
**MASSACHUSETTS
DEPARTMENT OF CHILDREN AND FAMILIES**

2008

**Analysis of Child Fatalities
& Near Fatalities**

**Angelo McClain, Ph.D., LICSW
Commissioner**

September 2010



**MASSACHUSETTS
DEPARTMENT OF CHILDREN AND FAMILIES**



2008

**Analysis of Child Fatalities
& Near Fatalities**

Prepared by:

**Antone C. Felix III, Data Analyst
Office of Management, Planning & Analysis**

**Scott P. Scholefield, Director
Case/Special Investigations Unit**

**Rosalind M. Walter, Director
Data Management Unit
Information Technology**

**Department of Children and Families
24 Farnsworth Street
Boston, MA 02210-1211**

TABLE OF CONTENTS

<u>Section</u>	<u>Page</u>
Introduction	1
I. Summary of Child Fatalities and Near Fatalities in 2008	3
A. Child Near Fatalities	3
B. Child Fatalities.....	3
II. Analysis of DCF Child Fatalities (Open or Recently Open Cases): 1989 - 2008	11
A. Manner of Death and Contributing Factors.....	13
B. DCF Involvement	18
1. Placement Status	18
2. Case Status.....	22
3. Custody Status.....	23
4. Reports of Child Maltreatment	24
C. Family Demographics	25
1. Age and Sex of Children.....	25
2. Age of Parents	26
3. Marital Status of Mothers	27
4. Mothers: Age at First Birth, DCF Placement History, and Mental Illness	27
5. Caretakers Actively Involved in DCF Casework	28
6. Race and Hispanic Origin of Deceased Children and Their Parents	28
7. Family Residence.....	31
8. Family Size.....	32
D. Substance Abuse.....	33
1. Substance Abuse and Child Maltreatment.....	33
2. Parent/Caretaker's Past and Current Use of Drugs/Alcohol...34	
3. Mother's Prenatal Care and Use of Substances during Pregnancy	35
E. Domestic Violence.....	36
1. Prevalence of Domestic Violence in Families.....	36
F. Special Groups of Children	37
1. Adolescents	37
2. Medically-Involved/Physically-Challenged Children.....	38
III. Child Maltreatment-Related Fatalities: 2001 – 2008.....	39
IV. Age-Specific Death Rates:	44
A. All Child Fatalities.....	44
B. Maltreatment-Related Fatalities	45

Introduction

Although Massachusetts's child death rate is nearly the lowest in the nation,¹ between 600 and 700 children die each year.² Their deaths are attributable to natural causes, accidents, suicide, and homicide. The Department of Public Health (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 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 Committee⁵ 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 report⁶ 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 2009 Data Book online

http://datacenter.kidscount.org/databook/2009/onlinebooks/stateprofiles/aec189%20profile_machusetts.pdf

² Number of child deaths from printouts for years 2000 to 2008 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_07.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 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 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 in 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 contained in 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 2008. 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 1989-2008. 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 2001-2008. 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 2008

A. Child Near Fatalities

There were 17 near fatalities during 2008. Abusive head trauma injuries⁷ were diagnosed in 11 of the 17 near fatalities. Of the remaining 6 children, 2 were injured in falls (window and porch), 1 was a burn victim, 1 was in a motor vehicle accident, 1 was exposed to carbon monoxide, and 1 child with leukemia was a victim of medical neglect. Neglect was a factor in the near fatalities of 6 children, physical abuse was a factor for 4 children, and both physical abuse and neglect were factors for 7 children. The victimized children included 11 infants, 2 one-year-olds, 2 five-year-olds, and 2 eight-year-olds. Mothers and fathers were the primary perpetrators of child maltreatment. Allegations of neglect were supported on 11 mothers, 6 fathers, 1 grandmother, 1 unrelated babysitter, and 1 male partner. Physical abuse was supported on 2 fathers, 2 unrelated babysitters, 1 mother, 1 mother's stepfather, and 7 unknown perpetrators. **(See tables on pages 6 and 7)**

Of the 17 families, 10 were known to DCF (7 current protective and 3 closed cases) and 7 were unknown. None of the children were in DCF custody. Median age of mothers was 24 years. Nine mothers were less than 20 years old when they gave birth to their first child. Four mothers were married and 2 had a prior history with DCF. One father had a previous history with DCF. Current family issues were domestic violence (6 families), substance abuse (5), and mental illness (5). **(See tables on pages 6 and 7)**

B. Child Fatalities

Thirty-eight (38) children in families with an open or recently⁸ open DCF case status died in 2008. Fifteen (15) of these children died from natural causes, 10 died in accidents, 6 were homicides, and 3 were suicides. For the remaining 4 children, the manner of death was undetermined following an autopsy by a medical examiner.⁹ Fifty-five percent (55%) of the deceased children were infants (less than one year old), 13% were 1-6 years old, and 32% were 13-17 years old. Six (6) of the 38 children were in DCF temporary custody and 1 child was in permanent custody. Of those children in DCF custody, 3 died in the hospital shortly after birth, 1 was in unrelated foster care, 1 was in pre-adoptive foster care, 1 was receiving DCF services at home, and 1 was on the run from placement. **(See table on page 8)**

The deaths of an additional 7 children were maltreatment-related. Five (5) children were from families not previously known to DCF and 2 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 9)**

⁷ Abusive head trauma is 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 Families who had an open case within the six months preceding the child's death

⁹ 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 or an accident.

Child deaths have decreased dramatically over the past 20 years. Counts of fatalities have declined from 84 in 1989 to 30-38 in 2002-2008. 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 20 years, the decline in death-related factors such as congenital conditions, prematurity, low birth weight, Sudden Infant Death Syndrome (SIDS), and drug exposure may explain the drop in infant deaths. Even though drug and alcohol abuse 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.¹⁰

There was not a significant difference in the number of fatalities (38) in 2008 compared to the previous six years (30-36). During this period, there have been fluctuations, but no discernable trends in the manner of death. The 3 suicides in 2008 were the highest since 2003.

In 2007 and 2008, there were 12 SIDS deaths in families known and unknown to DCF (see table below and tables on pages 8 and 9 for the following analysis). Because of circumstances related to co-sleeping, the medical examiner could not determine whether the manner of death was natural or accidental for 9 children. Of the remaining 3 SIDS deaths, 1 was found to be accidental and 2 were due to natural causes. In addition to the SIDS-related deaths, 3 deaths in 2008 were attributed to asphyxiation while co-sleeping. 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 factors which may have played a role in these SIDS/co-sleeping deaths. Neglect was found to be a contributing factor in 7 of the SIDS/co-sleeping deaths.

Cause of Death	2007			2008		
	Manner of Death			Manner of Death		
	Natural Causes	Accident	Undetermined	Natural Causes	Accident	Undetermined
SIDS	1	---	1	1	---	---
SIDS (Co-Sleeping)	---	1 (1 neg)	4 (3 neg)	---	---	4 (1 neg)
Asphyxiation (Co-Sleeping)	---	---	---	---	3 (2 neg)	---
Total Child Deaths	1	1	5	1	3	4

Note: # neg = number of neglect-related deaths

¹⁰ 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 2008, there were 18 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 15 deaths, physical abuse was a factor in 1 death, and both physical abuse and neglect were factors in 2 deaths. Some of the deaths involved multiple perpetrators (**See table on page 10**). The perpetrators of the 15 neglect deaths were: mother (11 deaths); father (4); unrelated babysitter (2); grandmother (1); legal guardian (aunt) (1); and male partner (1). The mother was the perpetrator of the 1 physical abuse death. The perpetrators in the 2 deaths (siblings) involving both neglect and physical abuse were: mother (neglect) and non-caretaker--mother's former female partner (physical abuse). (**See tables on pages 8-10**).

These 18 deaths in 2008 and 19 in 2007 were a significant increase from 2004-2006, 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 2007-2008 compared to the fatalities occurring years 2004-2006 were the relatively larger numbers of accidental deaths, infant deaths, deaths of female children, and deaths attributed to neglect. Illicit drug use during pregnancy (7 deaths) and parents co-sleeping with infants (7 deaths) were contributing factors in half of the neglect-related deaths (28 deaths) in 2007-2008. Five children perished in fires (3 neglect related and 2 physical abuse and neglect related) during 2008. There were no abuse/neglect-related fire victims in 2004-2007.

Thirty-one (31) of the 38 (82%) children known to DCF who died in 2008 were not in placement (**table on page 8**). Of the remaining 7 children (18%), 4 were infants who never left the hospital, 1 was in a pre-adoptive foster home, 1 was in an unrelated foster home, and 1 was on the run from 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 eight years (2001-2008), 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'2008 Child Near Fatalities: 17 Children from Families Known and Unknown to DCF

CHILD'S AGE	FAMILY CASE STATUS	DURATION OPENED/CLOSED	CAUSE OF INJURIES	ABUSE/NEGLECT	DCF CUSTODY	PLACEMENT TYPE
68 days	open protective	6 mos. or less	abusive head trauma	PHYS/NEG	NO	NIP
70 days	open protective	6 mos. or less	abusive head trauma	PHYS/NEG	NO	NIP
83 days	no previous history	----	abusive head trauma	PHYS/NEG	NO	NIP
107 days	open protective	more than 6 mos.	abusive head trauma	PHYS	NO	NIP
110 days	no previous history	----	abusive head trauma	PHYS/NEG	NO	NIP
123 days	no previous history	----	abusive head trauma	PHYS	NO	NIP
126 days	no previous history	----	abusive head trauma	PHYS	NO	NIP
143 days	open protective	6 mos. or less	abusive head trauma	PHYS/NEG	NO	NIP
181 days	closed	more than 6 mos.	abusive head trauma	PHYS/NEG	NO	NIP
189 days	no previous history	----	abusive head trauma	PHYS	NO	NIP
191 days	open protective	more than 6 mos.	abusive head trauma	PHYS/NEG	NO	NIP
1 year	open protective	6 mos. or less	fall from window	NEG	NO	NIP
1 year	no previous history	----	head injuries from fall (2nd floor porch)	NEG	NO	NIP
5 years	closed	more than 6 mos.	burn injuries from utility lighter	NEG	NO	NIP
5 years	no previous history	----	carbon monoxide poisoning	NEG	NO	NIP
8 years	open protective	more than 6 mos.	injuries from motor vehicle accident	NEG	NO	NIP
8 years	closed	more than 6 mos.	leukemia	NEG	NO	NIP

CODES: NEG = neglect; PHYS = physical abuse; SEX = sexual abuse; NIP = not in placement

NOTE: **Abusive Head Trauma** = brain, skull, and spinal injuries associated with shaking and other head injuries inflicted on infants (American Academy of Pediatrics).

CY'2008 Child Near Fatalities: Perpetrators (17 Children from Families Known or Unknown to DCF)

CHILD'S AGE	PERPETRATOR	NEGLECT	PHYSICAL ABUSE	CAUSE OF INJURIES	CURRENT FAMILY ISSUES	FAMILY RESIDENCE	TEEN MOTHER WHEN 1ST CHILD BORN
68 days	mother	X	----	abusive head trauma	-----	Springfield	Yes
	father	X	----				
	unknown	----	X				
70 days	mother	X	X	abusive head trauma	SA	Pembroke	Yes
	father	X	X				
83 days	mother	X	----	abusive head trauma	MI	Dennis	----
	father	X	X				
	unknown	----	X				
107 days	unknown	----	X	abusive head trauma	SA/DV/MI	Weymouth	Yes
110 days	unrelated babysitter	X	X	abusive head trauma	----	Norfolk	----
123 days	unrelated babysitter	----	X	abusive head trauma	----	Norfolk	----
126 days	unknown	----	X	abusive head trauma	SA/DV	Boston	----
143 days	mother	X	----	abusive head trauma	DV	Springfield	Yes
	father	X	----				
	unknown	----	X				
181 days	mother	X	----	abusive head trauma	----	Plymouth	Yes
	father	X	----				
	unknown	----	X				
189 days	unknown	----	X	abusive head trauma	----	Brockton	----
191 days	mother	X	----	abusive head trauma	DV	Chicopee	Yes
	mother's stepfather	----	X				
	grandmother	X	----				
1 year	mother	X	----	fall from window	SA/MI	Lawrence	----
1 year	father	X	----	head injuries from fall (2nd floor porch)	----	Brockton	Yes
5 years	mother	X	----	burn injuries from utility lighter	----	Springfield	Yes
5 years	mother	X	----	carbon monoxide poisoning	----	Springfield	Yes
	male partner	X	----				
8 years	mother	X	----	injuries from motor vehicle accident	DV/MI	Hadley	----
8 years	mother	X	----	leukemia	SA/DV/MI	Salem	----

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

NOTES:

Omissions under "Current Family Issues" indicates "None" or "Unknown."

Abusive Head Trauma = brain, skull, and spinal injuries associated with shaking and other head injuries inflicted on infants (American Academy of Pediatrics).

CY'2008 Child Fatalities: 38 Children from Families with an Open or Recently Open DCF Case Status

AGE YEARS	FAMILY CASE STATUS	DURATION OPENED/CLOSED	MANNER OF DEATH	FACTORS CAUSING OR CONTRIBUTING TO DEATH	NEGLECT/ ABUSE	DCF CUSTODY	PLACEMENT TYPE
<1	open protective	more than 6 months	NC	medical conditions related to prematurity; congenital		NO	NIP
<1	open voluntary	more than 6 months	NC	intrauterine hypoxia, neonatal cardiac failure, pulmonary hemorrhage, congenital		NO	NIP
<1	case closed	6 months or less	NC	prenatal exposure to drugs; medical conditions related to prematurity	NEG	TEMP	HOSP
<1	open CHINS	more than 6 months	NC	viral encephalitis (herpes); prematurity		NO	NIP
<1	case closed	6 months or less	NC	extreme immaturity		NO	NIP
<1	open protective	6 months or less	NC	medical conditions related to prematurity; prenatal exposure to drugs	NEG	NO	HOSP
<1	open protective	more than 6 months	A	asphyxiation (co-sleeping)		TEMP	PRE-ADOP
<1	open protective	more than 6 months	U	SIDS while co-sleeping with adult		NO	NIP
<1	open voluntary	more than 6 months	U	SIDS while co-sleeping with adult		NO	NIP
<1	open protective	6 months or less	NC	ill-defined and unspecified cause		NO	NIP
<1	open protective	6 months or less	A	asphyxiation (parent rolled on top of infant while sleeping)	NEG	TEMP	NIP
<1	open protective	6 months or less	U	ill-defined and unspecified cause		NO	NIP
<1	open protective	6 months or less	NC	medical conditions related to prematurity; prenatal exposure to drugs	NEG	TEMP	HOSP
<1	open protective	6 months or less	U	SIDS while co-sleeping with adult		NO	NIP
<1	open protective	6 months or less	NC	medical conditions related to prematurity; infection; congenital		NO	NIP
<1	open protective	6 months or less	NC	medical conditions related to prematurity; congenital		NO	NIP
<1	open protective	6 months or less	NC	SIDS		NO	NIP
<1	case closed	6 months or less	A	asphyxiation (co-sleeping)	NEG	NO	NIP
<1	open protective	more than 6 months	NC	complications with medical conditions; pneumonia; meningitis; congenital		NO	NIP
<1	open protective	6 months or less	NC	secondary pulmonary hypertension; cardiogenic shock; congenital		TEMP	HOSP
<1	open protective	more than 6 months	A	injuries from fire	NEG	NO	NIP
1	open protective	more than 6 months	H	suffocation	PHY	NO	NIP
2	open protective	6 months or less	H	injuries from fire (arson); alcohol and drugs	PHY/NEG	NO	NIP
4	open protective	more than 6 months	A	injuries from fire	NEG	NO	NIP
5	open voluntary	6 months or less	A	asphyxiation (choked on a foreign object)		NO	NIP
6	open protective	6 months or less	NC	aspiration pneumonitis; congenital		NO	NIP
13	case closed	6 months or less	A	drowning		NO	NIP
14	open protective	6 months or less	S	suicide (asphyxiation)		NO	NIP
14	open protective	6 months or less	H	injuries from fire (arson); alcohol and drugs	PHY/NEG	NO	NIP
15	open protective	more than 6 months	H	gunshot wounds		NO	NIP
15	open protective	more than 6 months	A	drowning (boat accident)		NO	NIP
15	open CHINS	more than 6 months	A	head injuries from motor vehicle accident		NO	NIP
15	open protective	more than 6 months	S	suicide (asphyxiation)		NO	NIP
17	open voluntary	more than 6 months	H	gunshot wounds		PERM	ON RUN
17	open protective	6 months or less	S	suicide (asphyxiation)		NO	NIP
17	open protective	6 months or less	A	head injuries from motor vehicle accident		NO	NIP
17	open CHINS	more than 6 months	H	gunshot wounds		TEMP	UNREL
17	case closed	6 months or less	NC	cardiomyopathy; cardiac arrest	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; PRE-ADOP = pre-adoptive foster home;
 ON RUN = on the run from placement

CY'2008 Child Fatalities: 7 Children from Families Unknown to DCF or with Cases Closed more than six Months

AGE (YEARS)	FAMILY CASE STATUS	DURATION OPEN/CLOSED	MANNER DEATH	FACTORS CAUSING OR CONTRIBUTING TO DEATH	NEGLECT/ ABUSE	DCF CUSTODY	PLACEMENT TYPE
<1	unknown family	-----	NC	prenatal exposure to alcohol; medical conditions related to prematurity; congenital	NEG	NO	HOSP
<1	closed	more than 6 months	U	SIDS while co-sleeping with adult; alcohol	NEG	NO	NIP
<1	unknown family	-----	U	ill-defined and unspecified cause; alcohol	NEG	NO	NIP
<1	unknown family	-----	A	fall from window	NEG	NO	NIP
1	unknown family	-----	A	drowning (bathtub)	NEG	NO	NIP
6	closed	more than 6 months	A	injuries from fire	NEG	NO	NIP
12	unknown family	-----	A	head injuries from motor vehicle accident	NEG	NO	NIP

CODES: NC = natural causes; A = accident; H = homicide; S = suicide; U = undetermined by medical examiner; NEG = neglect; PHYS = physical abuse;
 NIP = not in placement; HOSP = hospital; KIN = kinship foster home

CY'2008 Child Fatalities: Perpetrators of Child Maltreatment (18 Children from Families Known or Unknown to DCF)

CHILD #	AGE	PERPETRATOR	PHYSICAL			MANNER OF DEATH
			NEGLECT	ABUSE	FACTORS CAUSING OR CONTRIBUTING TO DEATH	
1	3 days	mother	x		prenatal exposure to alcohol; medical conditions related to prematurity; congenital	NC
2	9 days	mother	x		prenatal exposure to drugs; medical conditions related to prematurity	NC
3	26 days	mother	x		medical conditions related to prematurity; prenatal exposure to drugs	NC
4	82 days	mother	x		asphyxiation (parent rolled on top of infant while sleeping)	A
		father	x			
5	87 days	father	x		SIDS while co-sleeping with adult; alcohol	U
6	111 days	mother	x		medical conditions related to prematurity; prenatal exposure to drugs	NC
7	128 days	mother	x		asphyxiation (co-sleeping)	A
		unrelated babysitter	x			
		unrelated babysitter	x			
8	240 days	mother	x		ill-defined and unspecified cause; alcohol	U
		father	x			
9	288 days	father	x		fall from window	A
10	*	289 days	mother	x	injuries from fire	A
11	1 year	mother		x	suffocation	H
12	1 year	mother	x		drowning (bathtub)	A
13	**	2 years	mother	x	injuries from fire (arson); alcohol and drugs	H
		non-caretaker ¹		x		
14	*	4 years	mother	x	injuries from fire	A
15	6 years	legal guardian (aunt)	x		injuries from fire	A
16	12 years	grandmother	x		head injuries from motor vehicle accident	A
17	**	14 years	mother	x	injuries from fire (arson); alcohol and drugs	H
		non-caretaker ¹		x		
18	17 years	mother	x		cardiomyopathy; cardiac arrest	NC
		male partner	x			

CODES: NC = natural causes; A= accident; H = homicide; S = suicide; U = undetermined by medical examiner.

NOTES:

* 2 siblings died from injuries in accidental fire

** 2 siblings died from injuries in arson fire (homicide)

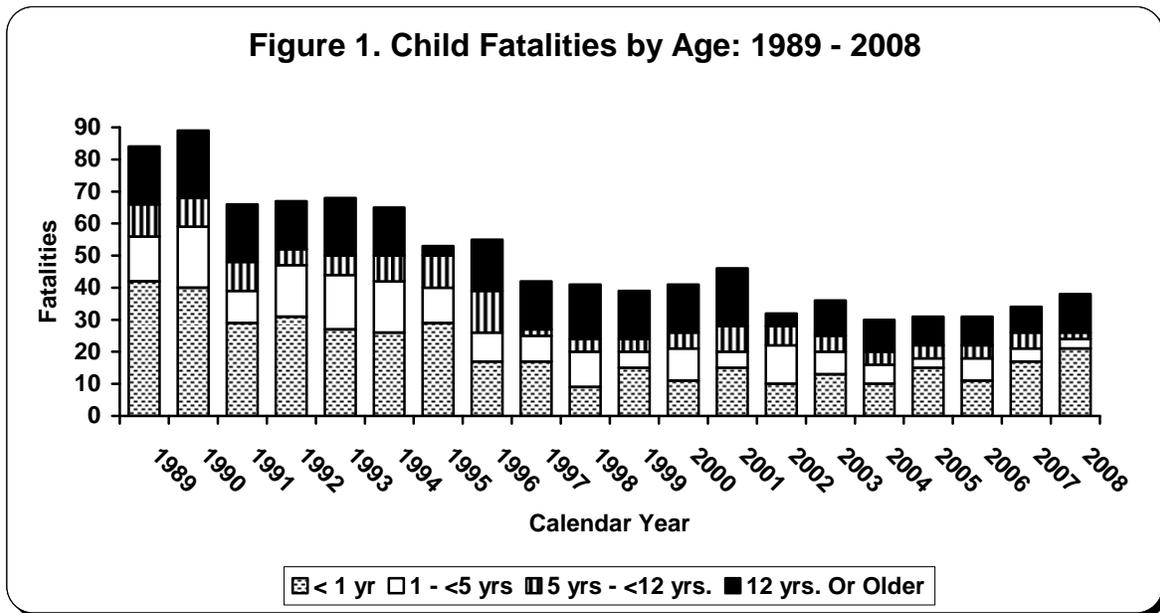
¹ non-caretaker was the mother's former female partner

II. Analysis of DCF Child Fatalities: 1989 – 2008 (Open or Recently Closed Cases)

Thirty-eight children “known” to DCF died in 2008 (Table 1). Counts of deaths in prior years ranged from 30 to 36 in 2002-2007, 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 2008, 21 of the 38 children were infants (less than 1 year old) and 12 were adolescents (Table 1). Since 1989 there has been a significant reduction in the number of infant/young child deaths (Table 1, Fig. 1 on next page). Many of these young children died from medical problems originating at birth. Over the years, the number of adolescent/young adult deaths has been relatively stable at two levels: a higher level from 1989-2001 (median 16 deaths annually) and a lower level from 2003-2008 (median 10 deaths annually) (Table 1, Fig. 1).

Table 1. Age of Children (1989 – 2008): 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%
2008:	No.	6	15	1	2	2	12	38
	%	16%	39%	3%	5%	5%	32%	100%



The median age of deceased children was 0.5 years¹¹ in 2008 (see table below). Fifty-five percent of these children were infants and 32% were adolescents (Table 1). This was the lowest median age since 1995 (0.7 years). In 1995 and 2008, the proportion of infants reached a peak value of 55% (Table 1). The occurrence of the high median age in 2001 (9.0 years) 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	2008
MEDIAN AGE (YRS)	5.0	4.1	9.0	2.5	2.1	4.1	1.2	3.2	1.0	0.5

¹¹ Half the children are younger than the median age and half are older.

A. Manner of Death and Contributing Factors

In 2008 and 2007, there was a relatively low proportion of deaths from natural causes (Table 2 on next page). The drop in “natural” deaths was offset by higher than usual proportions of accidental deaths, homicides, and suicides. Compare the manner of death proportions in 2008 and 2007 with the medians based on the past 20 years in the following table.

Manner of Death	Proportions		Median	Range
	2008	2007	1989 - 2008	1989 - 2008
Natural Causes	39%	32%	59.5%	27% - 68%
Accidents	26%	21%	21.0%	13% - 44%
Homicides	16%	32%	13.0%	3% - 32%
Suicides	8%	0%	3.5%	0% - 8%

The total number of fatalities has always been a reflection of its major component--natural causes (Table 2, Fig. 2 on pages 14 and 15). In 2007 and 2008, deaths from natural causes declined to a level that was exceeded by the combined deaths from accidents and homicides (Table 2, Fig. 2).

A total of 19 deaths (50%) in 2008 were the result of a homicide, suicide, or an unintentional injury (Table 2). Unintentional injury deaths were attributed to asphyxiation from co-sleeping (3 deaths), fire injuries (2 sibling deaths¹²), drowning (2 deaths), motor vehicle accidents (2 deaths), and asphyxiation from choking on a foreign object (1 death). Homicide deaths were due to shootings (3 deaths), arson (2 sibling deaths¹³), and suffocation (1 death).

The manner of death could not be determined for 4 cases during 2008 (Table 2 on page 14 and summary on page 8). In 3 of these cases, the medical diagnosis was SIDS while sleeping with an adult. The fourth case was an infant death with a diagnosis of “ill-defined and unspecified cause.” The finding of “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 considering all available information. “Undetermined” is intended for cases in which it is impossible to establish, with reasonable medical certainty, the circumstances of death after a thorough investigation.

¹² Fire was started by a child playing with matches while unsupervised.

¹³ Fire (arson) was started by mother’s former female partner.

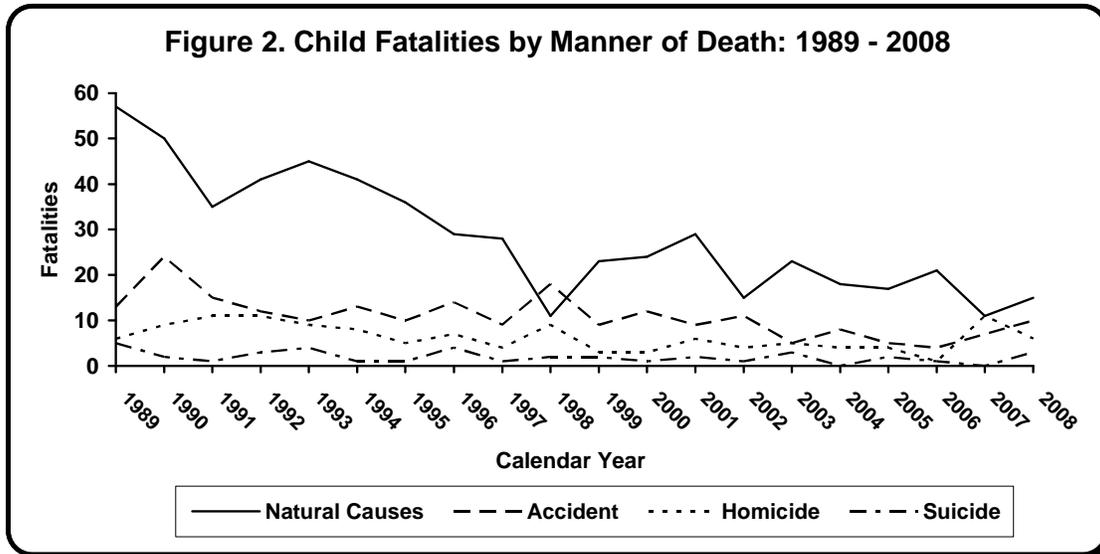
Table 2. Manner of Child's Death (1989 – 2008): Counts of Children

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%
2008: No.	15	10	6	3	4	38
%	39%	26%	16%	8%	11%	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.



Specific factors causing or contributing to child fatalities in 1989 through 2008 are listed in Table 3 (on next page). 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.¹⁴ In 2008, the leading factors contributing to child fatalities were neglect, prematurity, and congenital conditions (Table 3).

Death-related factors that have shown the most distinct declines over the past 20 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 34-35.

In 2008, 5 fatalities were identified as being drug and/or alcohol involved (Table 3). However, it was unknown in 19 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 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.

¹⁴ Information from death certificates (manner of death and medical diagnoses for cause of death).

Table 3. Factors Causing or Contributing to Child's Death (1989 - 2008)

<i>Specific Factors</i>	<i>Calendar Year</i>																			
	<i>1989</i>	<i>1990</i>	<i>1991</i>	<i>1992</i>	<i>1993</i>	<i>1994</i>	<i>1995</i>	<i>1996</i>	<i>1997</i>	<i>1998</i>	<i>1999</i>	<i>2000</i>	<i>2001</i>	<i>2002</i>	<i>2003</i>	<i>2004</i>	<i>2005</i>	<i>2006</i>	<i>2007</i>	<i>2008</i>
Drug/Alcohol Related	26	25	13	12	19	12	7	3	3	3	3	1	5	3	2	4	5	1	2	5
Congenital Condition	26	13	15	13	21	9	12	13	9	6	9	12	12	5	8	6	4	14	6	7
Prematurity	16	17	7	8	11	5	11	3	5	3	4	5	5	1	5	5	8	7	5	8
Low Birth Weight	15	13	5	7	5	1	3	--	3	2	2	3	3	--	2	4	6	4	2	5
SIDS	15	16	8	5	12	19	9	8	8	4	6	3	5	5	5	4	4	4	4	4
Shaken Baby Syndrome	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	1	--	1	--	--	--	3	--
Terminal Illness	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	7	2	6	1	3	3	3	1
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	3
Fire	5	9	1	6	2	5	2	--	4	2	--	2	1	2	--	--	--	--	--	4
Motor Vehicle Accident	5	6	6	4	4	3	--	5	1	5	4	7	4	4	3	4	1	2	2	2
Drowning	1	3	4	2	2	2	2	5	1	6	2	2	2	3	--	--	1	1	2	2
Other Accident	--	10	3	--	3	5	4	3	5	5	4	2	1	3	1	1	3	2	--	5
Neglect	11	12	5	12	5	2	7	2	1	11	2	3	7	7	5	3	4	3	10	10
Physical Abuse	2	4	4	3	5	1	6	4	1	5	1	1	2	3	2	--	1	--	6	3
Firearms	3	5	4	6	3	6	1	2	4	5	2	1	1	1	2	4	3	--	6	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	62
TOTAL DEATHS	84	89	66	67	68	65	53	55	42	41	39	41	46	32	36	30	31	31	34	38
INFANT DEATHS	42	40	29	31	27	26	29	17	17	9	15	11	15	10	13	10	15	11	17	21

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 1989-2008. In 2008, there were 11 maltreatment-related deaths: 8 neglect; 1 physical abuse; and 2 physical abuse and neglect. Deaths involving maltreatment have ranged from a high of 15 in 1992 to a low of 1 in 1997 (see table below). 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: 1999-2008									
1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
3	4	7	9	5	3	4	3	13	11

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 (5) is a minimum value since it was not known if substances were factors in 19 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 34. 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 three infants in 2008 were drug-related. Their mothers’ use of drugs during pregnancy was medically diagnosed as contributing to the children’s premature births and medical conditions. The newborns were extremely immature (24-25 weeks old, each weighing less than 2 lbs.) with severe medical problems.

Table 4. Drug/Alcohol-Related Child Fatalities (2008)

Age of Children	Drug/Alcohol-Related			Total
	Yes	No	Unknown	
Less than 28 days	2	3	1	6
28 days to < 1 yr.	1	5	9	15
1 yr. to < 2 yrs.	--	1	--	1
2 yrs. to < 5 yrs.	1	--	1	2
5 yrs. to < 12 yrs.	--	2	--	2
12 yrs. or Older	1	3	8	12
Total	5	14	19	38

B. DCF Involvement

1. Placement Status

In 2008, 18% of all deceased children were in placement at the time of their deaths; this was the same proportion as last year (and the smallest proportion in placement in the past 18 years) (Table 5 on next page). Their out-of-home locations were: hospital (4 children), unrelated foster home (1), pre-adoptive foster home (1), and on the run from placement (1) (Table 6 and Table 7 on page 20). From 1991 to 2008, 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 foster and residential care 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 and 2008, 82% of the deceased children were not in placement (Table 5). Eight of the 11 deaths in unrelated foster care during 2005-2008 (Table 6) were due to natural causes. The 3 remaining deaths were due to street shootings (2 children) and physical abuse/neglect by a foster mother (1 child).

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 18 years. Regardless of location, most deaths have been due to “natural causes” and to a lesser degree accidents (Table 2 on page 14). 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 2 on page 14). The year 2007 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 - 2008)

<i>Calendar Year</i>		<i>Location of Child</i>		<i>Total</i>
		<i>Not in Placement</i>	<i>In Placement</i>	
1991:	<i>No.</i>	44	22	66
	<i>%</i>	67%	33%	100%
1992:	<i>No.</i>	53	14	67
	<i>%</i>	79%	21%	100%
1993:	<i>No.</i>	35	33	68
	<i>%</i>	51%	49%	100%
1994:	<i>No.</i>	37	28	65
	<i>%</i>	57%	43%	100%
1995:	<i>No.</i>	31	22	53
	<i>%</i>	58%	42%	100%
1996:	<i>No.</i>	35	20	55
	<i>%</i>	64%	36%	100%
1997:	<i>No.</i>	29	13	42
	<i>%</i>	69%	31%	100%
1998:	<i>No.</i>	26	15	41
	<i>%</i>	63%	37%	100%
1999:	<i>No.</i>	26	13	39
	<i>%</i>	67%	33%	100%
2000:	<i>No.</i>	30	11	41
	<i>%</i>	73%	27%	100%
2001:	<i>No.</i>	26	20	46
	<i>%</i>	57%	43%	100%
2002:	<i>No.</i>	23	9	32
	<i>%</i>	72%	28%	100%
2003:	<i>No.</i>	26	10	36
	<i>%</i>	72%	28%	100%
2004:	<i>No.</i>	23	7	30
	<i>%</i>	77%	23%	100%
2005:	<i>No.</i>	19	12	31
	<i>%</i>	61%	39%	100%
2006:	<i>No.</i>	19	12	31
	<i>%</i>	61%	39%	100%
2007:	<i>No.</i>	28	6	34
	<i>%</i>	82%	18%	100%
2008:	<i>No.</i>	31	7	38
	<i>%</i>	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 - 2008)

Calendar Year	Location of Child							Total
	Kinship Foster Home	Unrelated Foster Home	Institution (hospital)	Residential Care	Pre-adoptive Home	Supervised Independent Living	On the Run from Placement	
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
2008	--	1	4	--	1	--	1	7

Note: Institution includes hospitals and pediatric nursing homes.

Table 7. Child's Placement Status and Manner of Death (2008)

Location of Child	Manner of Death					Total
	Natural Causes	Accident	Suicide	Homicide	Undetermined	
Not in Placement	11	9	3	4	4	31
In Placement:						
Kinship Foster Home	--	--	--	--	--	--
Unrelated Foster Home	--	--	--	1	--	1
Residential Care	--	--	--	--	--	--
Institution (hospital)	4	--	--	--	--	4
Pre-Adoptive Foster Home	--	1	--	--	--	1
Supervised Independent Living	--	--	--	--	--	--
On-the-Run from Placement	--	--	--	1	--	1
Total	15	10	3	6	4	38

During the period 1993-2008, approximately 101,400 children spent time in DCF placement. Of these, an estimated 100,200 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 682 children known to DCF who died during 1993-2008, a total of 140 children died in foster or residential care (Fig. 3 on next page). The deaths of 15 of the 140 children were maltreatment-related; 4 of these 15 children died from physical abuse/neglect¹⁵ 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 140 children who died while placed in foster or residential care during a 16-year period were victims of

¹⁵ 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.

maltreatment (where the neglect or abuse occurred in the placement setting). Of the remaining 125 children who died while in foster or residential care, 85 died from natural causes, 30 died in accidents, 6 were suicides, 3 were homicides (shooting by an unknown/non-caretaker), and 1 was undetermined (Fig. 4, 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).

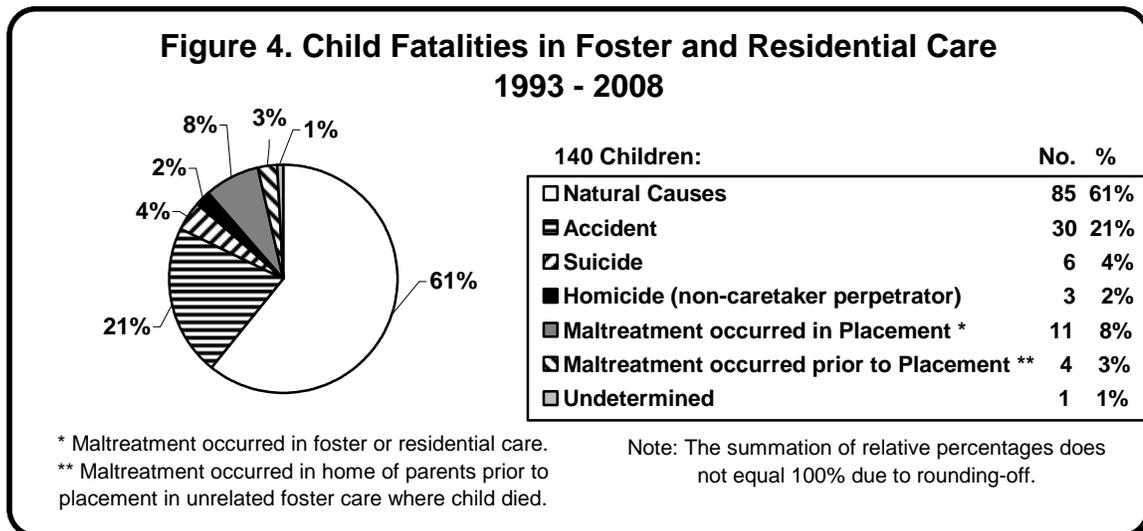
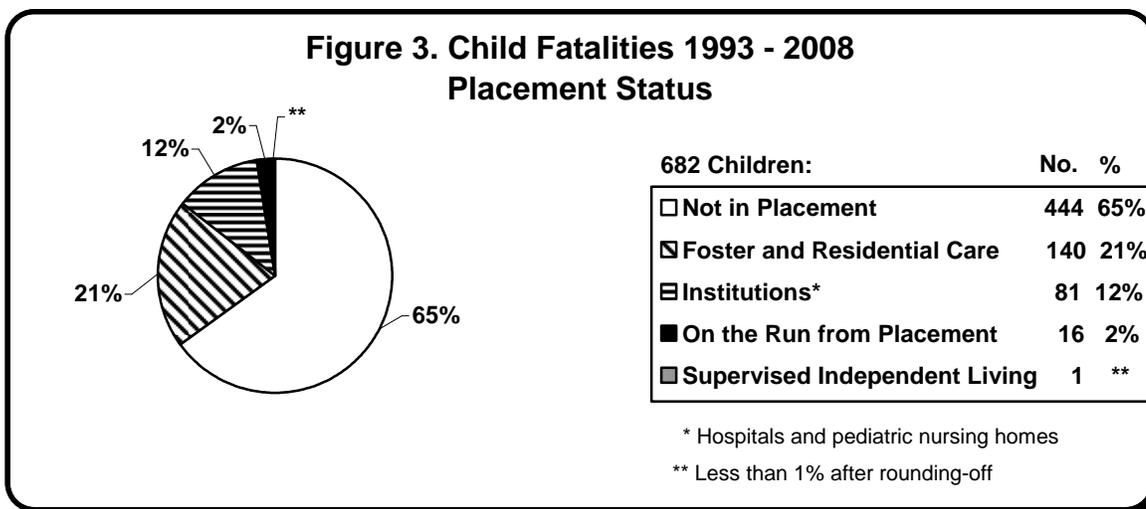


Table 8. Manner of Death: Children in Foster and Residential Care (1993 – 2008)

Total Fatalities	140
Natural Causes:	85
SIDS	16
AIDS	13
Other medical (often congenital in origin)	56
Accidents:	30
Involving a motor vehicle	9
Drowned (2 in pools, 4 in river/lake/ocean)	6
Asphyxiation/Suffocation (soft bedding, choking, etc.)	8
Other (fire, drug overdose, fell, shot)	7
Suicide:	6
Homicide (shooting by an unknown/non-caretaker):	3
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: 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.

2. DCF Case Status

In 2008, child deaths occurred primarily in open protective cases (26 of 38 or 68%) (Table 9 on next page). Over the past 18 years, the proportion of protective cases has ranged from 61% to 96% (77.5% median). During 2008, 10 protective cases were open for more than six months and 16 protective cases were open for six months or less at the time of the child's death. Of the remaining 12 cases, 5 were closed less than 6 months prior to the child's death, 3 were current CHINS (Children in Need of Services) referrals, and 4 were current voluntary requests for services.¹⁶

Of the 26 children who died while in open protective cases, 3 were suicide victims, 4 were homicide victims, 6 were accident victims, and 10 died from natural causes. Manner of death could not be conclusively determined for the remaining 3 children in open protective cases.¹⁷ Nine of the 10 homicide/accident victims were not in placement (1 accident victim was in pre-adoptive foster care). The 4 homicide cases included 2 arson victims (siblings), 1 shooting victim, and 1 suffocation victim (one-year-old physically abused child).

Five of the 7 children with a current CHINS or voluntary request for services case were not in placement. Of the remaining 2 children (17 year olds), one was on the run from placement and the other was in unrelated foster care (both children died from gunshot wounds). Manner of death for the 7 children with CHINS/voluntaries was: 2 homicides, 2 accidents, 2 natural causes, and 1 undetermined.

¹⁶ All of the CHINS cases were open for more than 6 months. Three of the voluntaries were open for more than 6 months and 1 was open for 6 months or less.

¹⁷ Manner of death could not be determined following an autopsy by a medical examiner.

Table 9. Family's Case Status at Time of Child's Death (1991 - 2008)

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
1991: %	15%	64%	11%	2%	9%	100%
1992: No.	17	41	4	1	4	67
1992: %	25%	61%	6%	1%	6%	100%
1993: No.	13	45	5	2	3	68
1993: %	19%	66%	7%	3%	4%	100%
1994: No.	19	27	5	4	10	65
1994: %	29%	42%	8%	6%	15%	100%
1995: No.	11	40	--	--	2	53
1995: %	21%	75%	--	--	4%	100%
1996: No.	11	31	3	3	7	55
1996: %	20%	56%	5%	5%	13%	100%
1997: No.	10	21	2	1	8	42
1997: %	24%	50%	5%	2%	19%	100%
1998: No.	4	21	4	5	7	41
1998: %	10%	51%	10%	12%	17%	100%
1999: No.	11	18	1	3	6	39
1999: %	28%	46%	3%	8%	15%	100%
2000: No.	11	21	1	2	6	41
2000: %	27%	51%	2%	5%	15%	100%
2001: No.	8	30	1	1	6	46
2001: %	17%	65%	2%	2%	13%	100%
2002: No.	8	20	--	1	3	32
2002: %	25%	62%	--	3%	9%	100%
2003: No.	10	20	--	3	3	36
2003: %	28%	56%	--	8%	8%	100%
2004: No.	9	16	--	2	3	30
2004: %	30%	53%	--	7%	10%	100%
2005: No.	8	16	1	2	4	31
2005: %	26%	52%	3%	6%	13%	100%
2006: No.	10	14	2	2	3	31
2006: %	32%	45%	6%	6%	10%	100%
2007: No.	13	12	2	7	--	34
2007: %	38%	35%	6%	21%	--	100%
2008: No.	16	10	4	3	5	38
2008: %	42%	26%	11%	8%	13%	100%

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

3. Custody Status of Children

Seven of the 38 children who died during 2008 were in DCF custody (6 temporary and 1 permanent). 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 7 children in the care of DCF, 3 died from natural causes, 2 from accidents, and 2 were homicide victims. The location of these 7 children were: 1 in unrelated foster care, 1 in pre-adoptive foster care, 3 in a hospital, 1 on the run from placement (permanent custody), and 1 child in temporary custody while receiving DCF services at home. It is not unusual for DCF to retain custody 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 18 of the 38 children known to DCF during 2008. One report was screened-out, 1 was screened-out and referred to the District Attorney, 4 reports were unsupported, 11 were supported, and 1 was supported but the reason for supporting was not due to maltreatment being a factor in the death (SIDS). Neglect was a factor in the deaths of 8 children. Physical abuse was a factor in 1 death. In the remaining 2 deaths, both physical and neglect were contributing factors.

The allegations of neglect were supported for the following 8 deaths: 3 infants died from prenatal exposure to drugs that resulted in premature births and severe medical problems; 2 siblings died in a fire (unsupervised child playing with matches); 2 infants suffocated when a sleeping parent rolled over them; and 1 adolescent was a victim of medical neglect. Physical abuse was supported for 1 infant who was intentionally suffocated by his mother. Both physical abuse and neglect were factors in the deaths of 2 siblings who died in an arson fire.

None of the 11 children with maltreatment-related deaths were the subjects of another report in the three months preceding their deaths. Five of the 38 deceased children had reports of neglect during the three months prior to their deaths, but none of their deaths were maltreatment-related.

C. Family Demographics

1. Age and Sex of Children

In 2008, 55% of the deceased children were male (Table 10). Over the years, the proportion of males has ranged from 49% to 80% (61.5% median) (Table 10). Table 11 shows 12 male and 9 female infants. Except for 1992, 1998, 1999, and 2007, infant deaths have been predominantly male. There were 6 male and 6 female adolescent deaths in 2008. In the past, males have 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 - 2008)

<i>Year</i>	<i>Sex of Children</i>			
	<i>Male</i>		<i>Female</i>	
	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>
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%
2008	21	55%	17	45%

Table 11. Age and Sex of Children (2008)

<i>Sex</i>	<i>Age of Children</i>					<i>Total</i>
	<i>< 1 yr.</i>	<i>1 - < 2 yrs.</i>	<i>2 - < 5 yrs.</i>	<i>5 - < 12 yrs.</i>	<i>12 - 18 yrs.</i>	
Male	12	1	1	1	6	21
Female	9	--	1	1	6	17
Total	21	1	2	2	12	38

2. Age of Parents

Mothers of the children who died in 2008 ranged in age from 16 to 54 years old. The median ages of mothers and fathers, were 28 and 33 years, respectively. Forty-four percent of all mothers were 20-29 years old and 9% 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 17 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 (2008)

<i>Parent's Age (yrs.)</i>	<i>Mothers of Deceased Children</i>		<i>Mothers in the DCF Caseload (*)</i>	<i>Fathers of Deceased Children</i>	
	<i>No.</i>	<i>%</i>	<i>%</i>	<i>No.</i>	<i>%</i>
12 - 17	2	6%	NA	--	--
18 - 19	1	3%	5%	--	--
20 - 29	16	44%	29%	4	11%
30 - 39	9	25%	36%	7	19%
40 - 49	7	19%	23%	5	14%
50 - 59	1	3%	6%	--	--
60 - 69	--	--	--	1	3%
Unknown	--	--	--	19	53%
Deceased	--	--	--	--	--
Total (**)	36	100%	100%	36	100%

(*) As of June 30, 2008, 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 36 mothers and 38 child fatalities because 2 of the mothers had 2 children who died in 2008.

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 17 years the proportion of unmarried mothers has ranged from 76% to 97% (85% median). A comparison with the general caseload showed that at least 72% (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 (2008)

<i>Marital Status</i>	<i>Mothers of Deceased Children</i>		<i>Mothers in the DCF Caseload (*)</i>
	<i>No.</i>	<i>%</i>	<i>%</i>
Married	7	19%	23%
Divorced	4	11%	7%
Separated	2	6%	5%
Single (**)	23	64%	58%
Widowed	--	--	1%
Unspecified	--	--	5%
Total (***)	36	100%	100%

(*) As of June 30, 2008, 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).

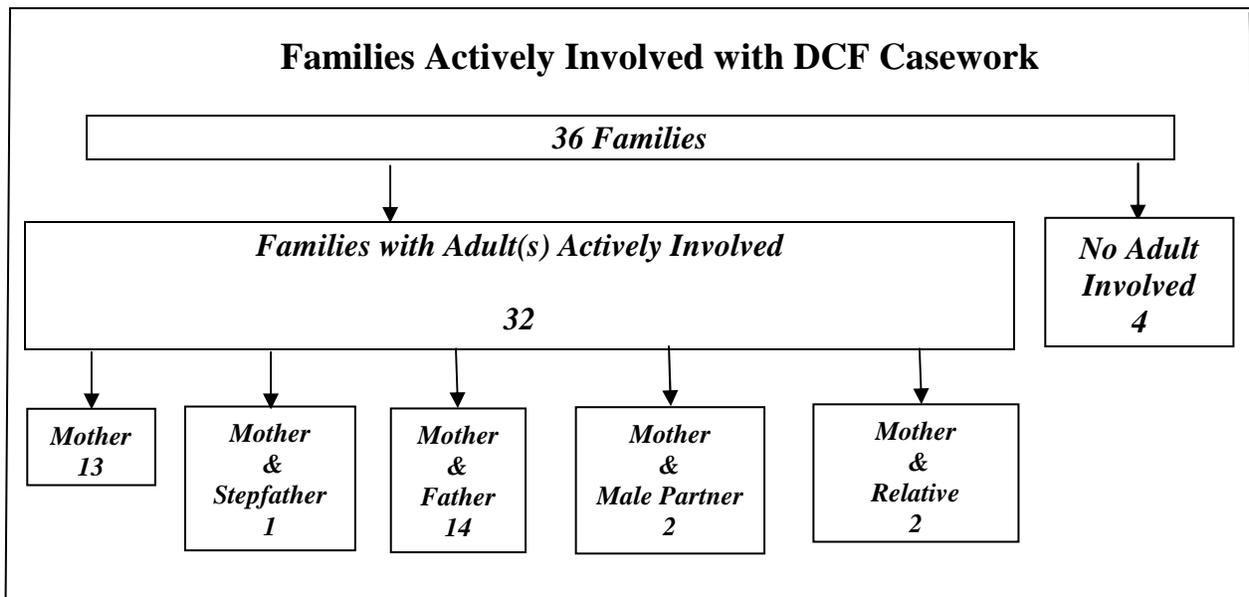
(***) There are 36 mothers and 38 child fatalities because 2 mothers had 2 children who died in 2008.

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

Fifteen mothers (42%) were known to have been less than 20 years old when they gave birth to their first child. Thirteen mothers (36%) were known to have been placed in DCF foster or residential care as children. Seventeen mothers (47%) were known to have one or more of the following mental health issues: depression (8 mothers), bipolar disorder (7), anxiety disorder (5), suicidal ideation (4), schizoaffective disorder (2), post-traumatic stress disorder (2), self-inflicted injuries (1), and agoraphobia (1).

5. Caretakers Actively Involved in DCF Casework

In 32 of the 36 families with deceased children, adult caretakers were known to be actively involved with DCF casework.¹⁸ Of the 32 involved families, 13 families had only one adult caregiver who was an active participant. All of these solitary caregivers were mothers. Nineteen families had two actively involved adult caregivers. In 15 of these 19 families, both caregivers were living together. (See chart below)



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

Fifty-eight percent of all children who died in 2008 were White, 16% were Black, 5% were Asian and 5% were Multi-Racial (Table 14A on next page). Race could not be determined for 16% of the deceased children; all of these children were Hispanic/Latino.¹⁹ Twenty-six percent of the deceased children were identified as Hispanic/Latino (Table 14B on next page). The proportions of deceased children by race and Hispanic origin were similar to the proportions in the DCF child caseload (Tables 14A and 14B). This similarity has not been the case in prior years, especially for Black children, who tend to be over-represented in the child fatalities group.

¹⁸ In 4 families, no adult was actively involved in DCF casework.

¹⁹ Children of any race who are identified as being of Hispanic/Latino origin.

Table 14A. Race of Children (2008)

<i>Race</i>	<i>Deceased Children</i>		<i>Children in DCF Caseload (*)</i>
	<i>No.</i>	<i>%</i>	<i>%</i>
White	22	58%	56%
Black	6	16%	17%
Asian	2	5%	2%
Native American	--	--	***
Pacific Islander (**)	--	--	***
Multi-Racial	2	5%	4%
Unspecified	6	16%	20%
Total	38	100%	100%

(*) As of June 30, 2008, 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 (2008)

<i>Origin</i>	<i>Deceased Children</i>		<i>Children in DCF Caseload (*)</i>
	<i>No.</i>	<i>%</i>	<i>%</i>
Hispanic/Latino	10	26%	29%
Not Hispanic/Latino	28	74%	63%
Unspecified	--	--	7%
Total	38	100%	100%

(*) As of June 30, 2008, children less than 18 years old with an open case status.

The following table compares the proportions of Black children and Hispanic children in the fatalities group and the DCF caseload over a ten-year period.

Proportions of Black Children and Hispanic Origin Children: 1999 – 2008²⁰	
Child Fatalities	DCF Child Caseload
Proportion of Black Children Range: 16% - 40% Median 23%	Proportion of Black Children Range: 15% - 19% Median 18.5%
Proportion of Hispanic Origin Children Range: 17% - 41% Median 26%	Proportion of Hispanic Origin Children Range: 16% - 29% Median 26.5%

Based on a ten-year period, the median proportion of Black children in the fatalities group (23%) exceeds the median proportion of Black children in the DCF caseload (18.5%) (see above table). There were similar median proportions of Hispanic children in the fatalities group (26%) and DCF caseload (26.5%).

²⁰ Since 1999, Hispanic has been used as an “ethnicity” rather than a race.

For each racial category, Table 15 displays the proportion of deceased children in three age groups. The infant group was the largest age group for all racial categories. Infants accounted for 59% of White children, 50% of Black children, 50% of Multi-Racial children, and 67% of “Unspecified” race children. Hispanic child fatalities were most prominent (80%) in the infant group.²¹

Table 15. Age and Race of Deceased Children (2008)

<i>Race</i>	<i>Age Groups</i>			<i>Total</i>
	<i>< 1 yr.</i>	<i>1 - 11 yrs.</i>	<i>12 - 18 yrs.</i>	
White	13 (59%)	2 (9%)	7 (32%)	22 (100%)
Black	3 (50%)	1 (17%)	2 (33%)	6 (100%)
Asian	-- ---	1 (50%)	1 (50%)	2 (100%)
Native American	-- ---	-- ---	-- ---	-- ---
Multi-Racial	1 (50%)	-- ---	1 (50%)	2 (100%)
Unspecified	4 (67%)	1 (17%)	1 (17%)	6 (100%)
Total	21 (55%)	5 (13%)	12 (32%)	38 (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 racial comparison of mothers of deceased children to mothers in the DCF caseload showed a difference that may be due to the proportion of mothers with race unspecified (11% of mothers with deceased children vs. 24% of mothers in the DCF caseload). Nineteen percent of the mothers of deceased children self-identified as being of Hispanic origin compared to 21% for all mothers in the DCF caseload.

Table 16. Race of Parents (2008)

<i>Race</i>	<i>Mothers of Deceased Children</i>		<i>Mothers in the DCF Caseload (*)</i>	<i>Fathers of Deceased Children</i>	
	<i>No.</i>	<i>%</i>	<i>%</i>	<i>No.</i>	<i>%</i>
White	23	64%	58%	15	42%
Black	6	17%	14%	2	6%
Asian	2	6%	2%	--	--
Native American	--	--	***	--	--
Pacific Islander (**)	--	--	***	--	--
Multi-Racial	1	3%	1%	--	--
Unspecified	4	11%	24%	19	53%
Total (****)	36	100%	100%	36	100%

(*) As of June 30, 2008, 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 36 mothers and 38 child fatalities because 2 of the mothers had 2 children who died in 2008.

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

²¹ The age-group breakdown for Hispanic child fatalities was 80% infants (8 children), 10% 1-11 year olds (1 child), and 10% 12-18 year olds (1 child).

7. Family Residence

Boston was the family residence of 7 children who died in 2008. Worcester was the only other city with more than two child fatalities (6 children). On a county basis, 9 children were from Worcester, 8 from Suffolk, 6 from Essex, 4 from Bristol, and 4 from Middlesex (Table 17). Comparing the DCF regional distributions of deceased children to all children in the caseload showed that the Central and Boston Regions were the most over-represented. The Western and Metro Regions were under-represented (Table 18).

Table 17. Family's County of Residence (2008)

<i>County</i>	<i>Deceased Children</i>
Worcester	9
Suffolk	8
Essex	6
Bristol	4
Middlesex	4
Berkshire	2
Hampden	2
Plymouth	2
Norfolk	1
Barnstable	--
Franklin	--
Hampshire	--
Dukes	--
Nantucket	--
Total	38

Table 18. Child's DCF Service Region at Time of Death (2008)

<i>DCF Region</i>	<i>Deceased Children</i>		<i>Children in DCF Caseload (*)</i>
	<i>No.</i>	<i>%</i>	<i>%</i>
West	5	13%	21%
Central	9	24%	15%
Northeast	6	16%	18%
Metro	3	8%	13%
Southeast	7	18%	20%
Boston (**)	8	21%	13%
Total	38	100%	100%

(*) As of June 30, 2008, 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 12 of the last 16 years (1993-2008), the median value has been three children per family. There were three or more siblings in 25 (69%) of the 36 families with a deceased child (Table 19). From 1993-2008, 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, 47% of the families in the DCF caseload had one child versus 13% of the families with deceased children. The percentage of one-child families of deceased children has ranged from 5% to 26% over the past 16 years.

Table 19. Family Size (2008)

<i>Number of Children in Family</i>	<i>Deceased Children Family Count</i>		<i>DCF Caseload Family Count (*)</i>
	<i>No.</i>	<i>%</i>	<i>%</i>
one	5	13%	47%
two	6	16%	29%
three	13	39%	15%
four	8	21%	6%
five	3	8%	2%
six	1	3%	1%
seven or more	---	---	**
Total Families (***)	36	100%	100%

(*) As of June 30, 2008, 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 36 mothers and 38 child fatalities because 2 mothers had 2 children who died in 2008.

D. Substance Abuse

1. Substance Abuse and Child Maltreatment

According to the Prevent Child Abuse America Fifty-State Survey²² (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).²³ 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).²⁴ 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);²⁵ addicted parents are often unable to meet the needs of their children.

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).²⁶

²² 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.

²³ 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.

²⁴ 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.

²⁵ 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.

²⁶ 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 Current²⁷ 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.²⁸ 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 28 other primary adults were: 18 fathers, 3 male partners, 3 female relatives, 1 foster mother, 1 stepfather, 1 male friend, and 1 female “other.” It should be noted that the presence of another adult does not mean the adult is actively engaged in DCF casework (see page 28).

Twenty-one mothers had a documented history of abusing drugs and alcohol (Table 20). The proportion of mothers (58%) with a past history of substance abuse was higher than in 2007 (39%). 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, 10 mothers were known to be using substances. 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.

The principal substances used by mothers were alcohol, marijuana, and cocaine. Of the 21 mothers known to have used substances at some time, 31% (11) used alcohol, 25% (9) used marijuana, and 22% (8) used cocaine. Thirty-six percent (13) of the mothers used more than one substance. The most frequently used combinations were: alcohol-marijuana and alcohol-cocaine. Compared to last year, the proportion of mothers using alcohol was significantly greater (16% in 2007), the proportion using cocaine was lower (32% in 2007), and the proportion using marijuana was about the same (24% in 2007). The only other known drugs used by the mothers of children who died in 2008 were: heroin (5 mothers), methadone (4), amphetamines (1), barbiturates (1), and methamphetamines (1).

Table 20. Primary Caregiver Past and Current Use of Drugs/Alcohol (2008)

<i>Relationship to Child</i>	<i>Past History of Use</i>				<i>Current Use</i>			
	<i>Yes</i>	<i>No</i>	<i>Unk</i>	<i>Totals</i>	<i>Yes</i>	<i>No</i>	<i>Unk</i>	<i>Total</i>
Mother	21	14	1	36	10	15	11	36
Other Primary Adult	10	7	11	28	2	9	17	28

²⁷ At the time of the CIU investigation.

²⁸ 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. Twenty-one infants died in 2008: 13 deaths were due to “natural causes,” 4 were accidents, and 4 were undetermined (Table 24 on page 37). Three of the infants who died from “natural causes” were prenatally exposed to drugs. These newborns were born prematurely with severe medical problems directly attributed to the mother’s use of drugs during pregnancy. 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 2008, 8 of 21 deceased infants were born to mothers who took drugs/alcohol during their pregnancy (Table 21). Only 3 of the 8 drug-exposed infants were found to be victims of neglect (see previous paragraph). Whether or not a mother used drugs/alcohol, it did not have an effect on the frequency of the selected medical conditions of their infants (Table 21). This analysis is limited by the small number of infants and the insufficient information on drug/alcohol abuse (especially without information such as frequency of substance abuse, the amounts and types of substances used, the health of the mother, prenatal care, etc.).

Table 21. Medical Conditions of Infants and Mother’s Use of Substances during Pregnancy (2008)

<i>Medical Condition</i> (*)	<i>Drug/Alcohol Use during Pregnancy</i>			<i>Total</i>
	<i>Yes</i>	<i>No</i>	<i>Unknown</i>	
Prematurity	4	4	1	9
Low Birth Weight	3	2	--	5
Congenital Condition	1	3	2	6
SIDS	2	1	1	4
TOTAL CONDITIONS	10	10	4	24
<i>No Medical Condition</i> (**)	2	1	3	6
TOTAL INFANTS	8	7	6	21

(*) 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.

(**) Six infants had no medical conditions.

Table 22 shows a tendency for substance-abusing mothers to have had little or no prenatal care when compared to mothers who did not use drugs/alcohol. Mothers who did not use illicit substances were more likely to have had routine/regular prenatal care. Note that these generalizations are based on small numbers and a lack of information on prenatal care and substance abuse (unknowns).

Table 22. Infant Deaths: Mother’s Prenatal Care and Use of Substances during Pregnancy (2008)

<i>Prenatal Care</i>	<i>Drug/Alcohol Use during Pregnancy</i>			<i>Total</i>
	<i>Yes</i>	<i>No</i>	<i>Unknown</i>	
Routine	1	4	1	6
Little	1	--	--	1
None	3	1	1	5
Unknown	3	2	4	9
TOTAL CHILDREN	8	7	6	21

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.²⁹

Domestic violence was reported in at least 16 of the 36 families where children died in 2008 (Table 23). If a past history with violence is included, the number of families increases to 20. 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 16 years is presented in Table 23.

Table 23. Prevalence of Domestic Violence among Fatalities (1993-2008)

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	
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
2008	16	44%	20	56%	36

(*) 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; groups of 3 siblings and 2 siblings in 2007; 2 pair of siblings in 2008).

²⁹ 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

Thirty-two percent of the children (12 of 38 children) who died in 2008 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%). Over the past six years (2003-2008), the proportion of adolescent deaths has fluctuated—33% to 24% to 32% (Table 1).

In 2008, 3 adolescents committed suicide, 3 died from gunshot wounds, 2 died from car accident injuries, 2 drowned, 1 perished in an arson fire, and 1 died from heart disease (Table 24). Six of the adolescents were male and six were female (Table 11 on page 25). Over the past 20 years, the counts of deceased adolescents by gender were: mostly male in 10 years; similar for the sexes in 8 years; and mostly female in 2 years.

Table 24. Age of Children and Manner of Death (2008)

<i>Manner of Death</i>	<i>Age of Children</i>					<i>Total</i>
	<i>< 1 yr.</i>	<i>1 - < 2 yrs.</i>	<i>2 - < 5 yrs.</i>	<i>5 - < 12 yrs.</i>	<i>12 - 18 yrs.</i>	
Natural Causes	13	--	--	1	1	15
Accidental	4	--	1	1	4	10
Suicide	--	--	--	--	3	3
Homicide	--	1	1	--	4	6
Undetermined (*)	4	--	--	--	--	4
Total	21	1	2	2	12	38

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

Ten of the adolescents were not in placement, 1 was in unrelated foster care, and 1 was on the run from placement. Three of the adolescents were known to have been involved with the Department of Youth Services (DYS). The following issues were identified for 10 of the 12 adolescents: neglect (5 adolescents), physical abuse (5), criminal activities (4), mental illness (3), substance abuse (3), and exposure to domestic violence (2). An adolescent may have more than one issue.

Table 25 displays the type of services provided to 7 of the 12 adolescents. Of the remaining 5 adolescents: 2 were in families that refused services, 2 died during the assessment period before services could be offered; and 1 did not need services. 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 (2008)

Service	Count of Adolescents Receiving Services (*)
Mental Health Counseling	3
Tracking	3
Unrelated Foster Care	3
Kinship Living Arrangement	2
Home-Based Treatment	1
Residential Treatment	1
Group Home	1
Substance Abuse Treatment	1
Adolescent Day Program	1
Anger Management	1
Intensive Family Intervention	1
Total Services	18
Total Number of Adolescents	7

(*) 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

Fifteen of the 38 deceased children were medically-involved; 1 of the 12 was also physically challenged. Twelve of the 15 children were infants; 1 was six years old, and 2 were adolescents. Eleven of the 15 children died from medical problems related to prematurity/congenital conditions (2 were prenatally exposed to drugs); 1 succumbed to heart disease, 1 died from aspiration pneumonitis, and 1 child died from car accident injuries.

At the time of their death, 11 of the 15 children were living with their parents or other family members; 4 were in hospitals. One hospitalized infant had been approved for the Special Kids/Special Care Program³⁰ but died before discharge.

³⁰ The program provides intensive medical case management for children with complex medical needs who are in DCF custody and in foster care.

III. Child Maltreatment-Related Fatalities: 2001 – 2008

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. The following analysis includes the aforementioned maltreatment-related deaths and the maltreatment-related deaths from Section II (open or recently open cases).

During 2008, there were 18 child fatalities with supported allegations of neglect or physical abuse by a caretaker (Table 26 on page 41). Neglect was a factor in 15 deaths, physical abuse was a factor in 1 death, and both neglect and physical abuse were factors in 2 deaths. The 18 maltreatment-related deaths in 2008 and 19 in 2007 were a significant increase from 2004-2006, but similar to the number of deaths in 2001-2003 (Table 26). The most noticeable differences between the fatalities recorded in 2007-2008 compared to the fatalities occurring in 2004-2006 were the relatively larger numbers of accidental deaths, infant deaths, deaths of female children, and deaths attributed to neglect (Table 26). Illicit drug use during pregnancy (7 deaths) and parents co-sleeping with infants (SIDS/asphyxiation) (7 deaths) were contributing factors in half of the neglect-related deaths (28 deaths) in 2007-2008. Of the 18 maltreatment-related deaths in 2008, 4 occurred in hospitals and 14 were in non-placement locations (Table 26). The DCF case statuses of the 16 families of the 18 children (2 mothers had 2 children who died) were: 6 open, 5 closed, and 5 unknown to DCF (see child counts in Table 26).

Summary of 18 Maltreatment-Related Child Fatalities in 2008

- **Five** children perished in three separate fires:
 - Two of the fires were caused by children playing with matches (3 neglect-related deaths, 2 of the 3 children were siblings).
 - The third fire claimed the lives of two siblings. The children died in an arson fire that was set by their mother's former female partner. The mother was drunk and tested positive for cocaine at the hospital on the night of the fire. Neglect was supported on the mother, physical abuse and death on the mother's former partner.
- **Four** neglect-related deaths involved sleeping babies:
 - In two of these cases, the infants died from asphyxiation while sleeping with a parent or siblings.
 - A third infant was diagnosed as having died from SIDS while co-sleeping with her father who had been drinking alcohol earlier. From information gathered during the investigation, DCF staff decided the parents had placed their child at risk by sleeping with her.
 - The cause of death of the remaining infant could not be determined by the medical examiner. The child had been found dead by her intoxicated mother. The mother had been drinking when she put the baby in her crib; she could not be specific about timeframes. The father had also been drinking.

- **Four** neglect-related deaths involved substance-abusing pregnant mothers. Their children were born extremely premature with severe medical problems attributed to drugs or alcohol abuse.
- **Two** accidental deaths (neglect) were due to a lack of parental supervision. A one-year-old child drowned in a bathtub. An infant fell from a fourth floor bedroom window.
- **Two** other neglect-related deaths were:
 - A mother (and her male partner) dismissed her adolescent daughter's complaints of severe day-long headaches. Medical help was not sought despite continued headaches throughout a year (4-5 episodes and one episode where she passed out). The daughter collapsed in her room and went into cardiac arrest (undiagnosed cardiomyopathy).
 - An adolescent died from head injuries when she fell from a moving vehicle. She had permission from grandmother to ride in the back of an open SUV.
- **One** infant was a victim of physical abuse. He was suffocated by his mother.

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 42), 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 2008. Totals for the eight years are also presented. Combining the eight years allows a more complete description of the children who died. For example:

Profile of Child Maltreatment-Related Deaths
(Data Compiled on 114 Deaths from 2001 to 2008)

- 57% of the children were males
 - 54% of the children were infants (less than 1 year old)
 - 70% of the children were victims of neglect, another 16% were victims of neglect and physical abuse, 14% were victims of physical abuse
 - 39% of the deaths were accidents and 31% were homicides
 - 88% of the children were not in placement
 - 64% 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, 23% were fathers, and 20% were mothers' male partners
- (see Fig. 5, Tables 26 and 27 on pages 41-43)

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
- 30% of the children were Hispanic

**Table 26. Profile of Child Neglect/Physical Abuse Deaths
2001-2008**

		Calendar Year								
		2001	2002	2003	2004	2005	2006	2007	2008	Total
Total Child Maltreatment Fatalities		19	17	16	8	7	10	19	18	114
Family Case Status:	current protective case open 6 months or less	3	--	1	1	2	1	4	5	17
	current protective case open more than 6 months	3	7	4	1	--	2	6	3	26
	current CHINS case	--	--	--	--	--	--	3	--	3
	case closed 6 months or less	1	2	--	1	2	--	--	3	9
	case closed more than 6 months	3	2	4	2	1	3	1	2	18
	unknown to DCF	9	6	7	3	2	4	5	5	41
Maltreatment:	neglect	11	12	10	6	5	8	13	15	80
	physical abuse	3	4	1	2	1	1	3	1	16
	neglect and physical abuse	5	1	5	--	1	1	3	2	18
Gender:	male	10	11	9	7	6	7	7	8	65
	female	9	6	7	1	1	3	12	10	49
Age (years):	less than 1	11	9	6	6	4	5	11	10	62
	1 – 5	6	6	6	--	2	3	3	4	30
	6 – 11	2	2	2	--	1	1	5	1	14
	12 - 17	--	--	2	2	--	1	--	3	8
Race:	White	3	3	12	2	2	4	6	8	40
	Black	2	2	--	--	2	2	4	2	14
	Asian	--	--	1	--	--	--	--	1	2
	multi-racial	1	7	1	1	--	1	2	1	14
	unknown	13	5	2	5	3	3	7	6	44
Hispanic Origin:	yes	1	4	3	3	--	3	6	4	24
	no	6	5	11	2	4	7	9	11	55
	unknown	12	8	2	3	3	--	4	3	35
Placement Status:	not in placement	16	14	16	7	5	9	19	14	100
	unrelated foster home	1	--	--	--	1	--	--	--	2
	institution (hospital/nursing home)	2	3	--	1	1	1	--	4	12
Manner of Death:	natural causes*	4	3	3	4	1	2	--	5	22
	accident	6	7	7	2	3	4	8	8	45
	suicide	--	--	1	--	1	--	--	--	2
	homicide	8	5	5	2	2	3	7	3	35
	undetermined**	1	2	--	--	--	1	4	2	10

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

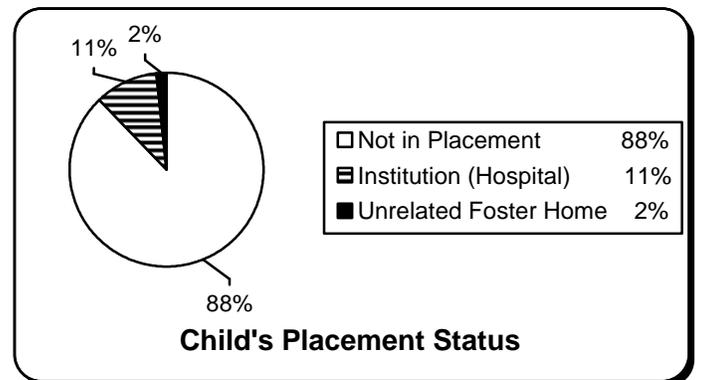
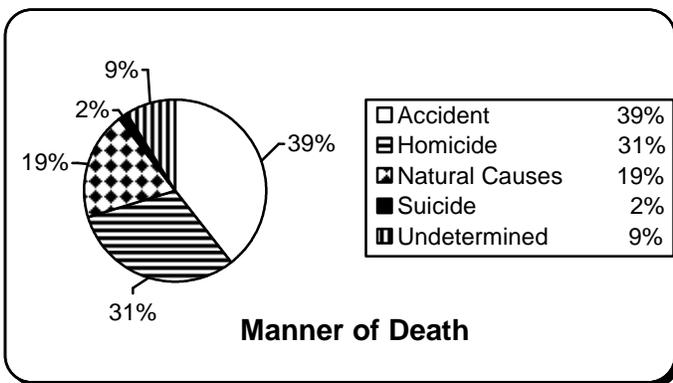
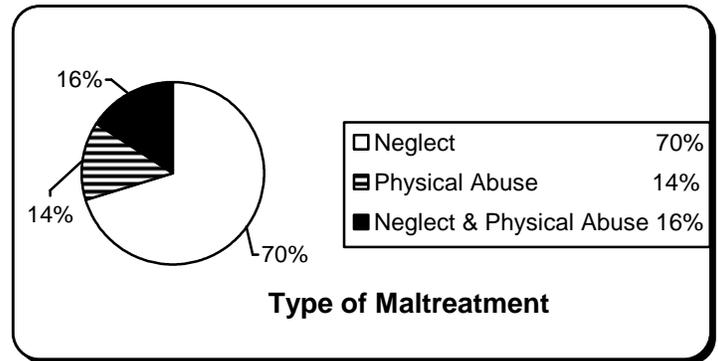
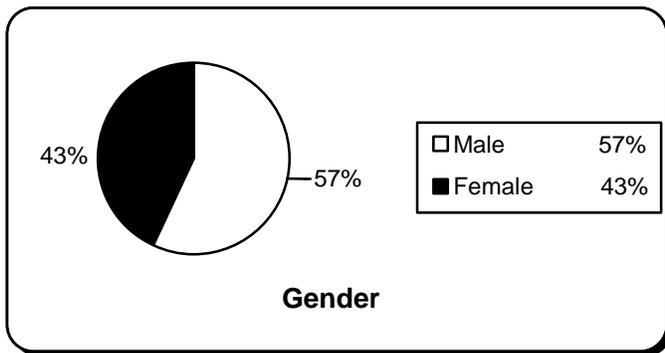
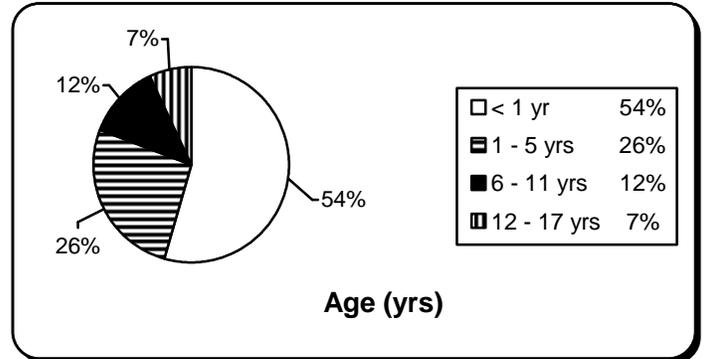
** Manner of death could not be determined following an autopsy by a medical examiner.

Table 27. Perpetrators of Child Neglect/Physical Abuse		Calendar Year								Total
		2001	2002	2003	2004	2005	2006	2007	2008	
2001-2008										
*Perpetrator:	mother	10	11	13	4	5	6	15	13	77
(Neglect)	father	2	3	6	2	1	2	3	4	23
	mother's boyfriend	--	--	--	--	--	--	1	1	2
	father's girlfriend	1	1	--	--	--	--	--	--	2
	grandmother	--	1	2	--	1	1	--	1	6
	aunt	--	--	2	--	--	--	--	--	2
	uncle	1	--	1	--	--	--	--	--	2
	female legal guardian	--	1	--	--	--	--	--	1	2
	foster parent	1	--	--	--	1	--	--	--	2
	day care provider	--	--	1	--	--	--	--	--	1
	provider (after school program)	1	--	--	--	--	--	--	--	1
	baby sitter	--	--	1	--	--	--	--	2	3
	unrelated adult caretaker	--	--	--	1	--	2	--	--	3
	nursing home/rehab staff	--	--	--	--	--	1	--	--	1
*Perpetrator:	mother	1	3	2	1	1	--	2	1	11
(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
	**non-caretaker	--	--	--	--	--	--	--	2	2
	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).

** Non-caretaker was the mother's former female partner (2 siblings died in arson fire).

Figure 5. Profile of Child Maltreatment Fatalities: 2001 - 2008



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

IV. Age-Specific Death Rates³¹

A. All Child Fatalities

According to the Registry of Vital Records and Statistics, there were 616 child deaths in Massachusetts during January 1 - December 31, 2008.³² The deaths included 405 infants (less than 1 year old) and 211 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 2008.³³ The age-specific death rate was 4.1 child deaths per 10,000 resident children in Massachusetts. The rate was 50.5 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 (2008): 4.1 child deaths per 10,000 resident children in the state; 50.5 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 2008, there were 38 child deaths (all causes) in 36 DCF families; 33 deaths were in open cases and 5 were in closed cases.³⁴ An age-specific death rate was determined using the 33 deceased children whose families had open cases and the 45,730 children³⁵ in the DCF caseload (open cases) on June 30, 2008. The rate was 7.2 child deaths (open cases) per 10,000 children in the DCF caseload. Of the 33 deceased children (open cases) known to DCF, 18 were infants and 15 were 1-17 years old. Age-specific death rates for DCF infants and children 1-17 years old were 67.7 and 3.5, respectively.

- ***Statewide DCF Caseload (2008): 7.2 child deaths (open cases) per 10,000 children in the DCF caseload; 67.7 infant deaths per 10,000 infants in the DCF caseload; 3.5 deaths of children 1-17 years old per 10,000 children 1-17 years old in the DCF caseload***

³¹ The age-specific death rate was computed by dividing the number of deaths in 2008 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 2008 by the number of children less than 18 years old with open cases on 6/30/2008. Children with an open case are defined as children with an active case status who were in a case with an assessment for services or a service plan.

³² Massachusetts Department of Public Health, Registry of Vital Records and Statistics, childhood deaths printout on October 13, 2009.

³³ 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/www/projections/projectionsagesex.html) [1,502,167 children less than 18 years old (as of 7/1/2008), includes 80,228 infants and 1,421,939 children 1-17 years old]

³⁴ There were 38 child fatalities from 36 families because 2 families had 2 siblings who died in 2008.

³⁵ The 45,730 includes 2,660 infants, 43,052 children 1-17 years old, and 18 children age unspecified.

B. Maltreatment-Related Child Fatalities

Across the nation, an estimated 1,760 children died from abuse and/or neglect in FFY'2007.³⁶ Expressed as a rate, this count converts to .24 maltreatment-related deaths per 10,000 resident children in the United States.³⁷

National (2007): 0.24 maltreatment-related deaths per 10,000 children in the U.S.

DCF recorded 18 maltreatment-related deaths³⁸ in Massachusetts during 2008 – a rate of .12 maltreatment-related deaths per 10,000 resident children in Massachusetts. Thirteen of the 18 maltreated children were in families known to DCF. One of the 18 children was in placement (kinship foster care). Of the 13 children from families known to DCF, 8 were in open cases and 5 were in closed cases. Based on the 8 children in open cases, the death rate was 1.75 maltreatment-related deaths (open cases) per 10,000 children in the DCF caseload. Neglect was a contributing factor in 5 deaths; physical abuse was a factor in 1 death; and both neglect and physical abuse were factors in 2 deaths.

Massachusetts (2008): 0.12 maltreatment-related deaths per 10,000 resident children in the state

DCF Caseload (2008): 1.75 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 prenatal 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.

³⁶ Death of a child caused by an injury resulting from abuse or neglect, or where abuse or neglect was a contributing factor.

³⁷ U.S. Department of Health and Human Services, Administration on Children, Youth & Families. 2009. Child Maltreatment 2007. U.S. Government Printing Office, Washington, D.C. (http://www.acf.hhs.gov/programs/cb/stats_research/index.htm#can)

³⁸ Maltreated children are less than 18 years old and the perpetrators are caretakers.