%	6%	6%	15%	24%	100%

* Updated (addition of one child)--all subsequent trend tables are updated as well.



The median age of deceased children was 1.0 years[10] in 2007 (see table below). Fifty percent of these children were infants and 24% 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 age 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	1998
MEDIAN AGE (YRS)	1.8	2.0	1.4	1.7	1.4	0.7	5.6	2.4	5.1

YEAR	1999	2000	2001	2002	2003	2004	2005	2006	2007
MEDIAN AGE (YRS)	5.0	4.1	9.0	2.5	2.1	4.1	1.2	3.2	1.0

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

A. Manner of Death and Contributing Factors

In 2007, there was a relatively high proportion of homicides (32%) as compared to the proportion of "natural" deaths (32%) (Table 2 on next page). Over the past 19 years, the proportion of deaths from natural causes has ranged from 27% to 68% (59% median), while the proportion of homicides has ranged from 3% to 32% (13% median) (Table 2, Fig. 2 on pages 14 and 15). Unlike 2007, the low proportions of natural deaths in 1998 and 2002 coincided with relatively high proportions of accidental deaths. (Table 2, Fig. 2).

A total of 18 deaths (53%) in 2007 were the result of a homicide or an unintentional injury (Table 2). Unintentional injury deaths were attributed to motor vehicles (2 deaths), drownings (2 deaths), premature births (2 sibling deaths[11]), and an accidental shooting (1 death). Homicide deaths were due to shootings (5 deaths), shaken baby/physical abuse (4 deaths), and asphyxiation (2 sibling deaths[12]).

There are 5 "undetermined" manner of death cases; 3 of the cases involved SIDS infants (Table 2 on page 14 and summary on page 8). In two of the SIDS cases, the infants had been sleeping with their parents (one child's parents had been drinking alcohol). "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.

Specific factors causing or contributing to child fatalities in 1989 through 2007 are listed in Table 3 (on page 16). These factors were identified from information gathered by CIU staff during their investigations, case information from the DCF database (FamilyNet), and printouts from the Massachusetts Registry of Vital Records and Statistics.[13] In 2007, the leading factors contributing to child fatalities were neglect, congenital conditions, physical abuse, and firearms (Table 3). Death-related factors that have shown the most distinct declines over the past 19 years are drugs/alcohol, 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 32-33.

In 2007, two fatalities were identified as being drug and/or alcohol involved (Table 3). However, it was unknown in 20 other cases whether drugs or alcohol were factors (Table 4 on page 17). 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

[11] Extremely immature twins with severe medical problems resulting from mother's use of cocaine during pregnancy.
[12] Siblings and mother were murdered by mother's male partner.
[13] Information from death certificates (manner of death and medical diagnoses for cause of death).

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 2. Manner of Child's Death (1989 – 2007): 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%
2007:	*No.*	11	7	11	---	5	34
	%	32%	21%	32%	---	15%	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.

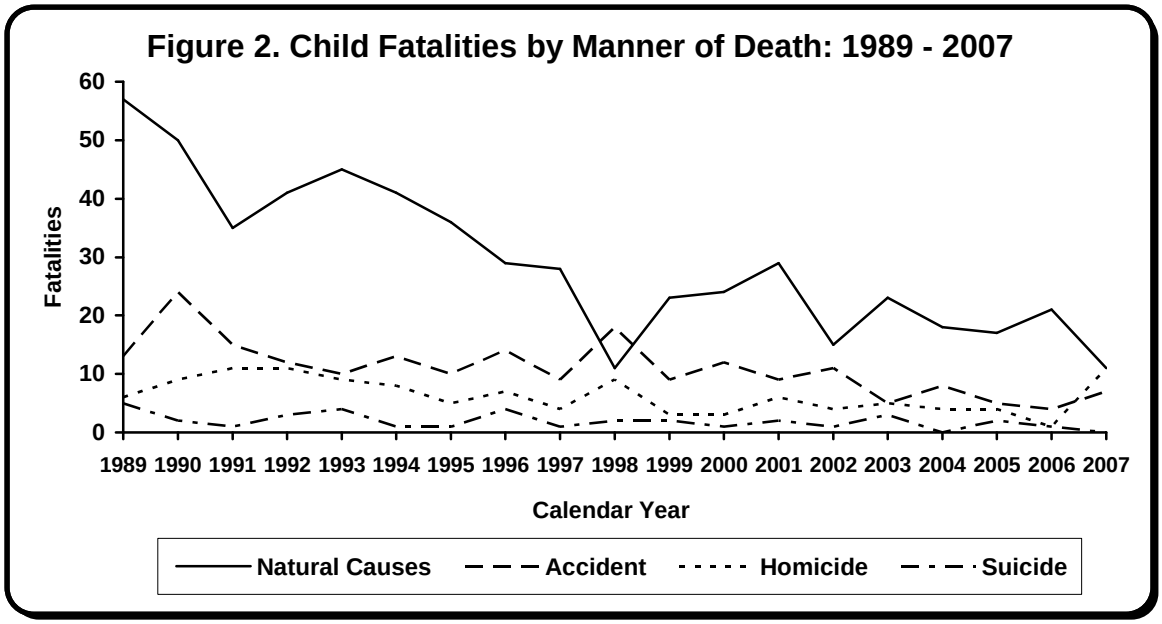


Figure 2. Child Fatalities by Manner of Death: 1989 - 2007
Fatalities
60
50
40
30
20
10
0
1989 1990 1991 1992 1993 1994 1995 1996 1997 1998 1999 2000 2001 2002 2003 2004 2005 2006 2007
Calendar Year
Natural Causes
Accident
Homicide
Suicide

.

Table 3. Factors Causing or Contributing to Child's Death (1989 - 2007)

	Calendar Year																		
Specific Factors	***1989***	***1990***	***1991***	***1992***	***1993***	***1994***	***1995***	***1996***	***1997***	***1998***	***1999***	***2000***	***2001***	***2002***	***2003***	***2004***	***2005***	***2006***	***2007***
Drug/Alcohol Related	26	25	13	12	19	12	7	3	3	3	3	1	5	3	2	4	5	1	2
Congenital Condition	26	13	15	13	21	9	12	13	9	6	9	12	12	5	8	6	4	14	6
Prematurity	16	17	7	8	11	5	11	3	5	3	4	5	5	1	5	5	8	7	5
Low Birth Weight	15	13	5	7	5	1	3	--	3	2	2	2	3	--	2	4	6	4	2
SIDS	15	16	8	5	12	19	9	8	8	4	6	3	5	5	5	4	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	2
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	2
Drowning	1	3	4	2	2	2	2	5	1	6	2	2	2	3	--	--	1	1	2
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	10
Physical Abuse	2	4	4	3	5	1	6	4	1	5	1	1	2	3	2	--	1	--	6
Firearms	3	5	4	6	3	6	1	2	4	5	2	1	1	1	2	4	3	--	6
Terminal Illness	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	7	2	6	1	3	3	3
Shaken Baby Syndrome	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	1	--	1	--	--	--	3
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	--	2
TOTAL FACTORS	127	140	83	83	95	76	68	55	49	58	41	42	60	43	49	41	47	45	55
TOTAL DEATHS	84	89	66	67	68	65	53	55	42	41	39	41	46	32	36	30	31	31	34
INFANT DEATHS	42	40	29	31	27	26	29	17	17	9	15	11	15	10	13	10	15	11	17

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 1989-2007. In 2007, there were 13 maltreatment-related deaths: 7 neglect; 3 physical abuse; and 3 physical abuse and neglect. The 13 maltreatment-related deaths is the highest since 1998 (see below). Deaths involving maltreatment have ranged from a high of 15 in 1992 to a low of 1 in 1997. It should be noted that 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: 1989-1998									
1989	1990	1991	1992	1993	1994	1995	1996	1997	1998
13	14	9	15	10	3	11	5	1	13

Calendar Year and Number of Maltreatment-Related Deaths: 1999-2007								
1999	2000	2001	2002	2003	2004	2005	2006	2007
3	4	7	9	5	3	4	3	13

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 (2) is a minimum value since it was not known if substances were factors in 20 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 DCF. The pervasiveness of drugs/alcohol in these fatality cases is shown on page 32. 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 deaths of two infants (twins) in 2007 were drug-related. Their mother's use of cocaine during her pregnancy was diagnosed by the medical examiner as contributing to the children's premature births and medical conditions. The newborns were extremely immature (24 weeks, each weighing less than 2 lbs.) with severe medical problems.

Table 4. Drug/Alcohol-Related Child Fatalities (2007)

	Drug/Alcohol-Related			
Age of Children	***Yes***	***No***	***Unknown***	***Total***
Less than 28 days	2	1	1	4
28 days to < 1 yr.	--	3	10	13
1 yr. to < 2 yrs.	--	2	--	2
2 yrs. to < 5 yrs.	--	1	1	2
5 yrs. to < 12 yrs.	--	2	3	5
12 yrs. or Older	--	3	5	8
Total	2	12	20	34

B. DCF Involvement

1. Placement Status

In 2007, 18% of all deceased children were in placement at the time of their deaths (Table 5 on next page). This was the smallest proportion in placement in the past 17 years. Their out-of-home locations were unrelated foster home (3 children), hospital (2), and pre-adoptive foster home (1) (Table 6 on next page). From 1991 to 2007, the proportion of deceased children who were in placement at the time of their death ranged from 18% to 49% (33% 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). Most of the children in residential or unrelated foster care died from natural causes; the remaining deaths were accidental. 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. A marginal increase in unrelated foster care deaths in 2005-2006 lowered the proportion of children not in placement to 61% (Table 5). In 2007, 82% of the deceased children were not in placement (Table 5, Table 7 on pages 19-20). Eight of the 10 deaths in unrelated foster care during 2005-2007 were due to natural causes.

Since monitoring of child deaths began in the 1980s, the majority of deaths have occurred to children living at home with parents. This is expected as most children receiving services were not in placement. The proportion of deaths in non-placement locations has ranged from 51% to 82% (67% median) over the past 17 years. Regardless of location, most deaths have been due to "natural causes" and to a lesser degree accidents (Table 2 on page 14 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 11). Another anomalous year was 2007 when the number of deaths from homicides and natural causes were equal (Table 7 on page 20, Table 2 on page 14). The year was distinguished by a relatively high number of adolescent homicides and a relatively low number of infant deaths from natural causes.

Table 5. Child's Placement Status at Time of Death (1991 - 2007)

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%
2007:	*No.*	28	6	34
	%	82%	18%	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 - 2007)

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
2007	--	3	2	--	1	--	--	6

Note: Institution includes hospitals and pediatric nursing homes.

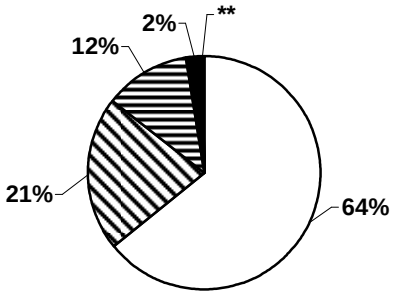
Table 7. Child's Placement Status and Manner of Death (2007)

	Manner of Death					
Location of Child	***Natural Causes***	***Accident***	***Suicide***	***Homicide***	***Undetermined***	***Total***
Not in Placement	7	7	--	10	4	28
In Placement:						
Kinship Foster Home	--	--	--	--	--	--
Unrelated Foster Home	2	--	--	1	--	3
Residential Care	--	--	--	--	--	--
Institution (hospital)	2	--	--	--	--	2
Pre-Adoptive Foster Home	--	--	--	--	1	1
Supervised Independent Living	--	--	--	--	--	--
On-the-Run from Placement	--	--	--	--	--	--
Total	11	7	--	11	5	34

During the period 1993-2007, approximately 96,000 children spent time in DCF placement. Of these, an estimated 94,800 were placed in foster and/or residential care. The remaining children were placed in "other" locations such as hospitals, pediatric nursing homes, and with other Massachusetts state agencies.

Of the 644 children known to DCF who died during 1993-2007, a total of 138 children died in foster or residential care (Fig. 3). Fifteen of the 138 children died from maltreatment; 4 of these 15 children died from physical abuse/neglect[14] that occurred prior to placement in unrelated foster care (Fig. 4 on next page). 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 138 children who died while placed in foster or residential care during a 15-year period were victims of maltreatment (where the neglect or abuse occurred in the placement setting). Of the remaining 123 children who died while in foster or residential care, 85 died from natural causes, 29 died in accidents, 6 were suicides, 2 were homicides (shooting by an unknown/non-caretaker), and 1 was undetermined (Fig. 4 and Table 8 on next page). Natural causes can be broken down into 19% SIDS, 15% AIDS, and 66% other medical problems (often congenital in origin) (Table 8).

Figure 3. Child Fatalities 1993 - 2007
Placement Status



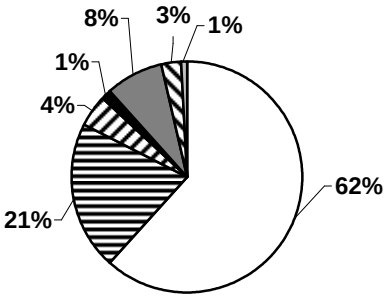
644 Children:	No.	%
Not in Placement	413	64%
Foster and Residential Care	138	21%
Institutions*	77	12%
On the Run from Placement	15	2%
Supervised Independent Living	1	**

* Hospitals and pediatric nursing homes

** Less than 1% after rounding-off

[14] 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 - 2007



138 Children:	No.	%
Natural Causes	85	62%
Accident	29	21%
Suicide	6	4%
Homicide (non-caretaker perpetrator)	2	1%
Maltreatment occurred in Placement *	11	8%
Maltreatment occurred prior to Placement **	4	3%
Undetermined	1	1%

* 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 – 2007)

Total Fatalities	**138**
Natural Causes:	**85**
SIDS	16
AIDS	13
Other medical (often congenital in origin)	56
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):	**2**
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
Undetermined:	1

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. DCF Case Status

In 2007, child deaths occurred primarily in open protective cases (25 of 34 or 74%) (Table 9 on next page). Over the past 17 years, the proportion of protective cases has ranged from 61% to 96% (79% median). During 2007, 12 protective cases were open for more than six months and 13 protective cases were open for six months or less at the time of the child's death. Of the remaining 9 cases, 7 were current CHINS (Children in Need of Services) referrals and 2 were current voluntary requests for services.

Of the 25 children who died while in open protective cases, 6 were homicide victims, 6 were accident victims, and 9 died from natural causes. Manner of death could not be conclusively determined for the remaining 4 children in open protective cases.[15] None of these homicide and accident victims were in placement and none of them were in DCF custody. The 6 homicide cases included 2 shooting victims (adolescents), 3 shaken babies (physically abused infants), and a two-year-old physically abused child.

Five of the 7 current CHINS cases were homicides: 3 adolescents died from gunshot wounds and 2 sisters, six and nine years old, died from asphyxiation.

Table 9. Family's Case Status at Time of Child's Death (1991 - 2007)

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%
2007:	*No.*	13	12	2	7	--	34
	%	38%	35%	6%	21%	--	100%

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

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

3. Custody Status of Children

Five of the 34 children who died during 2007 were in temporary DCF custody. DCF 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 DCF as part of CHINS, divorce, or paternity petitions among others. DCF can accept voluntary care of a child at a parent's request. Courts grant DCF permanent custody of a child upon finding that the child is in need of care and protection. Of the 5 children in the care of DCF, 2 died from natural causes, 2 were homicide victims, and 1 child's manner of death was undetermined. The location of these 5 children were: 2 in unrelated foster care, 1 in pre-adoptive foster care, 1 in a hospital, and 1 child in temporary custody while receiving DCF services at home. It is not unusual for DCF to retain custody for up to 6 months for some children 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 DCF staff who determine whether the report should be supported or unsupported.

Reports alleging child maltreatment were filed on the deaths of 17 of the 34 children known to DCF during 2007. Four reports were unsupported, and 13 were supported. Neglect was a factor in the deaths of 7 children. Physical abuse was a factor in 3 deaths. In the remaining 3 deaths, both physical and neglect were contributing factors.

The allegations of neglect were supported for the following 7 deaths: (1 & 2) mother's use of cocaine during pregnancy resulted in the birth of extremely immature twins with severe medical problems; (3) parent sleeping with infant; (4) parent left 1-year-old child alone in bathtub; (5) parent pre-occupied at a family event while child wandered off with other kids to go swimming and drowned (child could not swim); (6) child accidentally shot by cousin while playing with a gun (mother's lack of supervision was a common occurrence); (7) parent withheld prescribed medication for child's seizure disorder. Physical abuse was supported for the following incidents: 1 shaken baby; and 2 sisters murdered (asphyxiated) by their mother's male partner. Both physical abuse and neglect were factors in the deaths of: 2 shaken babies and 2-year-old child who was beaten.

Four of the 13 children with maltreatment-related deaths were the subjects of another report less than one month before they died. Two of the reports were supported (neglect), 1 was unsupported, and 1 was screened-out.

C. Family Demographics

1. Age and Sex of Children

In 2007, 50% of the deceased children were male (Table 10). Over the years, the proportion of males has ranged from 49% to 80% (62% median) (Table 10). Table 11 shows 8 male and 9 female infants. Except for 1992, 1998, 1999, and 2007, 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 - 2007)

	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%
2007	17	50%	17	50%

Table 11. Age and Sex of Children (2007)

	Age of Children						
Sex	*< 1 yr.*	*1 - < 2 yrs.*	*2 - < 5 yrs.*	*5 - < 12 yrs.*	*12 - 18 yrs.*	*19 - 21 yrs.*	***Total***
Male	8	--	--	3	6	--	17
Female	9	2	2	2	2	--	17
Total	17	2	2	5	8	--	34

2. Age of Parents

Mothers of the children who died in 2007 ranged in age from 17 to 50 years old. The median ages of mothers and fathers, were 30 and 31 years, respectively. Thirty-five percent of all mothers were 20-29 years old and 13% were less than 20 years old (Table 12). Compared to all mothers in the

DCF caseload, a greater proportion of the mothers of deceased children were 20-29 year olds (Table 12). Over the past 16 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 (2007)

	Mothers of Deceased Children		***Mothers in the DCF Caseload (*)***	***Fathers of Deceased Children***	
Parent's Age (yrs.)	*No.*	*%*	*%*	*No.*	*%*
12 - 17	2	6%	NA	--	--
18 - 19	2	6%	5%	1	3%
20 - 29	11	35%	28%	4	13%
30 - 39	10	32%	36%	4	13%
40 - 49	5	16%	24%	2	6%
50 - 59	1	3%	7%	--	--
60 - 69	--	--	--	--	--
Unknown	--	--	--	20	65%
Deceased	--	--	--	--	--
Total (**)	31	100%	100%	31	100%

(*) As of June 30, 2007, based on the number of females not in placement who were 18 to 59 years old with an open case status. NA = Not Available

(**) There are 31 mothers and 34 child fatalities because five children are from two sibling groups—infant twins and a group of 3 siblings.

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

3. Marital Status of Mothers

Eighty-one percent of the mothers of deceased children were unmarried (Table 13). Over the past 16 years the proportion of unmarried mothers has ranged from 76% to 97% (86% median). A comparison with the general caseload showed that at least 71% (4% 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 (2007)

	Mothers of Deceased Children		***Mothers in the DCF Caseload (*)***
Marital Status	*No.*	*%*	*%*
Married	6	19%	25%
Divorced	--	--	8%
Separated	--	--	5%
Single (**)	25	81%	57%
Widowed	--	--	1%
Unspecified	--	--	4%
Total (***)	31	100%	100%

(*) As of June 30, 2007, 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).

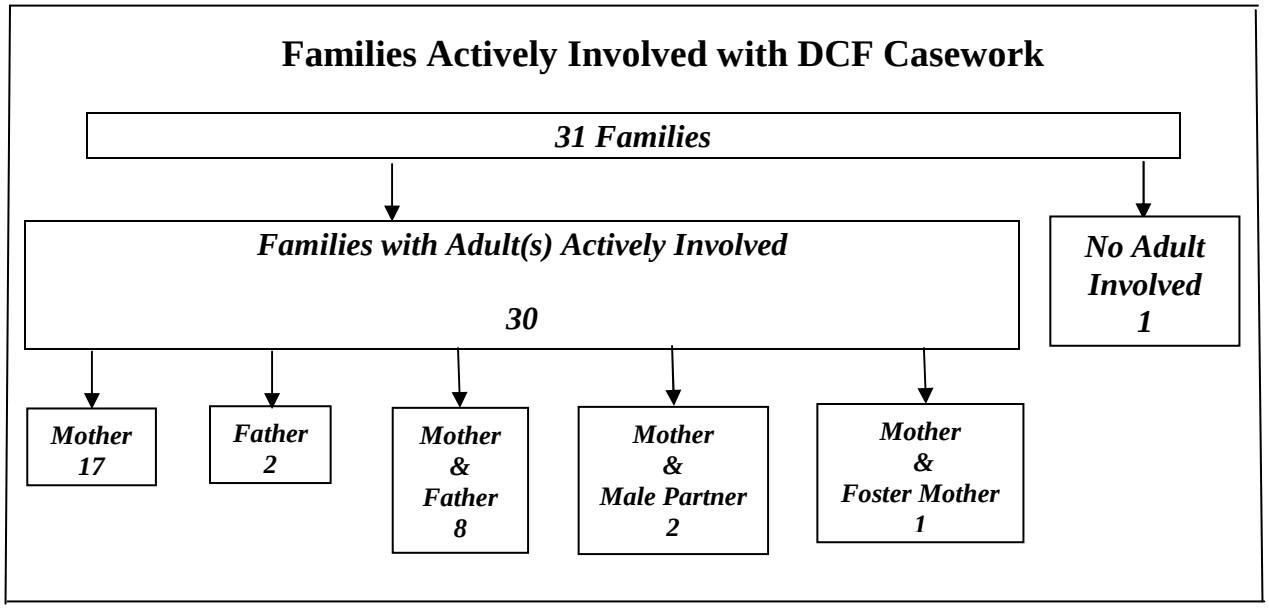
(***) There are 31 mothers and 34 child fatalities because five children are from two sibling groups—infant twins and a group of three siblings.

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

Thirteen mothers (42%) were known to have been less than 20 years old when they gave birth to their first child. Eight mothers (26%) were known to have been placed in DCF foster or residential care as children. Twelve mothers (39%) were known to have mental health issues. A mother could have more than one of the following: depression (6 mothers), anxiety disorder (4), bipolar disorder (3), and post partum depression (2). Other mental health problems were schizoaffective bipolar disorder (1 mother), suicidality (1), self-inflicted injuries (1), borderline personality disorder (1), and depression w/psychotic features (1).

5. Caretakers Actively Involved in DCF Casework

In 30 of the 31 families with deceased children, adult caretakers were known to be actively involved with DCF casework.[16] Of the 30 involved families, 19 families had only one adult caregiver who was an active participant. Seventeen of these solitary caregivers were mothers and 2 were fathers. Eleven families had two actively involved adult caregivers. In 7 of these 11 families, both caregivers were living together. (See chart below)



[16] In one family, no adult was involved.

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

Twenty-nine percent of all children who died in 2007 were White, 35% were Black, 3% were Asian, and 12% were Multi-Racial (Table 14A). Race could not be determined for 21% of the deceased children; all of these children were Hispanic. Forty-one percent of the deceased children were identified as Hispanic/Latino[17] (Table 14B). Compared to the DCF child caseload, the child fatalities group had a much smaller proportion of White children (Table 14A). The proportion of Black children in the fatalities group was 35% compared to 17% in the caseload (Table 14A). Hispanic children were more prominent in the child fatalities group than in the DCF caseload—41% vs. 28%, respectively (Table 14B).

Table 14A. Race of Children (2007)

	Deceased Children		***Children in DCF Caseload (*)***
Race	*No.*	*%*	*%*
White	10	29%	57%
Black	12	35%	17%
Asian	1	3%	2%
Native American	--	--	***
Pacific Islander (**)	--	--	***
Multi-Racial	4	12%	4%
Unspecified	7	21%	20%
Total	34	100%	100%

(*) As of June 30, 2007, 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 (2007)

	Deceased Children		***Children in DCF Caseload (*)***
Origin	*No.*	*%*	*%*
Hispanic/Latino	14	41%	28%
Not Hispanic/Latino	20	59%	65%
Unspecified	--	--	7%
Total	34	100%	100%

(*) As of June 30, 2007, children less than 18 years old with an open case status.

[17] Children of <u>any race</u> 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. The infant group was the largest age group for all race categories. Older White children were evenly divided between the 1-11 year-old group and the adolescent group. Older Black children showed a tendency towards the teen years. Hispanic child fatalities were most prominent (64%) in the infant group.[18]

Table 15. Age and Race of Deceased Children (2007)

	Age Groups				
Race	***< 1 yr.***	***1 - 11 yrs.***	***12 - 18 yrs.***	***19 – 21 yrs.***	***Total***
White	4 (40%)	3 (30%)	3 (30%)	-- ---	10 (100%)
Black	6 (50%)	2 (17%)	4 (33%)	-- ---	12 (100%)
Asian	1 (100%)	-- ---	-- ---	-- ---	1 (100%)
Native American	-- ---	-- ---	-- ---	-- ---	-- ---
Multi-Racial	4 (100%)	-- ---	-- ---	-- ---	4 (100%)
Unspecified	2 (29%)	4 (57%)	1 (14%)	-- ---	7 (100%)
Total	17 (50%)	9 (26%)	8 (24%)	-- ---	34 (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 DCF 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 DCF caseload (Table 16). White mothers were under-represented in the fatalities group when compared to the DCF caseload. The proportion of Hispanic mothers of deceased children was greater than the proportion of Hispanic mothers in the caseload. Twenty-six percent of the mothers of deceased children self-identified as being of Hispanic origin compared to 20% for all mothers in the DCF caseload.

Table 16. Race of Parents (2007)

	Mothers of Deceased Children		***Mothers in the DCF Caseload (*)***	***Fathers of Deceased Children***	
Race	*No.*	*%*	*%*	*No.*	*%*
White	14	45%	59%	5	16%
Black	10	32%	14%	5	16%
Asian	1	3%	2%	--	--
Native American	--	--	***	--	--
Pacific Islander (**)	--	--	***	--	--
Multi-Racial	1	3%	1%	--	--
Unspecified	5	16%	23%	21	68%
Total (****)	31	100%	100%	31	100%

(*) As of June 30, 2007, 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.

(****) There are 31 mothers and 34 child fatalities because five children are from two sibling groups—infant twins and a group of three siblings.

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

[18] The age-group breakdown for Hispanic child fatalities was 64% infants (9 children), 29% 1-11 year olds (4 children), and 7% 12-18 year olds (1 child).

7. Family Residence

Boston was the family residence of 7 children who died in 2007. Springfield was the only other city with more than two child fatalities (5 children). On a county basis, 8 children were from Suffolk, 6 from Hampden, 5 from Worcester, and 4 from Bristol (Table 17). Comparing the DCF regional distributions of deceased children to all children in the caseload showed that the Boston Region was the most over-represented. The Northeastern, Western, and Central Regions were marginally under-represented (Table 18).

Table 17. Family's County of Residence (2007)

County	***Deceased Children***
Suffolk	8
Hampden	6
Worcester	5
Bristol	4
Middlesex	3
Plymouth	3
Essex	2
Norfolk	2
Barnstable	1
Berkshire	--
Franklin	--
Hampshire	--
Dukes	--
Nantucket	--
Total	34

Table 18. Child's DCF Service Region at Time of Death (2007)

	Deceased Children		***Children in DCF Caseload (*)***
DCF Region	*No.*	*%*	*%*
West	6	18%	21%
Central	4	12%	15%
Northeast	4	12%	17%
Metro	4	12%	13%
Southeast	7	21%	21%
Boston (**)	9	26%	12%
Total	34	100%	100%

(*) As of June 30, 2007, 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 two. 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 14 (47%) of the 30 families with a deceased child (no sibling information for 1 family) (Table 19). From 1993-2007, 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 DCF caseload had one child versus 17% of the families with deceased children. The percentage of one-child families of deceased children has ranged from 5% to 26% over the past 15 years.

Table 19. Family Size (2007)

Number of Children in Family	***Deceased Children Family Count***		***DCF Caseload Family Count (*)***
	No.	*%*	*%*
one	5	17%	49%
two	11	37%	28%
three	3	10%	15%
four	6	20%	6%
five	3	10%	2%
six	--	----	1%
seven or more	2	6%	**
unknown	1	----	----
Total Families (***)	31	100%	100%

(*) As of June 30, 2007, 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

(***) There are 31 mothers and 34 child fatalities because five children are from two sibling groups—infant twins and a group of three siblings.

D. Substance Abuse

1. Substance Abuse and Child Maltreatment

According to the Prevent Child Abuse America Fifty-State Survey[19] (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).[20] 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).[21] 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);[22] 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).[23] 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.

As stated above, there is a strong connection between parental substance abuse and child maltreatment. Children of substance-abusing parents are nearly three times as likely to be abused and more than four times as likely to be neglected as compared to children whose parents do not abuse alcohol and other drugs (studies cited by Banks and Boehm 2001).[24]

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[19] 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.

[20] 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.

[21] 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.

[22] 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.

[23] 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)

[24] Banks, H. and S. Boehm. 2001. Children's Voice Article, September 2001, Substance abuse and Child Abuse. (http://www.cwla.org/articles/cv0109sacm.htm)

2. Parent/Caretaker's Past and Current[25] 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.[26] 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 20 other primary adults were: 12 fathers, 5 male partners, 2 female relatives, and 1 foster mother. It should be noted that the presence of another adult does not mean the adult is actively engaged in DCF casework (see page 26).

Twelve mothers had a documented history of abusing drugs and alcohol (Table 20). The proportion of mothers (39%) with a past history of substance abuse was lower than in 2006 (43%). Since 1992, the proportion of mothers with a history of drugs/alcohol has ranged from 39% (1997 and 2007) to 65% (1994). At the time of the CIU investigation, five mothers were known to be using substances. In prior reports, a significant part of the difference between the past and current counts was due to a shift from "yes" in the past to "unknown" in the present. This was not the case in 2007, as the number of mothers using substances dropped from 12 to 5 and the number not using substances rose from 15 to 20.

The principal substances used by mothers were cocaine, marijuana, and alcohol. Of the 12 mothers known to have used substances at some time, 32% used cocaine, 24% used marijuana, and 16% used alcohol. Fifty-eight percent of the mothers used more than one substance. The most frequently used combinations were: cocaine-marijuana and alcohol-cocaine. Compared to last year, the proportion of mothers using alcohol was significantly lower (62% in 2006), the proportion using cocaine was lower (38% in 2006), and the proportion using marijuana was appreciably lower (46% in 2006). The only other known drugs used by the mothers of children who died in 2007 were: crack cocaine (3 mothers), heroin (1), methadone (1), and oxycodone (1).

Table 20. Primary Caregiver Past and Current Use of Drugs/Alcohol (2007)

	Past History of Use				*Current Use*			
Relationship to Child	***Yes***	***No***	***Unk***	***Totals***	***Yes***	***No***	***Unk***	***Total***
Mother	12	15	4	31	5	20	6	31
Other Primary Adult	3	5	12	20	2	6	12	20

[25] At the time of the CIU investigation.

[26] 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. Seventeen infants died in 2007: 8 deaths were due to "natural causes," 3 were homicides, 2 were accidents, and 4 were undetermined (Table 24 on page 35). The 2 accidental deaths were twins whose mother used cocaine during her pregnancy. The newborns were extremely immature with medical problems. Their fragile condition was directly attributed to the mother's use of drugs. A determination of drug use is made at the time of delivery, either by the mother's admission or from a positive toxic screen (or following an autopsy by a medical examiner). In Table 21, the infant's medical condition is compared to the mother's use of substances during pregnancy.

In 2007, 5 of 17 deceased infants were born to mothers who took drugs/alcohol during their pregnancy (Table 21). Two of the drug-exposed infants were found to be victims of neglect (manner of death accidental). The small number of infants and the lack of information on drug/alcohol use 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 (2007)

	Drug/Alcohol Use during Pregnancy			
Medical Condition(*)	***Yes***	***No***	***Unknown***	*Total*
Prematurity	3	1	1	5
Low Birth Weight	2	--	--	2
Congenital Condition	--	2	2	4
SIDS	--	3	1	4
TOTAL CONDITIONS	5	6	4	15
No Medical Condition(**)	2	2	1	5
TOTAL INFANTS	5	7	5	17

(*) 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.

(**) Five infants had no medical conditions.

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 (2007)

	Drug/Alcohol Use during Pregnancy			
Prenatal Care	***Yes***	***No***	***Unknown***	***Total***
Routine	3	4	--	7
Little	1	--	--	1
None	--	--	--	--
Unknown	1	3	5	9
TOTAL CHILDREN	5	7	5	17

E. Domestic Violence

1. Prevalence of Domestic Violence in Families

It is 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.[27]

Domestic violence was reported in at least 12 of the 31 families where a child(ren) died (Table 23). If a past history with violence is included, the number of families increases to 16. A past history of violence includes mothers who were victims or perpetrators in a prior relationship. The prevalence of domestic violence among fatality cases for the past 15 years is presented in Table 23.

Table 23. Prevalence of Domestic Violence among Fatalities (1993-2007)

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
2007	12	39%	16	52%	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; 2 in 2005; 3 siblings and 2 siblings in 2007).

[27] 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-four percent of the children (8 of 34 children) who died in 2007 were 12 years old or older (Table 1 on page 11). 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%). During the past five years, the number and proportion of adolescent deaths have decreased to 8 and 24%, respectively (Table 1).

In 2007, 5 adolescents died from gunshot wounds, 2 from car accident injuries, and 1 from heart disease (Table 24). Six of the adolescents were male and two were female (Table 11 on page 24). Over the past 19 years, the counts of deceased adolescents by gender were: mostly male in 10 years; similar for the sexes in 7 years; and mostly female in 2 years.

Table 24. Age of Children and Manner of Death (2007)

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	8	1	1	--	1	--	11
Accidental	2	1	--	2	2	--	7
Suicide	--	--	--	--	--	--	--
Homicide	3	--	1	2	5	--	11
Undetermined (*)	4	--	--	1	--	--	5
Total	17	2	2	5	8	--	34

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

Seven of the adolescents were not in placement and 1 was in unrelated foster care. Two of the adolescents were known to have been involved with the Department of Youth Services (DYS). The following issues were identified for 5 of the 8 adolescents: neglect (4), criminal activities (2), mental illness (1), exposure to domestic violence (1), substance abuse (1), physical abuse (1), and special education (1). An adolescent may have more than one issue.

Table 25 displays the type of services provided to 5 of the 8 adolescents. Of the remaining 3 adolescents: 1 received support for medical issues; 1 died before services could be offered; and 1 was no longer a member of an open case. 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.

Table 25. Type and Frequency of Services Provided to Adolescents (2007)

Service	**Count of Adolescents Receiving Services**(*)
Mental Health Counseling	2
Tracking	2
Kinship Arrangement	2
Home-Based Treatment	1
Residential Treatment	1
Group Home	1
Educational Advocacy	1
Intensive Family Stabilization	1
School and DCF collaboration	1
Total Services	10
Total Number of Adolescents	5

(*) 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

Twelve of the 34 deceased children were medically-involved; 7 of the 12 were also physically challenged. Eight of the 12 children were infants; the other 4 children were 1 year old, 2 years old, 10 years old, and 17 years old. Nine of the 12 children died from medical problems related to prematurity/congenital conditions, 1 succumbed to heart disease, 1 died from bacterial meningitis, and 1 child died after his mother stopped giving him medication for a seizure disorder.

At the time of their death, 9 of the 12 children were living with their parents or other family members, 2 were in hospitals, and 1 was in an unrelated foster home.

III. Child Maltreatment-Related Fatalities: 2001 – 2007

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, DCF began compiling statistics on maltreatment-related deaths of children whose families were unknown to DCF and children whose families had their DCF 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 DCF and maltreated children whose families had their cases closed within six months prior to the child's death.

During 2007, there were 19 child fatalities with supported allegations of neglect or physical abuse by a caretaker (Table 26 on page 39). Neglect was a factor in 13 deaths, physical abuse was a factor in 3 deaths, and both neglect and physical abuse were factors in 3 deaths. The number of maltreatment-related deaths in 2007 was a significant increase from years 2004-2006 (Table 26). None of the deceased children were in placement at the time of their deaths (Table 26). The DCF case statuses of their families were: 13 open, 1 closed, and 5 unknown to DCF (Table 26).

- Four of the neglect-related deaths involved sleeping babies. In three of these cases, the medical examiner could not determine the manner of death: SIDS in a setting of co-sleeping with parents. From information gathered during the investigation, DCF staff decided the parents had placed their children at risk by sleeping with them.

- There were three neglect deaths involving substance-abusing pregnant mothers (one mother had twins). The medical examiner's diagnosis in each case attributed the mother's use of cocaine as the cause of the premature births and medical problems.

- A lack of parental supervision was a major factor in the deaths of three children who drowned (bucket, bathtub, lake) and one child who was accidentally shot by his young cousin while playing with a gun.

- The circumstances of two other neglect-related deaths were: (1) a mother stopped giving seizure medication to her son even though he continued to have seizures; at the time of his death, he had not been seen by a neurologist in nine months; (2) a mother ingested abortion pills in order to end her pregnancy; the extremely immature infant lived three days (manner of death homicide).

- Three children were victims of physical abuse. One child died from shaken baby injuries and the other two children (sisters) were asphyxiated by their mother's male partner (who also murdered their mother).

- There were three victims of physical abuse and neglect. Two were shaken babies, one of whom was beaten. The third child was a 2-year-old beating victim.

Statistics pertaining to the deceased child's age, race, gender, Hispanic origin, placement status, and manner of death are displayed in Table 26 (on next page). In Table 27 (on page 40), 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 2007. Totals for the seven years are also presented. Combining the seven years allows a more complete description of the children who died. For example:

Profile of Child Maltreatment-Related Deaths
(Data Compiled on 96 Deaths from 2001 to 2007)

- 59% of the children were males
- 54% 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
- 39% of the deaths were accidents and 33% were homicides
- 90% of the children were not in placement
- 62% of the families were known to DCF
- 61% of the perpetrators of neglect were mothers and 18% were fathers
- 31% of the perpetrators of physical abuse were mothers, 25% were fathers, and 22% were mothers' boyfriends

--(see Fig. 5, Tables 26 and 27 on pages 39-41)

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:

- 45% of the children were non-White
- 31% of the children were Hispanic

Table 26. Profile of Child Neglect/Physical Abuse Deaths 2001-2007		Calendar Year							
		2001	2002	2003	2004	2005	2006	2007	Total
Total Child Maltreatment Fatalities		19	17	16	8	7	10	19	96
Family Case Status:	current protective case open 6 months or less	3	--	1	1	2	1	4	12
	current protective case open more than 6 months	3	7	4	1	--	2	6	23
	current CHINS case	--	--	--	--	--	--	3	3
	case closed 6 months or less	1	2	--	1	2	--	--	6
	case closed more than 6 months	3	2	4	2	1	3	1	16
	unknown to DCF	9	6	7	3	2	4	5	36
Maltreatment:	neglect	11	12	10	6	5	8	13	65
	physical abuse	3	4	1	2	1	1	3	15
	neglect and physical abuse	5	1	5	--	1	1	3	16
Gender:	male	10	11	9	7	6	7	7	57
	female	9	6	7	1	1	3	12	39
Age (years):	less than 1	11	9	6	6	4	5	11	52
	1 – 5	6	6	6	--	2	3	3	26
	6 – 11	2	2	2	--	1	1	5	13
	12 - 17	--	--	2	2	--	1	--	5
Race:	White	3	3	12	2	2	4	6	32
	Black	2	2	--	--	2	2	4	12
	Asian	--	--	1	--	--	--	--	1
	multi-racial	1	7	1	1	--	1	2	13
	unknown	13	5	2	5	3	3	7	38
Hispanic Origin:	yes	1	4	3	3	--	3	6	20
	no	6	5	11	2	4	7	9	44
	unknown	12	8	2	3	3	--	4	32
Placement Status:	not in placement	16	14	16	7	5	9	19	86
	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	8	37
	suicide	--	--	1	--	1	--	--	2
	homicide	8	5	5	2	2	3	7	32
	unknown**	1	2	--	--	--	1	4	8

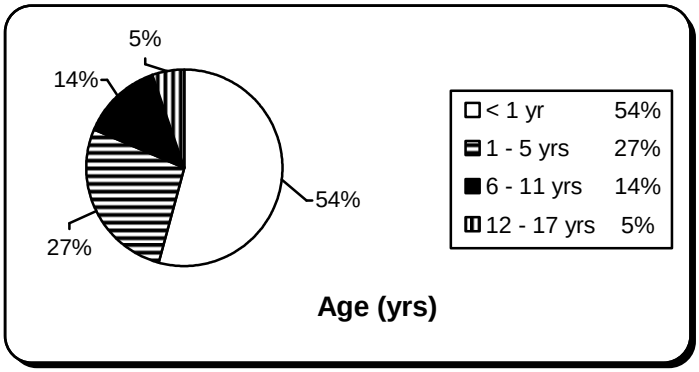
* Premature babies dying from congenital conditions (neglect) or placental abruption (physical abuse) due to their mothers' use of substances during pregnancy.

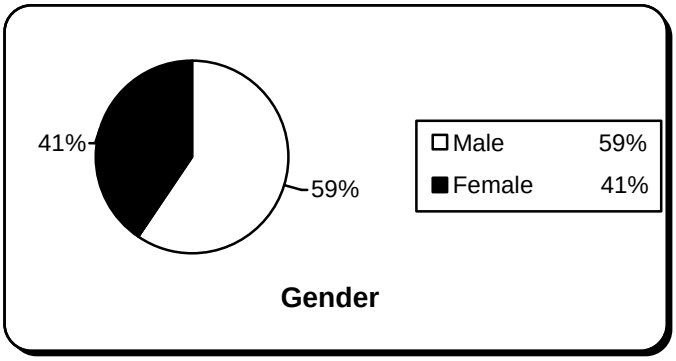
** Manner of death could not be determined following an autopsy by a medical examiner.

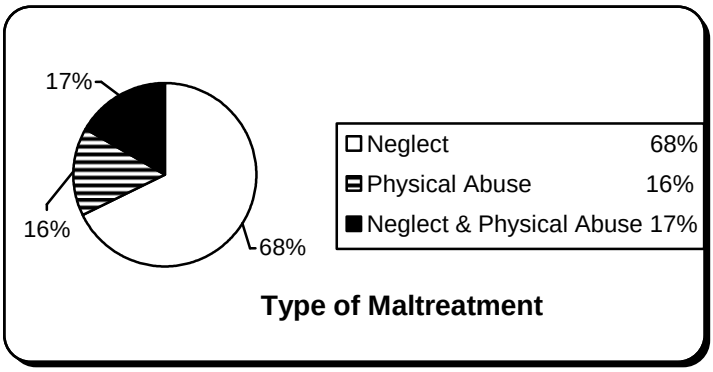
Table 27. Perpetrators of Child Neglect/Physical Abuse									
2001-2007		2001	2002	2003	2004	2005	2006	2007	Total
*Perpetrator:	mother	10	11	13	4	5	6	15	64
(Neglect)	father	2	3	6	2	1	2	3	19
	mother's boyfriend	--	--	--	--	--	--	1	1
	father's girlfriend	1	1	--	--	--	--	--	2
	grandmother	--	1	2	--	1	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	--	2	10
(Physical Abuse)	father	4	1	1	1	--	--	1	8
	mother's boyfriend	1	1	2	--	--	--	3	7
	father's girlfriend	1	--	--	--	--	--	--	1
	uncle	1	--	--	--	--	--	--	1
	foster parent	--	--	--	--	1	--	--	1
	unknown	1	--	1	--	--	2	--	4

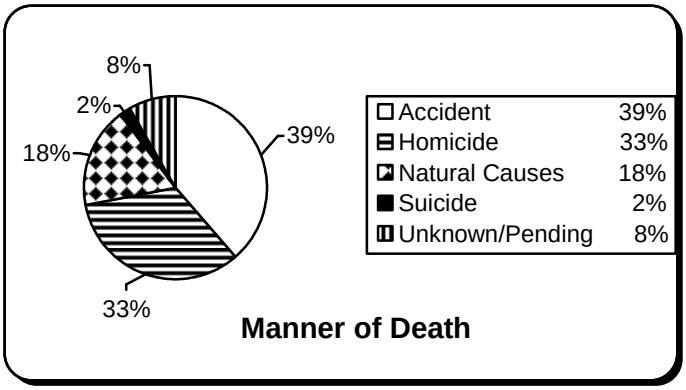
* Perpetrators who neglect and physically abuse a child are counted under each category. If more than one perpetrator victimized a child, each perpetrator is counted under the appropriate category(ies).

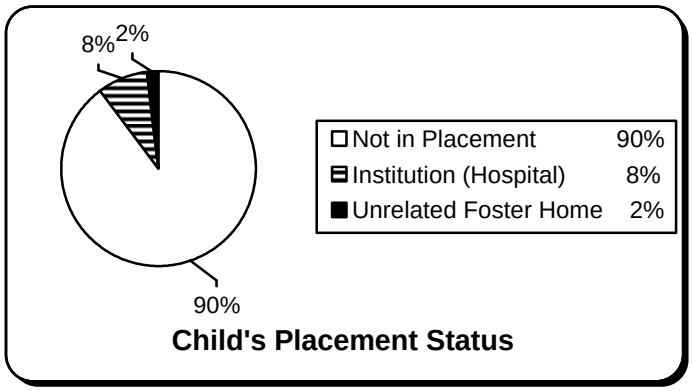
Figure 5. Profile of Child Maltreatment Fatalities: 2001 - 2007











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

IV. Age-Specific Death Rates[28]

A. All Child Fatalities

According the Registry of Vital Records and Statistics, there were 641 child deaths in Massachusetts during January 1 - December 31, 2007.[29] The deaths included 417 infants (less than 1 year old) and 224 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 2007.[30] The age-specific death rate was 4.2 child deaths per 10,000 resident children in Massachusetts. The rate was 52.0 for infants and 1.6 for children 1-17 years old. Infants are defined as being less than one year old when they died.

- ***Massachusetts (2007): 4.2 child deaths per 10,000 resident children in the state; 52.0 infant deaths per 10,000 resident infants in the state; 1.6 deaths of children 1-17 years old per 10,000 resident children 1-17 years old in the state***

In 2007, there were 34 child deaths (all causes) in DCF families with open cases. An age-specific death rate was determined using the 34 deceased children whose families had open cases and the 41,550 children[31] in the DCF caseload (open cases) on June 30, 2007. The rate was 8.2 child deaths (open cases) per 10,000 children in the DCF caseload. Of the 34 deceased children (open cases) known to DCF, 17 were infants and 17 were 1-17 years old. Age-specific death rates for DCF infants and children 1-17 years old were 76.0 and 4.3, respectively. On page 29, it was noted that 7 of the deceased children (open cases) were from Boston and 5 were from Springfield. These counts translate to age-specific death rates of 18.4 (Boston) and 18.8 (Springfield) child deaths (open cases) per 10,000 children in the DCF caseload (home residences Boston or Springfield, respectively).

- ***Statewide DCF Caseload (2007): 8.2 child deaths (open cases) per 10,000 children in the DCF caseload; 76.0 infant deaths per 10,000 infants in the DCF caseload; 4.3 deaths of children 1-17 years old per 10,000 children 1-17 years old in the DCF caseload***

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[28] The age-specific death rate was computed by dividing the number of deaths in 2007 for a specific age group by the mid-year resident population in that age group. For DCF, this meant dividing the number of children who died while in open cases during 2007 by the number of children less than 18 years old with open cases on 6/30/2007.

[29] Massachusetts Department of Public Health, Registry of Vital Records and Statistics, childhood deaths printout on July 25, 2008.

[30] 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) [1,513,238 children less than 18 years old (as of 7/1/2007), includes 80,122 infants and 1,433,116 children 1-17 years old]

[31] The 41,550 includes 2,236 infants, 39,290 children 1-17 years old, and 24 children age unspecified.

B. Maltreatment-Related Child Fatalities

Across the nation, an estimated 1,530 children died from abuse and/or neglect in FFY'2006. Expressed as a rate, this count converts to .20 maltreatment-related deaths per 10,000 resident children in the United States.[32]

National (2006): 0.20 maltreatment-related deaths per 10,000 children in the U.S.

DCF recorded 19 maltreatment-related deaths[33] in Massachusetts during 2007 – a rate of .13 maltreatment-related deaths per 10,000 resident children in Massachusetts. Fourteen of the 19 maltreated children were in families known to DCF. None of the children were in foster or residential care. Of the 14 children from families known to DCF, 13 were in open cases and 1 was in a closed case. The death rate was 3.13 maltreatment-related deaths (open cases) per 10,000 children in the DCF caseload. Neglect was a contributing factor in 7 deaths; physical abuse was a factor in 3 deaths; and both neglect and physical abuse were factors in 3 deaths.

Massachusetts (2007): 0.13 maltreatment-related deaths per 10,000 resident children in the state

DCF Caseload (2007): 3.13 maltreatment-related deaths (open cases) per 10,000 children in the DCF 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 DCF caseload children were higher than the rates for Massachusetts and the United States. One might expect this given that DCF has a much greater proportion of families at risk. Supported reports of maltreatment are responsible for 80-90% of the children who enter the DCF 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.

[32] U.S. Department of Health and Human Services, Administration on Children, Youth & Families. 2008. Child Maltreatment 2006. U.S. Government Printing Office, Washington, D.C. 174pp. (http://www.acf.hhs.gov/programs/cb/stats_research/index.htm#can)

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