
**MASSACHUSETTS
DEPARTMENT OF CHILDREN AND FAMILIES**

2009

**Analysis of Child Fatalities
& Near Fatalities**

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

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& Near Fatalities**

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Introduction

Although Massachusetts has one of the lowest child death rates in the nation,¹ between 500 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 following groups of deceased children: (1) children whose deaths were not maltreatment-related and whose families had open cases or cases that had been closed for six months or less at the time of the child's death; and (2) children with maltreatment-related deaths whose families had open cases, closed cases, or no previous DCF history (deaths reported to DCF pursuant to M.G.L. ch. 119, sec. 51A which resulted in supported allegations of abuse or neglect). The Department works collaboratively with DPH (Registry of Vital Records and Statistics) to ascertain child death certificate findings. The release of death certificates impacts production of this report.

All child deaths in families open or recently involved ("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 or 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 with cases that closed within the six months preceding the child's death; and

¹ Annie E. Casey Foundation. Kids Count 2010 Data Book online
<http://datacenter.kidscount.org/data/acrossstates/rankings.aspx?ind=22>

² Number of child deaths from printouts for years 2000 to 2009 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_08.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).

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

In 2001, the CIU began collecting information on deceased children from families previously unknown to DCF and families with cases closed more than six months prior to the child's death for whom a 51A report was filed. This group of children is limited to 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 with current or recent DCF involvement (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 reports of abuse or neglect 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 for near fatalities 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 2009.

Section II contains a statistical analysis of the data collected on all deceased children whose families were open or recently closed with DCF. Statistics cover all manner of death during the years 1989-2009. This section describes what happened to all deceased children, regardless of the cause of death.

Section III includes a statistical profile that focuses solely on the maltreatment-related deaths that occurred from 2001-2009. 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 2009

A. Child Near Fatalities

There were 22 near fatalities reported to DCF during 2009 (15 girls and 7 boys). Abusive head trauma injuries⁷ were diagnosed in 15 of the 22 near fatalities. Nine of these children were also found to have multiple fractures. In 5 additional near fatalities, other types of physical trauma were inflicted (including strangulation and stabbing). Of the remaining 2 near fatalities, one involved medical neglect and the other a non-accidental overdose of methadone. Neglect was a factor in the near fatalities of 3 children, physical abuse was a factor for 2 children, and both physical abuse and neglect were factors for 17 children. The victimized children included 18 infants, 1 one-year-old, 2 two-year-olds, and 1 thirteen-year-old. Mothers and fathers were the primary perpetrators of child maltreatment. Allegations of neglect were supported on 17 mothers, 16 fathers, 1 maternal grandmother, and 1 maternal grandfather. Physical abuse was supported on 7 fathers, 3 mothers, 1 maternal grandfather, 1 maternal step-grandfather, 1 unrelated male caretaker, and 8 unknown perpetrators. (See **Tables A1 and A2** on pages 4 and 5)

Of the 21 families (1 family had twins with injuries), 10 were known to DCF (5 current protective and 5 closed cases) and 11 were unknown. None of the children were in DCF custody. Median ages of mothers and fathers were 22 and 25 years, respectively. Eleven mothers were less than 20 years old when they gave birth to their first child. Seven mothers were married and 13 had a prior history with DCF. Eleven fathers had a previous history with DCF. Current family issues were domestic violence (5 families), substance abuse (5), and mental illness (13). Ten of the children were White, 2 were Black, 3 were Asian, and 2 were multi-racial. Race was unknown for 5 children. Six of the 22 near fatalities were identified as Hispanic. (See **Tables A1 and A2**)

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).

Table A1. CY2009 Child Near Fatalities: 22 Children from Families Known and Unknown to DCF

CHILD'S AGE	FAMILY CASE STATUS	DURATION OPENED/CLOSED	INJURIES	ABUSE/NEGLECT	DCF CUSTODY	PLACEMENT TYPE
57 days	open protective	more than 6 mos.	abusive head trauma	PHYS/NEG	NO	NIP
35 days	no previous history	----	abusive head trauma/multiple fractures to body	PHYS/NEG	NO	NIP
35 days	no previous history	----	abusive head trauma/multiple fractures to body	PHYS/NEG	NO	NIP
* 42 days	closed	more than 6 mos.	abusive head trauma/multiple fractures to body	PHYS/NEG	NO	NIP
* 42 days	closed	more than 6 mos.	abusive head trauma/multiple fractures to body	PHYS/NEG	NO	NIP
54 days	closed	more than 6 mos.	abusive head trauma	PHYS/NEG	NO	NIP
67 days	no previous history	----	abusive head trauma/multiple fractures to body	PHYS/NEG	NO	NIP
90 days	no previous history	----	assault and battery (medical emergency)	PHYS/NEG	NO	NIP
100 days	no previous history	----	abusive head trauma/multiple fractures to body	PHYS/NEG	NO	NIP
101 days	no previous history	----	multiple fractures to body	PHYS/NEG	NO	NIP
111 days	closed	more than 6 mos.	abusive head trauma	PHYS	NO	NIP
125 days	closed	more than 6 mos.	abusive head trauma/multiple fractures to body	PHYS/NEG	NO	NIP
139 days	open protective	6 mos. or less	methadone overdose (non-accidental)	NEG	NO	NIP
147 days	no previous history	----	abusive head trauma/multiple fractures to body	PHYS/NEG	NO	NIP
200 days	open protective	more than 6 mos.	abusive head trauma	PHYS/NEG	NO	NIP
207 days	no previous history	----	abusive head trauma/multiple fractures to body	PHYS/NEG	NO	NIP
256 days	no previous history	----	abusive head trauma	PHYS	NO	NIP
282 days	no previous history	----	multiple bruises and internal injuries	PHYS/NEG	NO	NIP
1 year	closed	more than 6 mos.	traumatic brain injury	NEG	NO	NIP
2 years	open protective	6 mos. or less	attempted murder (strangulation marks/stab wounds)	PHYS/NEG	NO	NIP
2 years	open protective	more than 6 mos.	medical neglect (life-threatening emergency)	NEG	NO	NIP
13 years	no previous history	----	attempted murder (lacerations to head)	PHYS/NEG	NO	NIP

CODES: NEG = neglect; PHYS = physical 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).

* = Twin siblings

Table A2. CY'2009 Child Near Fatalities: Perpetrators (22 Children from Families Known or Unknown to DCF)

CHILD'S AGE	PERPETRATOR	NEGLECT	PHYSICAL ABUSE	INJURIES	CURRENT FAMILY ISSUES	TEENAGE MOTHER AT 1ST BIRTH
35 days	mother	X	----	abusive head trauma	MI	----
	father	X	----			
	maternal grandmother	X	----			
	unknown	----	X			
35 days	mother	X	----	abusive head trauma and multiple fractures to body	----	YES
	father	X	----			
	unknown	----	X			
* 42 days	mother	X	----	abusive head trauma and multiple fractures to body	MI	----
	father	X	----			
	unknown	----	X			
* 42 days	mother	X	----	abusive head trauma and multiple fractures to body	MI	----
	father	X	----			
	unknown	----	X			
54 days	mother	X	----	abusive head trauma and multiple fractures to body	MI	YES
	father	----	X			
57 days	mother	X	----	abusive head trauma	MI	YES
	father	X	X			
67 days	mother	X	X	abusive head trauma and multiple fractures to body	----	----
	father	X	X			
90 days	mother	X	----	assault and battery (medical emergency)	SA/DV/MI	YES
	father	X	X			
100 days	mother	X	----	abusive head trauma and multiple fractures to body	MI/DV	YES
	father	X	X			
101 days	mother	X	----	multiple fractures to body	SA/DV/MI	YES
	father	X	X			
111 days	unknown	----	X	abusive head trauma	----	----
125 days	maternal step-grandfather	----	X	abusive head trauma and multiple fractures to body	MI	YES
139 days	mother	X	----	methadone overdose (non-accidental)	SA/DV/MI	----
	father	X	----			
147 days	mother	X	----	abusive head trauma and multiple fractures to body	----	YES
	father	X	----			
	unknown	----	X			
200 days	mother	X	----	abusive head trauma	DV/MI	----
	father	X	----			
	unknown	----	X			
207 days	mother	X	X	abusive head trauma and multiple fractures to body	SA	----
	father	X	X			
256 days	unknown	----	X	abusive head trauma	----	----
282 days	mother	X	----	multiple bruises and internal injuries	----	YES
	father	X	----			
	unrelated male caretaker	----	X			
1 year	mother	X	----	traumatic brain injury	MI	YES
	father	X	----			
2 years	mother	X	X	attempted murder (strangulation marks/stab wounds)	MI	----
2 years	father	X	----	medical neglect (life-threatening emergency)	SA/MI	YES
13 years	maternal grandfather	X	X	attempted murder (lacerations to head)	----	----

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

NOTES:

Omissions under "Current Family Issues" indicate "None" or "Unknown." Issues apply to the child's caretaker(s).

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

* = Twin siblings

B. Child Fatalities

Fifty (50) children in families with an open or recently⁸ closed DCF case status died in 2009. Twenty-four (24) of these children died from natural causes, 7 died in accidents, 6 were homicides, and 1 was a suicide. For the remaining 12 children, the manner of death was “undetermined or pending” following an autopsy by a medical examiner.⁹ Eight (8) of these 12 fatalities involved infants who were co-sleeping with adults. Physical abuse and/or neglect was found to be the cause or a contributing factor in 7 of the 50 deaths.

Thirty-four percent (34%) of these deceased children were infants (less than one year old), 38% were 1-11 years old, and 28% were adolescents (12-17 years old). Seven (7) of the 50 children were in DCF temporary custody. Of those children in DCF custody, 5 died from natural causes and 2 died from gunshot wounds incurred while on the run from placement. (See **Table A3** on pages 9 and 10)

The deaths of an additional 8 children were reported to DCF and found to be maltreatment-related. Six (6) 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 A4** on page 11)

Deaths in 2009 of children open or recently closed with DCF were 32% higher than in 2008 (50 vs. 38). Nonetheless, there has been a dramatic reduction in child deaths for this population over the past 20 years. Counts of fatalities have declined from a peak of 89 in 1990 to a leveling-out of 30-38 in 2002-2008. Since 1989-1990 there has been a significant decrease 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, these 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 an appreciable difference in the number of infant fatalities in 2008 compared to 2009 (21 vs. 17, respectively). The greatest disparity was among children age 1 to 11 years old--5 deaths in 2008 and 19 deaths in 2009. In 2009, 11 of the 19 deaths were from natural causes (2 “undetermined” deaths appear to be from natural causes as well). This sudden relative increase in child fatalities during 2009 is most likely a one year deviation. Unlike deaths from homicides, accidents, and suicides, deaths from natural causes are more difficult, if not impossible, to prevent.

⁸ Families with cases that closed 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.

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>).

In 2009, there were 10 SIDS deaths, 7 involving co-sleeping with an adult caretaker, and 3 additional deaths from an undetermined cause that involved co-sleeping (includes families known and unknown to DCF). Because of circumstances related to co-sleeping, the medical examiner could not determine whether the manner of death was natural or accidental for any of the co-sleeping fatalities. This ambiguity is reflected in the DCF findings of neglect in 4 of the undetermined deaths. In some cases, the parents admitted to rolling over the infant or waking up and finding the child underneath them or the blanket. The type of bedding, the placement of an infant in a face down position, and the parents' use of drugs or alcohol are factors which may have played a role in these SIDS/co-sleeping neglect deaths. (See table below and **Tables A3 and A4** on pages 9-11)

Year & Manner of Death	Cause of Death			
	SIDS	SIDS/ Co-Sleeping	Asphyxiation/ Co-Sleeping	Ill-Defined & Unspecified Cause/ Co-sleeping
2007:				
Natural Causes	1	---	---	---
Accident	---	1 (1 neglect)	---	---
Undetermined/Pending	1	4 (3 neglect)	---	---
2008:				
Natural Causes	1	---	---	---
Accident	---	---	3 (2 neglect)	---
Undetermined/Pending	---	4 (1 neglect)	---	---
2009:				
Natural Causes	2	---	---	---
Accident	---	---	---	---
Undetermined/Pending	1	7 (3 neglect)	---	3 (1 neglect)

Note: (# neglect) = number of neglect-related deaths

During 2009, there were 15 fatalities (7 in families open with DCF) with supported allegations of neglect or physical abuse (**Tables A3 and A4**). Neglect was a factor in 9 deaths, physical abuse was a factor in 3 deaths, and both physical abuse and neglect were factors in 3 deaths. Some of the deaths involved multiple perpetrators (**Table A5** on page 12). Perpetrators of neglect included 9 mothers, 7 fathers, 2 grandmothers, 1 grandfather, 1 stepfather, and 1 female partner. Perpetrators of physical abuse were 4 fathers, 2 mothers, and 1 male partner. Maltreatment-related deaths have ranged from 7 to 19 since 2001 (**Table 25** on page 44). There is no apparent trend in the annual fluctuations in maltreatment-related deaths.

Forty-three (43) of the 50 (86%) children known to DCF who died in 2009 were not in placement (**Table A3** on pages 9-10). Of the remaining 7 children (14%): 3 were medically-involved children with severe congenital conditions (1 was hospitalized and 2 were in foster care); 2 were teenagers with heart problems in residential care; and 2 were seventeen year olds who died from gunshot wounds incurred while on the run from placement. Since monitoring of child deaths began in the late 1980s, the majority of deaths occurred while children were 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 nine years (2001-2009), 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.

Table A3. CY'2009 Child Fatalities: 50 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	sudden infant death		NO	NIP
<1	open protective	more than 6 months	U	sudden infant death (co-sleeping w/mother)		NO	NIP
<1	open protective	more than 6 months	P	SIDS (co-sleeping w/mother)	NEG	NO	NIP
<1	open protective	more than 6 months	P	ill-defined and unspecified cause, co-sleeping w/mother		NO	NIP
<1	open protective	6 months or less	U	acute tracheitis, respiratory syncytial virus infection		NO	NIP
<1	open protective	6 months or less	U	sudden infant death (co-sleeping w/parents)		NO	NIP
<1	open protective	6 months or less	U	sudden infant death (co-sleeping w/adult caretaker)	NEG	NO	NIP
<1	open protective	more than 6 months	U	sudden death of infant in crib		NO	NIP
<1	open protective	more than 6 months	U	ill-defined and unspecified cause, co-sleeping w/mother		NO	NIP
<1	open protective	6 months or less	U	sudden infant death (co-sleeping w/father)		NO	NIP
<1	open protective	more than 6 months	U	SIDS (co-sleeping w/mother)		NO	NIP
<1	open protective	more than 6 months	H	blunt force trauma to head	PHY/NEG	NO	NIP
<1	open protective	more than 6 months	NC	sudden infant death w/probable respiratory tract virus infection		NO	NIP
<1	case closed	6 months or less	NC	complications of Sickle Cell Disease (congenital)		NO	NIP
<1	open protective	more than 6 months	NC	pneumonia, prematurity, subglottic tracheal stenosis (congenital)		TEMP	NIP
<1	open protective	more than 6 months	NC	Edwards Syndrome/Trisomy 18 (genetic disorder), congenital		TEMP	UNREL
<1	open protective	6 months or less	NC	complicaions of prematurity, multiple organ failure (congenital)		NO	NIP
1	open protective	more than 6 months	NC	multiple organ dysfunction syndrome		NO	NIP
1	open protective	more than 6 months	NC	congenital subglottic tracheal stenosis (respiratory disorder), chronic lung disease (congenital)		NO	NIP
1	open protective	more than 6 months	H	blunt force trauma to head and torso from assault	PHY	NO	NIP
1	open protective	6 months or less	NC	heart condition (congenital)		NO	NIP
2	case closed	6 months or less	U	seizure disorder		NO	NIP
2	case closed	6 months or less	NC	viral infection		NO	NIP
2	open protective	more than 6 months	A	injuries from fall (3rd floor window)	NEG	NO	NIP
3	case closed	6 months or less	NC	complications of cerebral palsy (congenital)		NO	NIP
4	open protective	more than 6 months	U	acute peritonitis, injury of small intestine		NO	NIP
5 *	open protective	more than 6 months	NC	metachromatic leukodystrophy (congenital metabolic disorder)		NO	NIP
5 *	open protective	more than 6 months	NC	metachromatic leukodystrophy (congenital metabolic disorder)		NO	NIP
5 *	open protective	more than 6 months	NC	metachromatic leukodystrophy (congenital metabolic disorder)		NO	NIP
6	open voluntary	more than 6 months	H	stab wounds	PHY	NO	NIP
6	case closed	6 months or less	NC	cardiopulmonary arrest, cerebral palsy, multiple medical conditions (congenital)		NO	NIP
6	case closed	6 months or less	A	injuries from MVA (pedestrian)		NO	NIP
7	open protective	6 months or less	NC	seizure disorder, multiple medical conditions (congenital)		TEMP	KIN
9	open protective	6 months or less	H	asphyxiation (strangulation)	PHY/NEG	NO	NIP
10	case closed	6 months or less	NC	complications of cerebral palsy, multiple medical conditions (congenital)		NO	NIP
11	open protective	more than 6 months	A	diabetic w/insulin overdose		NO	NIP

* siblings

LIST IS CONTINUED ON NEXT PAGE

CODES: NC = natural causes; A = accident; H = homicide; S = suicide; U = undetermined by medical examiner; P = pending further investigation; NEG = neglect; PHY = physical abuse

TEMP = temporary custody; NIP = not in placement; HOSP = hospital; UNREL = unrelated foster home; KIN = kinship foster home; RES = residential care; ON RUN = on the run from placement

Table A3 (continued). CY'2009 Child Fatalities: 50 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
13	open protective	more than 6 months	NC	electrolyte and fluid imbalance, elevated sodium levels, multiple medical conditions (congenital)		NO	NIP
13	open protective	more than 6 months	NC	cardiac arrest, chronic pulmonary disease, multiple medical conditions (congenital)		TEMP	HOSP
13	case closed	6 months or less	NC	convulsions/seizure		NO	NIP
14	case closed	6 months or less	NC	asphyxia, spastic tetraplegia, multiple medical conditions (congenital)		NO	NIP
14	open protective	more than 6 months	NC	leukemia		NO	NIP
14	open protective	more than 6 months	NC	cardiac arrhythmia, structural abnormalities of heart (congenital)		NO	RES
15	open protective	more than 6 months	S	suicide (hanging)		NO	NIP
15	open CHINS	more than 6 months	NC	cardiac arrest (infective myocarditis)		TEMP	RES
16	open voluntary	more than 6 months	A	heroin overdose		NO	NIP
16	open protective	more than 6 months	A	injuries from MVA (unbelted passenger)		NO	NIP
17	open protective	more than 6 months	H	gunshot wounds		TEMP	ON RUN
17	open protective	6 months or less	H	gunshot wounds		TEMP	ON RUN
17	open protective	6 months or less	A	electrocuted		NO	NIP
17	open protective	more than 6 months	A	injuries from MVA (driver)		NO	NIP

CODES: NC = natural causes; A = accident; H = homicide; S = suicide; U = undetermined by medical examiner; P = pending further investigation; NEG = neglect; PHY = physical abuse

TEMP = temporary custody; NIP = not in placement; HOSP = hospital; UNREL = unrelated foster home; KIN = kinship foster home; RES = residential care; ON RUN = on the run from placement

Table A4. CY'2009 Child Fatalities: 8 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	-----	U	SIDS (co-sleeping w/father)	NEG	NO	HOSP
<1	unknown family	-----	H	abusive head trauma from assault (child abuse)	PHY	NO	NIP
<1	case closed	more than 6 months	U	ill-defined and unspecified cause, co-sleeping w/mother	NEG	NO	NIP
<1	unknown family	-----	A	asphyxiation (window cord around neck)	NEG	NO	NIP
4 *	unknown family	-----	A	smoke and soot inhalation (house fire)	NEG	NO	NIP
7	case closed	more than 6 months	H	injuries to head and torso from assault	PHY/NEG	NO	NIP
12	unknown family	-----	S	self-inflicted gun shot wound	NEG	NO	NIP
17 *	unknown family	-----	A	smoke and soot inhalation (house fire)	NEG	NO	NIP

* siblings

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

Table A5. CY'2009 Child Fatalities: Perpetrators of Child Maltreatment (15 Children from Families Known or Unknown to DCF)

CHILD #	AGE OF CHILD	PERPETRATOR	NEGLECT	PHYSICAL ABUSE	FACTORS CAUSING OR CONTRIBUTING TO DEATH	CURRENT** FAMILY ISSUES	MANNER OF DEATH	TEEN MOTHER AT 1ST BIRTH
1	15 days	mother	x		SIDS (co-sleeping w/mother)	DV/MI	P	YES
2	35 days	father	x		SIDS (co-sleeping w/father)	SA/MI	U	YES
3	65 days	mother	x		ill-defined and unspecified cause, co-sleeping w/mother	SA/MI	U	NO
4	68 days	grandmother	x		sudden infant death (co-sleeping w/adult caretaker)	SA/MI	U	YES
		mother	x					
		father	x					
5	80 days	father		x	abusive head trauma from assault (child abuse)	NONE	H	YES
6	192 days	mother		x	blunt force trauma to head	SA	H	UNKNOWN
		father		x				
		grandmother	x					
		grandfather	x					
7	331 days	mother	x		asphyxiation (window cord around neck)	SA/DV	A	NO
		father	x					
8	1 year	male partner		x	blunt force trauma to head and torso from assault	SA/DV/MI	H	YES
9	2 years	mother	x		injuries from fall (3rd floor window)	SA/DV/MI	A	YES
10 *	4 years	mother	x		smoke and soot inhalation (house fire)	UNKNOWN	A	UNKNOWN
		father	x					
11	6 years	father		x	stab wounds	DV	H	YES
12	7 years	father	x	x	injuries to head and torso from assault	UNKNOWN	H	UNKNOWN
		female partner	x					
13	9 years	mother	x	x	asphyxiation (strangulation)	DV/MI	H	NO
		father	x					
14	12 years	mother	x		self-inflicted gun shot wound	UNKNOWN	S	NO
		father	x					
15 *	17 years	mother	x		smoke and soot inhalation (house fire)	UNKNOWN	A	UNKNOWN
		stepfather	x					

CODES: NC = natural causes; A= accident; H = homicide; S = suicide; U = undetermined by medical examiner; SA = substance abuse; DV = domestic violence; MI = mental illness

* siblings ** applies to child's caretaker (mother, father, other)

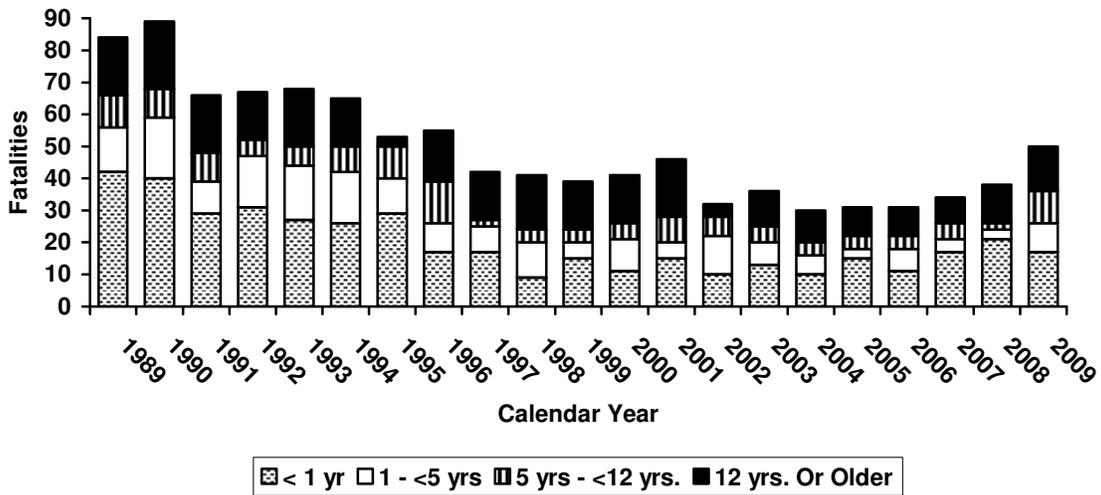
II. Analysis of DCF Child Fatalities: 1989 – 2009 (Open or Recently Closed Cases)

Fifty children “known” to DCF died in 2009. This was the highest number of deaths since 1996; it exceeded the 21-year median of 42 deaths (**Table 1**). In 2009, 17 of the 50 children were infants (less than 1 year old) and 14 were adolescents (**Table 1**). Since 1990 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 16.5 deaths annually) and a lower level from 2003-2009 (median 10 deaths) (**Table 1, Fig. 1**).

Table 1. Age of Children (1989 – 2009): 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%
2009: No.	4	13	4	5	10	14	50
%	8%	26%	8%	10%	20%	28%	100%

Figure 1. Child Fatalities by Age: 1989 - 2009



The median age of deceased children was 3.5 years¹¹ in 2009 (see table below). Thirty-four percent of these children were infants and 28% were adolescents (**Table 1** on page 13). The low median age in 1995 and 2008 were due to the high proportions of infants—55% each year (**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 or older. Beginning in 2002, the Department’s reporting on fatalities has been limited to children less than 18 years old. From 1990 to 2001, there were several years when the annual count of children included one or two children 18 years or older.

YEAR	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
MEDIAN AGE (YRS)	1.8	2.0	1.4	1.7	1.4	0.7	5.6	2.4	5.1	5.0

YEAR	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
MEDIAN AGE (YRS)	4.1	9.0	2.5	2.1	4.1	1.2	3.2	1.0	0.5	3.5

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

A. Manner of Death and Contributing Factors

The total number of fatalities has always been a reflection of its major component-- natural causes (See table below and **Table 2 and Fig. 2** on pages 16-17). However, in 1998, 2007, and 2008, deaths from natural causes were exceeded by the combined deaths from accidents and homicides (**Table 2, Fig. 2**).

Manner of Death	Proportions	
	Median 1989 - 2009	Range 1989 - 2009
Natural Causes	59%	27% - 68%
Accidents	21%	13% - 44%
Homicides	13%	3% - 32%
Suicides	3%	0% - 8%
Undetermined/Pending*	3%	0% - 24%

* Children whose manner of death could not be determined following an autopsy by a medical examiner.

In 2009, 24 deaths (48%) were the result of natural causes (**Table 2**). There was a significantly higher proportion of fatalities with an “undetermined” manner of death than in any prior year (24%) (**Table 2**). Accidental deaths in 2009 were attributed to: motor vehicle accidents (3 deaths), heroin overdose (1), electrocution (1), insulin overdose (1), and a fall from a third floor window (1). Homicide deaths were due to: blunt trauma to head and body (2 deaths), gunshot wounds (2), stab wounds (1), and strangulation (1).

The manner of death could not be determined for 12 fatalities during 2009 (**Table 2, Table A3** on pages 9-10). In 6 of these fatalities, the medical diagnosis was sudden infant death while sleeping with an adult. Two other fatalities had a diagnosis of “ill-defined and unspecified cause” while sleeping with an adult. The diagnoses of the remaining fatalities with an undetermined manner of death were: sudden infant death while sleeping in crib (1 death) and medical issues (3). 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.

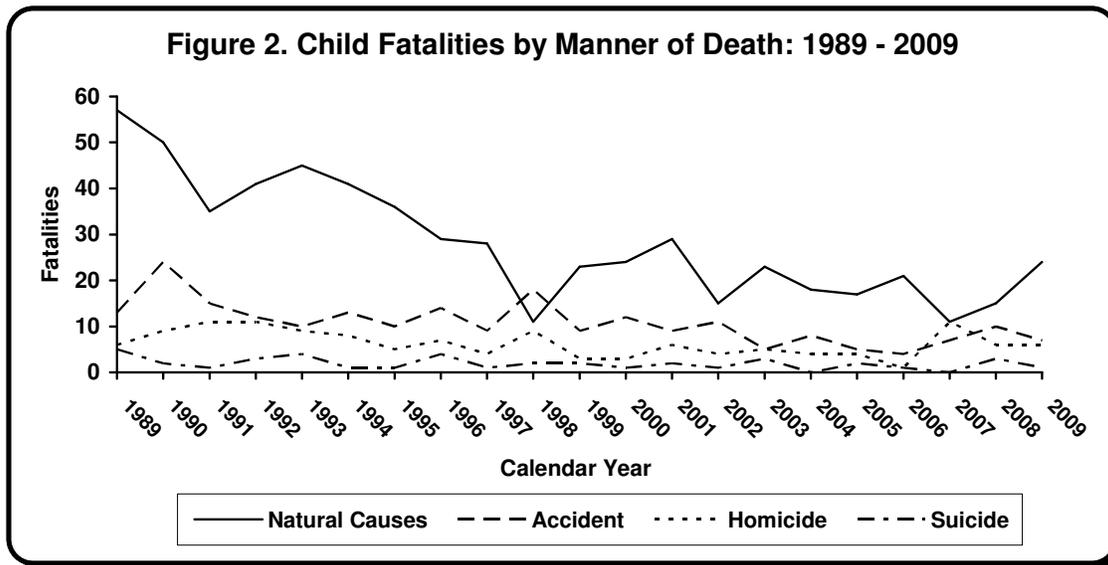
Table 2. Manner of Child's Death (1989 – 2009): Counts of Children

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%
2009: No.	24	7	6	1	12	50
%	48%	14%	12%	2%	24%	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 from 1989 through 2009 are listed in **Table 3** on page 19 (See **Fig. 2** above). 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.¹² In 2009, the leading factors contributing to child fatalities were congenital conditions and sudden infant death (**Table 3**).

Death-related factors that have shown the most distinct declines over the past 21 years are drugs/alcohol, sudden infant death, congenital conditions, prematurity, and low birth weight (LBW) (**Table 3**). 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 35-36.

In this report, drug/alcohol-related cases are defined as those where a parent/caretaker/child's use of drugs or alcohol was a contributing factor in the death. 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 illegal 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 illegal substances during pregnancy.

¹² Information from death certificates (manner of death and medical diagnoses for cause of death).

In 2009, two fatalities were identified as being drug and/or alcohol involved (**Table 3** on next page). One of the drug/alcohol-related deaths involved an infant in the care of an alcoholic grandmother. The other death involved an adolescent who overdosed on heroin. It was unknown in 24 other deaths whether drugs or alcohol were factors. There was insufficient information to link the deaths to alcohol or drugs. 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 35. 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.

From 1989 to 2009, the proportion of mothers with deceased children and a history of substance abuse fluctuated between 39% and 65%--median 48% (see following table). During the same time span, the proportion of mothers with an unknown history of substance abuse decreased—a high of 41% in 1990 to a low of 3% in 2008.

Calendar Year and Proportion of Mothers with a History of Substance Abuse: 1989-1999										
1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
51%	41%	41%	57%	53%	65%	47%	48%	39%	58%	51%

Calendar Year and Proportion of Mothers with a History of Substance Abuse: 2000-2009									
2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
44%	42%	53%	43%	52%	55%	43%	39%	58%	40%

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 1989-2009. In 2009, there were 7 maltreatment-related deaths: 3 neglect; 2 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: 1989-1999										
1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
13	14	9	15	10	3	11	5	1	13	3

Calendar Year and Number of Maltreatment-Related Deaths: 2000-2009									
2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
4	7	9	5	3	4	3	13	11	7

Table 3. Factors Causing or Contributing to Child's Death (1989 - 2009)

<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>	<i>2009</i>
Drug/Alcohol Related	26	25	13	12	19	12	7	3	3	3	3	1	5	3	2	4	5	1	2	5	2
Congenital Condition	26	13	15	13	21	9	12	13	9	6	9	12	12	5	8	6	4	14	6	7	16
Prematurity	16	17	7	8	11	5	11	3	5	3	4	5	5	1	5	5	8	7	5	8	4
Low Birth Weight	15	13	5	7	5	1	3	--	3	2	2	2	3	--	2	4	6	4	2	5	2
Sudden Infant Death	15	16	8	5	12	19	9	8	8	4	6	3	5	5	5	4	4	4	4	4	9
Abusive Head Trauma	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	1	--	1	--	--	--	3	--	1
Terminal Illness	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	7	2	6	1	3	3	3	1	5
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	4
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	3
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	2
Neglect	11	12	5	12	5	2	7	2	1	11	2	3	7	7	5	3	4	3	10	10	5
Physical Abuse	2	4	4	3	5	1	6	4	1	5	1	1	2	3	2	--	1	--	6	3	4
Firearms	3	5	4	6	3	6	1	2	4	5	2	1	1	1	2	4	3	--	6	3	2
Stabbing	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	2	2	1	1	--	--	--	--	1
Beating	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	--	1	1	--	1	--	2	--	1
TOTAL FACTORS	127	140	83	83	95	76	68	55	49	58	41	42	60	43	49	41	47	45	55	62	61
TOTAL DEATHS	84	89	66	67	68	65	53	55	42	41	39	41	46	32	36	30	31	31	34	38	50
INFANT DEATHS	42	40	29	31	27	26	29	17	17	9	15	11	15	10	13	10	15	11	17	21	17

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

B. DCF Involvement

1. Placement Status

In 2009, 14% (7) of all deceased children were in placement at the time of their deaths; this was the smallest proportion in placement in the past 19 years) (**Table 4** on next page). Their out-of-home locations were: hospital (1 child), unrelated foster home (1), kinship foster home (1), residential care (2), and on the run from placement (2) (**Table 5** and **Table 6** on page 22). Five of the 7 out-of-home children died from natural causes (**Table 6**). The remaining 2 children died from gunshot wounds incurred while on the run from placement.

From 1991 to 2009, the proportion of deceased children who were in placement at the time of their death, ranged from 14% to 49% (33% median) (**Table 4**). The relatively large proportions in 1993-1995 (42-49%) were mainly attributable to fatalities in unrelated foster homes and institutional settings (mostly hospitals) (**Table 5**). 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 4**). 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 4**). 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 5**). 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%). A marginal increase in unrelated foster care deaths in 2005-2006 lowered the proportion of children not in placement to 61% (**Table 4**). In 2007-2009, 82-86% of the deceased children were not in placement (**Table 4**). Nine of the 12 deaths in unrelated foster care during 2005-2009 (**Table 5**) 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).

The vast majority of the children receiving services from the Department are living at home with parents. As such, since monitoring of child deaths began in the 1980s, the majority of child deaths have occurred in their primary residence: home with parents. The proportion of deaths in non-placement locations has ranged from 51% to 86% (67% median) over the past 19 years. Regardless of location, most deaths have been due to “natural causes” and to a lesser degree accidents (**Table 2** on page 16). 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 13). Another anomalous year was 2007 when the number of deaths from homicides and natural causes were equal (**Table 2**). 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 4. Child's Placement Status at Time of Death (1991 - 2009)

<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
1991: <i>%</i>	67%	33%	100%
1992: <i>No.</i>	53	14	67
1992: <i>%</i>	79%	21%	100%
1993: <i>No.</i>	35	33	68
1993: <i>%</i>	51%	49%	100%
1994: <i>No.</i>	37	28	65
1994: <i>%</i>	57%	43%	100%
1995: <i>No.</i>	31	22	53
1995: <i>%</i>	58%	42%	100%
1996: <i>No.</i>	35	20	55
1996: <i>%</i>	64%	36%	100%
1997: <i>No.</i>	29	13	42
1997: <i>%</i>	69%	31%	100%
1998: <i>No.</i>	26	15	41
1998: <i>%</i>	63%	37%	100%
1999: <i>No.</i>	26	13	39
1999: <i>%</i>	67%	33%	100%
2000: <i>No.</i>	30	11	41
2000: <i>%</i>	73%	27%	100%
2001: <i>No.</i>	26	20	46
2001: <i>%</i>	57%	43%	100%
2002: <i>No.</i>	23	9	32
2002: <i>%</i>	72%	28%	100%
2003: <i>No.</i>	26	10	36
2003: <i>%</i>	72%	28%	100%
2004: <i>No.</i>	23	7	30
2004: <i>%</i>	77%	23%	100%
2005: <i>No.</i>	19	12	31
2005: <i>%</i>	61%	39%	100%
2006: <i>No.</i>	19	12	31
2006: <i>%</i>	61%	39%	100%
2007: <i>No.</i>	28	6	34
2007: <i>%</i>	82%	18%	100%
2008: <i>No.</i>	31	7	38
2008: <i>%</i>	82%	18%	100%
2009: <i>No.</i>	43	7	50
2009: <i>%</i>	86%	14%	100%

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

Table 5. Child's Placement Status at Time of Death (1991 - 2009)

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
2009	1	1	1	2	--	--	2	7

Note: Institution includes hospitals and pediatric nursing homes.

Table 6. Child's Placement Status and Manner of Death (2009)

Location of Child	Manner of Death					Total
	Natural Causes	Accident	Suicide	Homicide	Undetermined	
Not in Placement	19	7	1	4	12	43
In Placement:						
Kinship Foster Home	1	--	--	--	--	1
Unrelated Foster Home	1	--	--	--	--	1
Residential Care	2	--	--	--	--	2
Institution (hospital)	1	--	--	--	--	1
Pre-Adoptive Foster Home	--	--	--	--	--	--
Supervised Independent Living	--	--	--	--	--	--
On-the-Run from Placement	--	--	--	2	--	2
Total	24	7	1	6	12	50

During the period 1993-2009, approximately 106,200 children spent time in DCF placement. Of these, an estimated 105,000 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 732 children known to DCF who died during 1993-2009, a total of 144 children died in foster or residential care (**Fig. 3** on next page). The deaths of 15 of the 144 children were maltreatment-related; 4 of these 15 children died from physical abuse/neglect¹³ 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

¹³ 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.

physical abuse and neglect were factors in the remaining child's death. In other words, 11 of the 144 children who died while placed in foster or residential care during a 17-year period were victims of maltreatment (where the neglect or abuse occurred in the placement setting). Of the remaining 129 children who died while in foster or residential care, 89 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 7 on next page). Natural causes can be broken down into 18% sudden infant death, 15% AIDS, and 67% other medical problems (often congenital in origin) (Table 7).

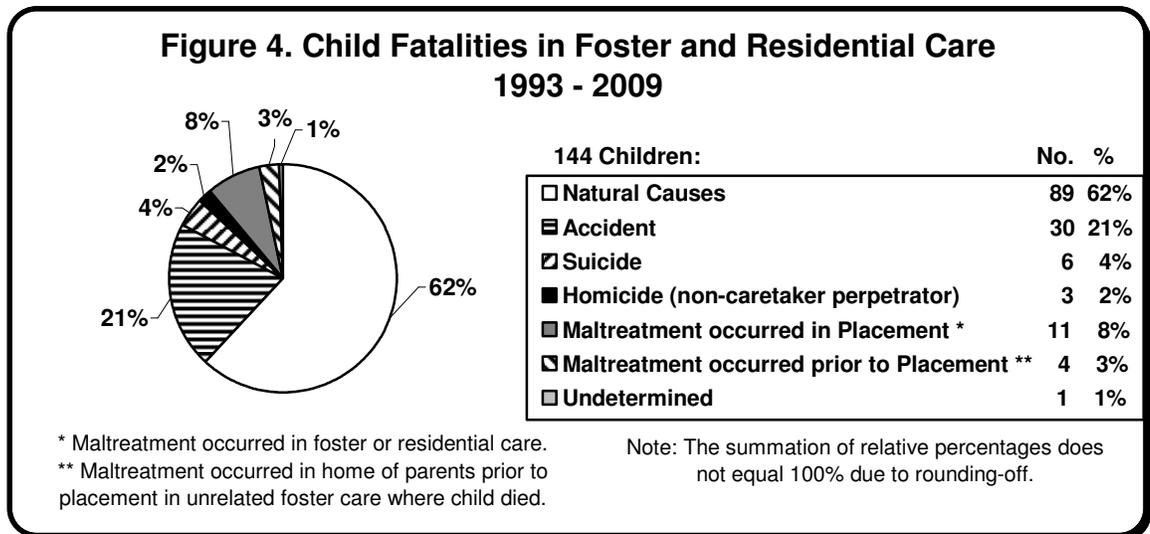
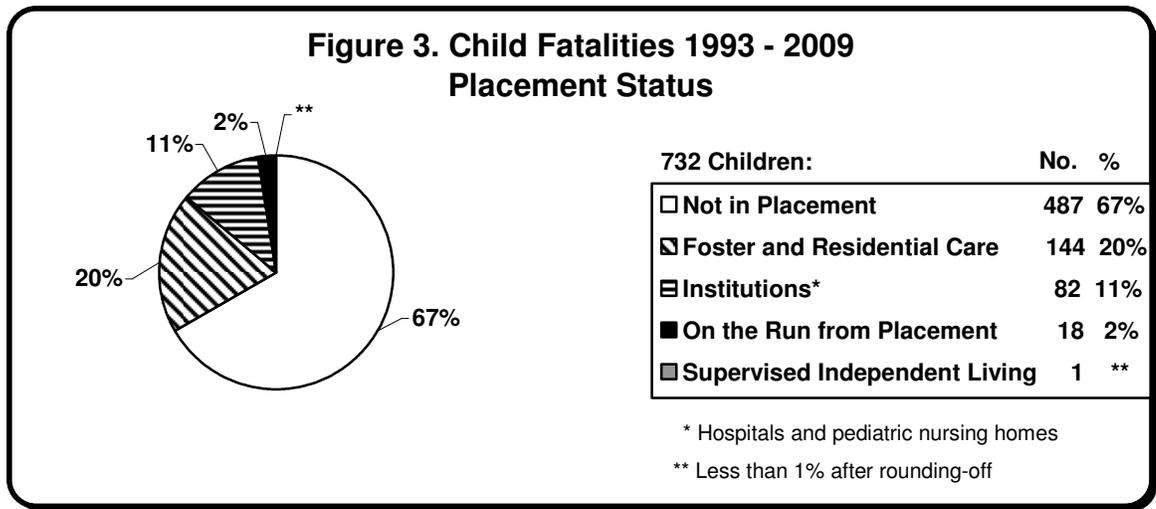


Table 7. Manner of Death: Children in Foster and Residential Care (1993 – 2009)

Total Fatalities	144
Natural Causes:	89
Sudden infant death	16
AIDS	13
Other medical (often congenital in origin)	60
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 represents 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 2009, child deaths summarized in this report occurred primarily in open protective cases (38 of 50 or 76%) (**Table 8** on next page). Over the past 19 years, the proportion of protective cases has ranged from 61% to 96% (77% median). During 2009, 28 protective cases were open for more than six months and 10 protective cases were open for six months or less at the time of the child's death. Of the remaining 12 cases, 9 were closed less than 6 months prior to the child's death, 2 were current voluntary requests for services, and 1 was a current CHINS (Children in Need of Services) referral.¹⁴

Of the 38 children who died while in open protective cases: 1 was a suicide victim, 5 were homicide victims, 5 were accident victims, and 16 died from natural causes (**Table A3** on pages 9-10). Manner of death could not be conclusively determined for the remaining 11 children in open protective cases

Manner of death for the 3 children with CHINS/voluntaries was 1 homicide, 1 accident, and 1 natural causes. The manner of death for the 9 children from families with a closed case status was natural causes (7), accident (1), and undetermined (1). (**Table A3**)

¹⁴ The 2 voluntaries and 1 CHINS were open for more than 6 months.

Table 8. Family's Case Status at Time of Child's Death (1991 - 2009)

Calendar Year	Case Status at Time of Death					Totals
	Current Protective < 6 mos.	Current Protective > 6 mos.	Current Voluntary Request	Current CHINS Referral	Case Closed < 6 mos.	
1991: No.	10	42	7	1	6	66
%	15%	64%	11%	2%	9%	100%
1992: No.	17	41	4	1	4	67
%	25%	61%	6%	1%	6%	100%
1993: No.	13	45	5	2	3	68
%	19%	66%	7%	3%	4%	100%
1994: No.	19	27	5	4	10	65
%	29%	42%	8%	6%	15%	100%
1995: No.	11	40	--	--	2	53
%	21%	75%	--	--	4%	100%
1996: No.	11	31	3	3	7	55
%	20%	56%	5%	5%	13%	100%
1997: No.	10	21	2	1	8	42
%	24%	50%	5%	2%	19%	100%
1998: No.	4	21	4	5	7	41
%	10%	51%	10%	12%	17%	100%
1999: No.	11	18	1	3	6	39
%	28%	46%	3%	8%	15%	100%
2000: No.	11	21	1	2	6	41
%	27%	51%	2%	5%	15%	100%
2001: No.	8	30	1	1	6	46
%	17%	65%	2%	2%	13%	100%
2002: No.	8	20	--	1	3	32
%	25%	62%	--	3%	9%	100%
2003: No.	10	20	--	3	3	36
%	28%	56%	--	8%	8%	100%
2004: No.	9	16	--	2	3	30
%	30%	53%	--	7%	10%	100%
2005: No.	8	16	1	2	4	31
%	26%	52%	3%	6%	13%	100%
2006: No.	10	14	2	2	3	31
%	32%	45%	6%	6%	10%	100%
2007: No.	13	12	2	7	--	34
%	38%	35%	6%	21%	--	100%
2008: No.	16	10	4	3	5	38
%	42%	26%	11%	8%	13%	100%
2009: No.	10	28	2	1	9	50
%	20%	56%	4%	2%	18%	100%

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

3. Custody Status of Children

Seven of the 50 children who died during 2009 were in DCF temporary custody. DCF seeks court ordered custody of a child when remaining in the home is contrary to the child's welfare. Courts can also grant custody to DCF as part of CHINS, divorce, or paternity petitions among others. DCF can accept voluntary care of a child at a parent's request. Courts grant DCF permanent custody of a child upon finding the child is in need of care and protection. Of the 7 children in the temporary custody of DCF, 5 died from natural causes and 2 were homicide victims. The location of these 7 children were: 1 in unrelated foster care, 1 in kinship foster care, 1 in residential care, 1 in a hospital (pediatric nursing home), 2 on the run from placement, 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 21 of the 50 children known to DCF during 2009: 3 reports were screened-out, 11 reports were unsupported, and 7 were supported. Neglect was a factor in the deaths of 3 children. Physical abuse was a factor in 2 deaths. In the remaining 2 deaths, both physical abuse and neglect were contributing factors (**Table A3** on pages 9-10).

The 3 neglect deaths involved a two-year-old child who fell from a third floor window and 2 infants who died while co-sleeping with adults. Physical abuse was the cause of death for a six-year-old child who died from stab wounds and a one-year-old child who died from blunt force trauma to head and torso. Both physical abuse and neglect were factors in the deaths of an infant who died from blunt force trauma to the head and a nine-year-old child who was strangled. (**Table A3**)

Two of the 7 children with maltreatment-related deaths in 2009 were the subjects of 51A reports in the three months preceding their deaths. One child had a single report that was screened-out and the other child had two reports that were supported for neglect by the parents. In the first case, allegations of neglect due to the mother having used marijuana during her pregnancy were screened-out. Supported allegations of neglect in the second case involved domestic violence (first report) and attempted suicide (second report).

C. Family Demographics

1. Age and Sex of Children

In 2009, 52% of the deceased children were male (**Table 9**). Over the years, the proportion of males has ranged from 49% to 80% (61% median) (**Table 9**). **Table 10** shows 7 male and 10 female infants. Except for five years, infant deaths have been predominantly male. There were 7 male and 7 female adolescent deaths in 2009 (**Table 10**). In the past, males have accounted for most of the adolescent deaths; the exceptions are 2001 and 2005 when females outnumbered males by 2 to 1.

Table 9. Sex of Children (1989 - 2009)

<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%
2009	26	52%	24	48%

Table 10. Age and Sex of Children (2009)

<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	7	3	3	6	7	26
Female	10	1	2	4	7	24
Total	17	4	5	10	14	50

2. Age of Parents

Mothers of the children who died in 2009 ranged in age from 16 to 56 years old. The median ages of mothers and fathers, were 30 and 32 years, respectively. Forty-two percent of all mothers were 20-29 years old and 4% were less than 20 years old (**Table 11**). Compared to all mothers in the DCF caseload, a greater proportion of the mothers of deceased children were 20-29 year olds (**Table 11**). Over the past 18 years, the proportion of 20-29 year-old mothers of deceased children has ranged from 15% to 63% (median of 38.5%). 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 11. Age of Parents at Time of Child's Death (2009)

<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	1	2%	NA	--	--
18 - 19	1	2%	3%	--	--
20 - 29	20	42%	30%	9	19%
30 - 39	17	35%	37%	7	15%
40 - 49	4	8%	24%	3	6%
50 - 59	2	4%	6%	--	--
60 - 69	--	--	--	--	--
Unknown	3	6%	--	29	60%
Deceased	--	--	--	--	--
Total (**)	48	100%	100%	48	100%

(*) As of June 30, 2009, 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 48 mothers and 50 child fatalities because 1 of the mothers had 3 children who died in 2009.

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

3. Marital Status of Mothers

Seventy-two percent of the mothers of deceased children were unmarried (**Table 12**). At least 71% (5% unknown marital status) of the mothers in the general caseload were unmarried (**Table 12**). In prior years, the proportion of unmarried mothers has been significantly higher for mothers of deceased children than for mothers in the DCF caseload. The proportion of unmarried mothers of deceased children has ranged from 72% to 97% (85% median) over the past 18 years. During these years, the proportion of unmarried mothers in the caseload has been stable.

Table 12. Marital Status of Mothers at Time of Child's Death (2009)

<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	12	25%	24%
Divorced	5	10%	7%
Separated	1	2%	5%
Single (**)	29	60%	58%
Widowed	--	--	1%
Unspecified	1	2%	5%
Total (***)	48	100%	100%

(*) As of June 30, 2009, 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 48 mothers and 50 child fatalities because 1 mother had 3 children who died in 2009.

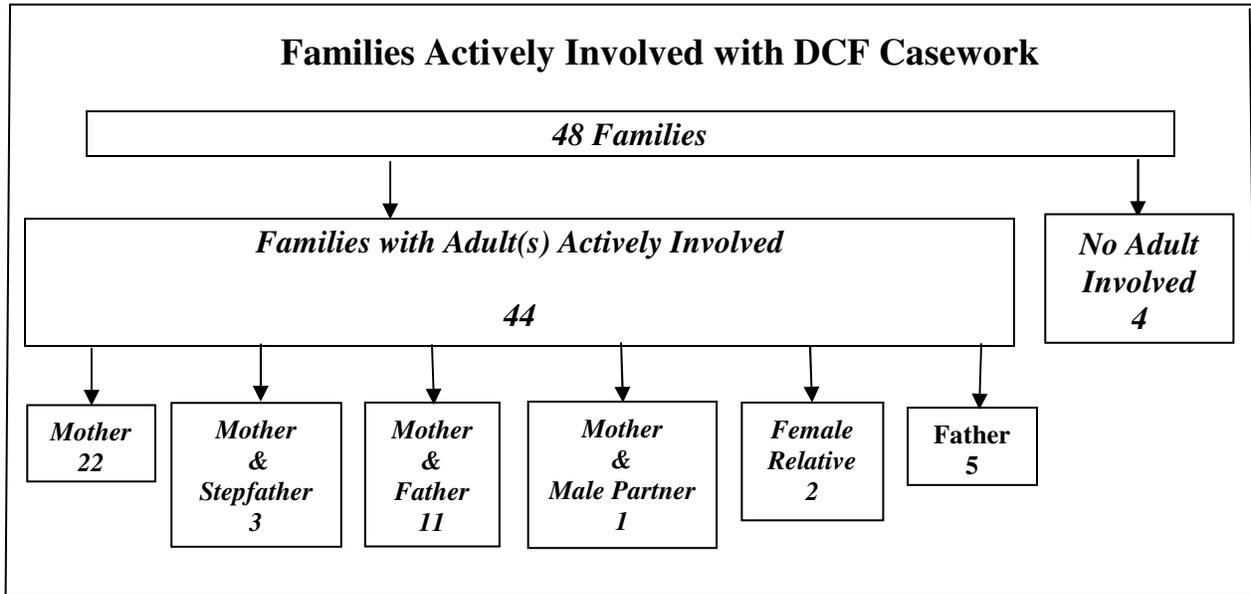
4. Mothers: Age at First Birth, DCF Placement, Mental Illness

Twenty-four mothers (50%) were known to have been less than 20 years old when they gave birth to their first child. Ten mothers (21%) were known to have been placed in DCF foster or residential care as children. Twenty mothers (42%) were known to have one or more of the following mental health issues: depressive disorder (10 mothers), bipolar disorder (10), anxiety disorder (5), suicidal (2), post-traumatic stress disorder (1), self-inflicted injuries (1), agoraphobia (1), and fetal alcohol syndrome.¹⁵

¹⁵ Research has shown that adults with fetal alcohol syndrome or fetal alcohol effects suffer from substantial mental illness. (Famy, C., A.P. Streissguth, and A.S. Unis. 1998. Mental Illness in Adults with Fetal Alcohol Syndrome or Fetal Alcohol Affects. *American Journal of Psychiatry* 155:552-554; Burd, L., M.G. Klug, J.T. Martsolf, and J. Kerbeshian. 2003. Fetal Alcohol Syndrome: Neuropsychiatric Phenomics. *Neurotoxicology and Tetratology* 25:697-705) Also, refer to About.com Guide. 2010. Secondary Conditions Associated with Fetal Alcohol Syndrome. http://alcoholism.about.com/od/fas/a/fas_conditions.htm

5. Caretakers Actively Involved in DCF Casework

In 44 of the 48 families with deceased children, adult caretakers were known to be actively involved with DCF casework. Of the 44 involved families, 29 families had only one adult caregiver who was an active participant: 22 mothers, 5 fathers, and 2 female relatives. Fifteen families had two actively involved adult caregivers. In 13 of these 15 families, both caregivers were living together. (See chart below)



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

Forty-four percent of all children who died in 2009 were White, 24% were Black, 6% were Asian, and 4% were Multi-Racial (**Table 13A** on next page). Race could not be determined for 22% of the deceased children; all of these children were Hispanic/Latino.¹⁶ Thirty-four percent of the deceased children were identified as Hispanic/Latino (**Table 13B** on next page). A greater proportion of deceased children were Black (24%) compared to the DCF child caseload (18%) (**Table 13A**). Black children tend to be over-represented in the child fatalities group. The proportions of deceased children and caseload children who were Hispanic were similar (**Table 13B**).

¹⁶ Children of any race who are identified as being of Hispanic/Latino origin.

Table 13A. Race of Children (2009)

<i>Race</i>	<i>Deceased Children</i>		<i>Children in DCF Caseload (*)</i>
	<i>No.</i>	<i>%</i>	<i>%</i>
White	22	44%	56%
Black	12	24%	18%
Asian	3	6%	2%
Native American	--	--	***
Pacific Islander (**)	--	--	***
Multi-Racial	2	4%	4%
Unspecified	11	22%	20%
Total	50	100%	100%

(*) As of June 30, 2009, 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 13B. Hispanic/Latino Origin of Children (2009)

<i>Origin</i>	<i>Deceased Children</i>		<i>Children in DCF Caseload (*)</i>
	<i>No.</i>	<i>%</i>	<i>%</i>
Hispanic/Latino	17	34%	30%
Not Hispanic/Latino	33	66%	63%
Unspecified	--	--	7%
Total	50	100%	100%

(*) As of June 30, 2009, 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 an eleven-year period.

Proportions of Black Children and Hispanic Origin Children: 1999 – 2009¹⁷	
Child Fatalities	DCF Child Caseload
Proportion of Black Children Range: 16% - 40% Median 23%	Proportion of Black Children Range: 15% - 19% Median 17%
Proportion of Hispanic Origin Children Range: 17% - 41% Median 26%	Proportion of Hispanic Origin Children Range: 16% - 30% Median 27%

The median proportion of Black children in the fatalities group (23%) exceeds the median proportion of Black children in the DCF caseload (17%) (see above table). There were similar median proportions of Hispanic children in the fatalities group (26%) and DCF caseload (27%).

¹⁷ Since 1999, Hispanic has been used as an “ethnicity” rather than a race.

For each racial category, **Table 14** displays the proportion of deceased children in three age groups. There was a fairly even distribution of the 50 deceased children among the age groups. However, the age distributions were significantly different when race was included: 50% of White children were 1-11 years old and 58% of Black children were infants. Hispanic child fatalities were most prominent in the infant group (47%).

Table 14. Age, Race and Hispanic Origin of Deceased Children (2009)

<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	4 (18%)	11 (50%)	7 (32%)	22 (100%)
Black	7 (58%)	3 (25%)	2 (17%)	12 (100%)
Asian	-- ---	1 (33%)	2 (67%)	3 (100%)
Native American	-- ---	-- ---	-- ---	-- ---
Multi-Racial	2 (100%)	-- ---	-- ---	2 (100%)
Unspecified	4 (36%)	4 (36%)	3 (27%)	11 (100%)
Total	17 (34%)	19 (38%)	14 (28%)	50 (100%)
Hispanic Origin	8 (47%)	4 (24%)	5 (29%)	17 (100%)

The racial distribution for mothers was close to their children's distribution (**Tables 13A and 15**). Differences are attributable to multi-racial children. A racial comparison of mothers of deceased children to mothers in the DCF caseload showed an 8% difference in the proportion of Black mothers (23% of mothers with deceased children vs. 15% of mothers in the DCF caseload). Thirty-three 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 15. Race and Hispanic Origin of Parents (2009)

<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	25	52%	58%	12	25%
Black	11	23%	15%	1	2%
Asian	3	6%	2%	2	4%
Native American	--	--	***	--	--
Pacific Islander (**)	--	--	***	--	--
Multi-Racial	--	--	1%	--	--
Unspecified	9	19%	23%	33	69%
Total (****)	48	100%	100%	48	100%
Hispanic Origin	16	33%	21%	--	--

(*) As of June 30, 2009, 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 48 mothers and 50 child fatalities because 1 mother had 3 children who died in 2009.

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

7. Family Residence

Lawrence was the family residence of 6 children who died in 2009. Other cities with more than two child fatalities were: Springfield (4 children), Lowell (4), Boston (3), and Chicopee (3). On a county basis, 8 children were from Essex, 8 from Hampden, and 7 from Bristol (**Table 16**). Comparing the DCF regional distributions of deceased children to all children in the caseload showed that the Northeastern and Western Regions were the most over-represented (**Table 17**). The Boston and Central Regions were under-represented.

Table 16. Family's County of Residence (2009)

<i>County</i>	<i>Deceased Children</i>
Essex	8
Hampden	8
Bristol	7
Middlesex	5
Worcester	4
Suffolk	3
Plymouth	3
Norfolk	3
Franklin	3
Berkshire	1
Barnstable	1
Hampshire	--
Dukes	--
Nantucket	--
Unknown	2
Total	48

Table 17. Child's DCF Service Region at Time of Death (2009)

<i>DCF Region</i>	<i>Deceased Children</i>		<i>Children in DCF Caseload (*)</i>
	<i>No.</i>	<i>%</i>	<i>%</i>
West	14	28%	22%
Central	3	6%	15%
Northeast	15	30%	17%
Metro	6	12%	13%
Southeast	11	22%	20%
Boston (**)	1	2%	13%
Total	50	100%	100%

(*) As of June 30, 2009, 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

There were three or more siblings in 31 (65%) of the 48 families with a deceased child (**Table 18**). From 1993-2009, the proportion of families with three or more children has ranged from 46% to 74%. In contrast, 25% of the families in the overall caseload had three or more children (**Table 18**). Also, 47% of the families in the DCF caseload had one child versus 12% of the families with deceased children. The percentage of one-child families of deceased children has ranged from 5% to 26% over the past 17 years.

Table 18. Family Size (2009)

<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	6	12%	47%
two	11	23%	29%
three	8	17%	16%
four	13	27%	6%
five	8	17%	2%
six	---	---	1%
seven or more	2	4%	**
Total Families (***)	48	100%	100%

(*) As of June 30, 2009, 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 48 mothers and 50 child fatalities because 1 mother had 3 children who died in 2009.

D. Substance Abuse

1. Substance Abuse and Child Maltreatment

According to the Prevent Child Abuse America Fifty-State Survey¹⁸ (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).¹⁹ 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).²⁰ 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);²¹ 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).²²

¹⁸ 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.

¹⁹ 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.

²⁰ 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.

²¹ 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.

²² 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 Current²³ Use of Illicit Drugs/Alcohol

Table 19 shows the past and current use of substances by mothers and other primary caregivers in the household. The 29 other primary adults were: 20 fathers, 4 stepfathers, 2 male partners, 2 female relatives, and 1 male friend. It should be noted that the presence of another adult does not mean the adult is actively engaged in DCF casework (see page 30).

Nineteen mothers (40%) had a documented history of abusing drugs and alcohol (**Table 19**). The proportion of mothers with a past history of substance abuse was higher in 2008 (58%). Since 1992, the proportion of mothers with a history of drugs/alcohol has ranged from 39% to 65%. At the time of the CIU investigation, 5 mothers were known to be using substances. This was the first time that the number of mothers using substances dropped significantly. In prior years, the decline in substance-abusing mothers was merely due to a shift from “yes” in the past to “unknown” in the present.

The principal substances used by mothers were marijuana, cocaine, and alcohol. Of those mothers known to have used substances at some time, 59% (10) used marijuana, 41% (7) used cocaine, and 35% (6) used alcohol. Forty-seven percent (8) of the mothers used more than one substance. The most frequently used combinations were: alcohol-cocaine-marijuana and marijuana-cocaine. The only other known drugs used by the mothers of children who died in 2009 were: heroin (2 mothers), oxycodone (1), and MDMA (ecstasy) (1).

Table 19. Primary Caregiver Past and Current Use of Drugs/Alcohol (2009)

<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	19	25	4	48	5	33	10	48
Other Primary Adult	7	12	10	29	3	13	13	29

²³ At the time of the CIU investigation.

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

Seventeen infants died in 2009: 6 deaths were due to “natural causes,” 1 was a homicide, and 10 were undetermined (**Table 23** on page 39). Five of the infants were prenatally exposed to drugs/alcohol (**Table 20**). A determination of drug use was made at the time of delivery, either by the mother's admission or from a positive toxic screen. Infant counts and the paucity of information on drug/alcohol abuse preclude the drawing of conclusions about the use of substances during pregnancy and the frequency of the selected medical conditions in **Table 20**.

Table 20. Medical Conditions of Infants and Mother's Use of Substances during Pregnancy (2009)

<i>Medical Condition</i> (*)	<i>Drug/Alcohol Use during Pregnancy</i>			<i>Total</i>
	<i>Yes</i>	<i>No</i>	<i>Unknown</i>	
Prematurity	1	2	--	3
Low Birth Weight	1	--	--	1
Congenital Condition	--	3	1	4
Sudden Infant Death	4	2	3	9
TOTAL CONDITIONS	6	7	4	17
<i>No Medical Condition</i> (**)	1	1	2	4
TOTAL INFANTS	5	5	7	17

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

(**) Four infants had no medical conditions.

As was the case with the previous table, infant counts and a lack of information preclude any analysis of substance-abusing mothers and their level of prenatal care (**Table 21**).

Table 21. Infant Deaths: Mother's Prenatal Care and Use of Substances during Pregnancy (2009)

<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	1	2	4
Little	2	--	--	2
None	--	--	--	--
Unknown	2	5	4	11
TOTAL CHILDREN	5	6	6	17

E. Domestic Violence

1. Prevalence of Domestic Violence in Families

It is widely known that adult domestic violence and child maltreatment often occur together. Domestic violence perpetrators not only victimize adults, but also harm their children, involve them in the abuse, and instill fear in them by exposing them to violence directed at their caregiver, usually the mother. Review of more than two decades of studies revealed that in 30 to 60 percent of the families where women were abused, their children were also maltreated.²⁴

Domestic violence was reported in at least 17 of the 48 families where children died in 2009 (**Table 22**). If a past history with violence is included, the number of families increases to 27. 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 17 years is presented in **Table 22**.

Table 22. Prevalence of Domestic Violence among Fatalities (1993-2009)

<i>Year</i>	<i>Prevalence of Domestic Violence in Families with Child Fatalities</i>				<i>Total Families with Child Fatalities(*)</i>
	<i>Current Violence</i>		<i>Past Violence</i>		
	<i>No.</i>	<i>% of Total</i>	<i>No.</i>	<i>% of Total</i>	<i>No.</i>
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
2009	17	35%	27	56%	48

(*) 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; 3 siblings in 2009).

²⁴ National Council of Juvenile & Family Court Judges. 1999. Effective intervention in domestic violence and child maltreatment cases: guidelines for policy and practice.

F. Special Groups of Children

1. Adolescents

Twenty-eight percent of the children (14 of 50 children) who died in 2009 were 12 years old or older (**Table 1** on page 13, **Table 23**). Over the past seven years (2003-2009), the proportion of adolescent deaths has ranged from 24% to 33% (**Table 1**).

In 2009, 2 adolescents died from gunshot wounds, 2 died from car accident injuries, 1 committed suicide, 1 died from an accidental drug overdose, 1 died from an accidental electrocution, and 7 died from medical problems (**Table 23**, **Table A3** on pages 9-10). Seven of the adolescents were male and seven were female (**Table 10** on page 27). Over the past 21 years, the counts of deceased adolescents by gender were: mostly male in 10 years; similar for the sexes in 9 years; and mostly female in 2 years.

Table 23. Age of Children and Manner of Death (2009)

<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	6	3	2	6	7	24
Accidental	--	--	1	2	4	7
Suicide	--	--	--	--	1	1
Homicide	1	1	--	2	2	6
Undetermined (*)	10	--	2	--	--	12
Total	17	4	5	10	14	50

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

Nine of the adolescents were not in placement, 2 were in residential care, 1 was in the hospital, and 2 were on the run from placement (**Table A3**). Two of the adolescents were known to have been involved with the Department of Youth Services (DYS). The following issues were identified for 9 of the 14 adolescents: neglect (7 adolescents), exposure to domestic violence (4), criminal activities (3), physical abuse (2), mental illness (2), substance abuse (2), sexual abuse (2), and special education (2). An adolescent may have more than one issue.

Table 24 on the next page displays the type of services provided to 13 of the 14 adolescents (one child's family refused 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 24. Type and Frequency of Services Provided to Adolescents (2009)

Service	Count of Adolescents Receiving Services (*)
Mental Health Counseling	6
Education Advocacy	4
Unrelated Foster Care	3
Tracking	2
Home-Based Treatment	2
Residential Treatment	2
Group Home	2
Visiting Nurse	2
Kinship Living Arrangement	1
Substance Abuse Treatment	1
Adolescent Day Program	1
Anger Management	1
Healthy Families Program	1
Family Counseling	1
Nursing Home Care	1
Therapy (Psychiatric)	1
Family Networks Program	1
Home Health Aide	1
Occupational Therapy	1
Residential Substance Abuse Treatment	1
Individual Counseling	1
Total Services	36
Total Number of Adolescents	13

(*) 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

Twenty-three of the 50 deceased children were medically-involved; 16 of the 23 were also physically challenged. The causes of death for all children are listed in **Table A3** on pages 9-10.

At the time of their death, 19 of the 23 children were living with their parents or other family members. The locations of the remaining 4 children were: hospital (pediatric nursing home), kinship foster care, unrelated foster care, and residential care. Five of the medically-involved and physically-challenged children were approved for the Special Kids/Special Care Program.²⁵

²⁵ 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 – 2009

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 2009, there were 15 child fatalities with supported allegations of neglect or physical abuse by a caretaker (**Table 25** on page 44).

- Neglect was a factor in 9 deaths, physical abuse was factor in 3 deaths, and both neglect and physical abuse were factors in 3 deaths (**Table 25**).
- Some of the deaths involved multiple perpetrators (**Table A5** on page 12). Perpetrators of neglect included 9 mothers, 7 fathers, 2 grandmothers, 1 grandfather, 1 stepfather, and 1 female partner. Perpetrators of physical abuse were 4 fathers, 2 mothers, and 1 male partner. (**Table 26** on page 45)
- Compared to 2007-2008, there were fewer deaths in families with a case status of “current protective case open 6 months or less” in 2009 (**Table 25**).
- None of the 15 victims of maltreatment were in placement at the time of death (**Table 25**).

Summary of 15 Maltreatment-Related Child Fatalities in 2009

- **Six** children died from physical abuse:
 - Three of the deaths involved neglect. Other caretakers were aware of the abuse but took no actions to protect the child.
 - Four children died from head trauma (2 had injuries to the body as well). These children included 2 infants, a one year old, and a 7 year old).
 - There was also a strangulation death (9 year old) and a stabbing death (6 year old).

- **Four** neglect-related deaths involved sleeping babies:
 - The medical examiner could not determine the manner of death--diagnosis of sudden infant death while co-sleeping with adult
 - In two of these cases, it appeared the mother accidentally smothered the infant while feeding. Drugs may also have been a factor.
 - All caretakers had consumed drugs or alcohol prior to sleeping with the infants; it is not known to what degree it played a role in their deaths.
 - Other possible contributors to the infant deaths: 2 were placed face down and 1 was placed in soft/fluffy bedding/pillows.

- **Five** other neglect-related deaths:
 - Two brothers died from smoke and soot inhalation. This was a case of neglect since there were no smoke detectors in the family home.
 - A two-year-old child fell from an open unscreened third floor window; an accidental death (neglect) due to a lack of parental supervision.
 - An infant became entangled in a cord hanging from the blinds above his crib. The child suffocated when it became wrapped around his neck (parental neglect).
 - A 12-year-old child committed suicide (self-inflicted gunshot wound). Both parents were aware that two unlicensed and unsecure hand guns had been missing in the weeks prior to their daughter's suicide (parental neglect).

Statistics pertaining to the deceased child's age, race, gender, Hispanic origin, placement status, and manner of death are displayed in **Table 25** (on page 44). In **Table 26** (on page 45), the perpetrator's relationship to the child is shown for each type of maltreatment. The family's case status is also shown in **Table 25**. For comparison, statistics are given for each year from 2001 to 2009. Totals for the nine years are also presented.

Profile of Child Maltreatment-Related Deaths
(Data Compiled on 129 Deaths from 2001 to 2009)

- 57% of the children were males
 - 53% of the children were infants (less than 1 year old)
 - 69% of the children were victims of neglect, another 16% were victims of neglect and physical abuse, 15% were victims of physical abuse
 - 38% of the deaths were accidents and 32% were homicides
 - 89% of the children were not in placement
 - 64% of the families were known to DCF
 - 59% of the perpetrators of neglect were mothers and 20% were fathers
 - 31% of the perpetrators of physical abuse were mothers, 29% were fathers, and 19% were mothers' male partners
- (see Fig. 5, Tables 25 and 26)

As for race and Hispanic origin of the children, there were too many “unknowns” the first two years (**Table 25** on next page). Removing the “unknown” counts from the race and Hispanic totals yielded:

- 45% of the children were non-White
- 30% of the children were Hispanic

In 2009, all 3 children with race unknown were Hispanic (**Table 25**). There was no unknown count for children of Hispanic origin—4 of 15 maltreated children were Hispanic.

At the national level, the proportion of children less than one year old with a maltreatment-related death was 46.2%.²⁶ Adolescents accounted for 5.4% of the deceased children. DCF proportions from **Table 25** are 53% for infants and 8% for adolescents. Nationally, one or both parents were responsible for 75.8% of the abuse/neglect-related deaths. DCF statistics show that most of the child fatalities are attributable to parents: 79% of all perpetrators of neglect and 60% of all perpetrators of physical abuse (**Table 26**).

²⁶ U.S. Department of Health and Human Services, Administration on Children, Youth & Families. 2011. Child Maltreatment 2009. U.S. Government Printing Office, Washington, D.C. (http://www.acf.hhs.gov/programs/cb/stats_research/index.htm#can)

**Table 25. Profile of Child Neglect/Physical Abuse Deaths
2001-2009**

		Calendar Year									Total
		2001	2002	2003	2004	2005	2006	2007	2008	2009	
Total Child Maltreatment Fatalities		19	17	16	8	7	10	19	18	15	129
Family Case Status:	current protective case open 6 months or less	3	--	1	1	2	1	4	5	2	19
	current protective case open more than 6 months	3	7	4	1	--	2	6	3	4	30
	current CHINS case	--	--	--	--	--	--	3	--	--	3
	current voluntary open more than 6 months	--	--	--	--	--	--	--	--	1	1
	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	2	20
	unknown to DCF	9	6	7	3	2	4	5	5	6	47
Maltreatment:	neglect	11	12	10	6	5	8	13	15	9	89
	physical abuse	3	4	1	2	1	1	3	1	3	19
	neglect and physical abuse	5	1	5	--	1	1	3	2	3	21
Gender:	male	10	11	9	7	6	7	7	8	9	74
	female	9	6	7	1	1	3	12	10	6	55
Age (years):	less than 1	11	9	6	6	4	5	11	10	7	69
	1 - 5	6	6	6	--	2	3	3	4	3	33
	6 - 11	2	2	2	--	1	1	5	1	3	17
	12 - 17	--	--	2	2	--	1	--	3	2	10
Race:	White	3	3	12	2	2	4	6	8	5	45
	Black	2	2	--	--	2	2	4	2	4	18
	Asian	--	--	1	--	--	--	--	1	2	4
	multi-racial	1	7	1	1	--	1	2	1	1	15
	unknown	13	5	2	5	3	3	7	6	3	47
Hispanic Origin:	yes	1	4	3	3	--	3	6	4	4	28
	no	6	5	11	2	4	7	9	11	11	66
	unknown	12	8	2	3	3	--	4	3	--	35
Placement Status:	not in placement	16	14	16	7	5	9	19	14	15	115
	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	4	49
	suicide	--	--	1	--	1	--	--	--	1	3
	homicide	8	5	5	2	2	3	7	3	6	41
	undetermined/pending**	1	2	--	--	--	1	4	2	4	14

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

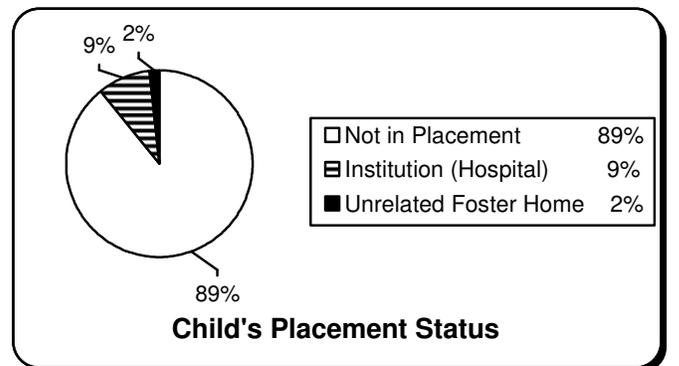
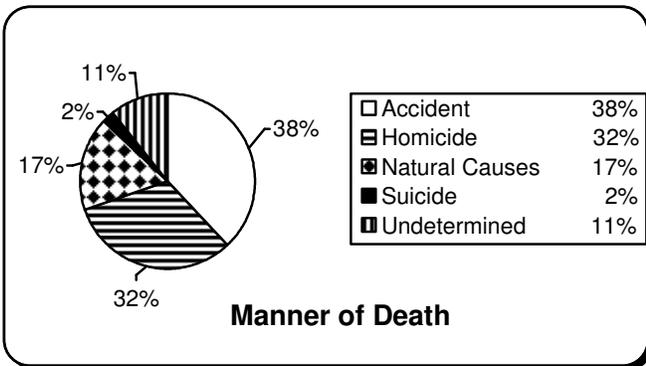
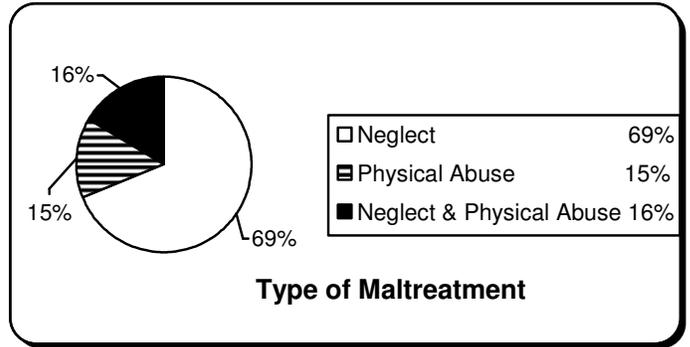
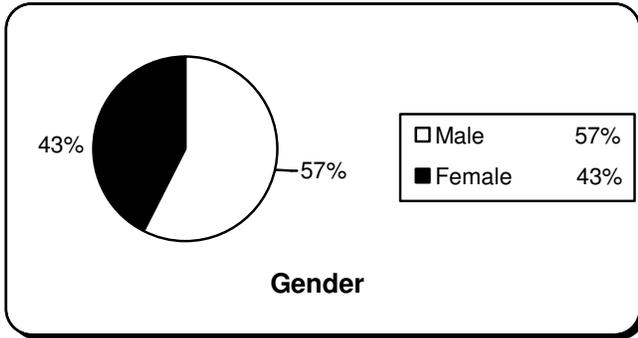
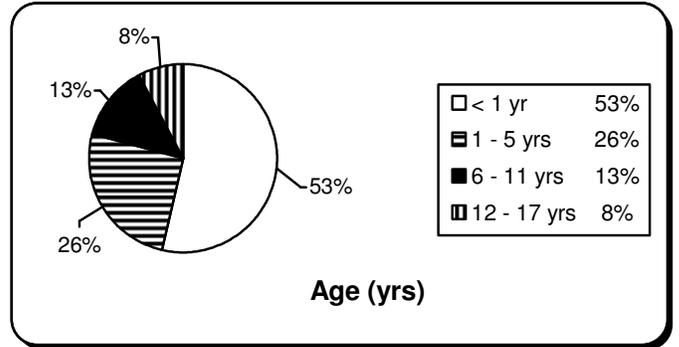
** Manner of death could not be determined following an autopsy by a medical examiner.

Table 26. Perpetrators of Child Neglect/Physical Abuse		Calendar Year									Total
		2001	2002	2003	2004	2005	2006	2007	2008	2009	
2001-2009											
*Perpetrator:	mother	10	11	13	4	5	6	15	13	9	88
(Neglect)	father	2	3	6	2	1	2	3	4	7	30
	stepfather	--	--	--	--	--	--	--	--	1	1
	mother's boyfriend	--	--	--	--	--	--	1	1	--	2
	father's girlfriend	1	1	--	--	--	--	--	--	1	3
	grandmother	--	1	2	--	1	1	--	1	2	8
	grandfather	--	--	--	--	--	--	--	--	1	1
	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	2	13
(Physical Abuse)	father	4	1	1	1	--	--	1	--	4	12
	mother's boyfriend	1	1	2	--	--	--	3	--	1	8
	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 - 2009



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

IV. Death Rates

A. All Child Fatalities

According to the Registry of Vital Records and Statistics, there were 558 child deaths in Massachusetts during January 1 - December 31, 2009.²⁷ The deaths included 369 infants (less than 1 year old) and 189 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 2009.²⁸ The age-specific death rate²⁹ was 3.7 child deaths per 10,000 resident children in Massachusetts. The rate was 45.9 for infants and 1.3 for children 1-17 years old. Infants are defined as being less than one year old when they died.

- ***Massachusetts (2009): 3.7 child deaths per 10,000 resident children in the state; 45.9 infant deaths per 10,000 resident infants in the state; 1.3 deaths of children 1-17 years old per 10,000 resident children 1-17 years old in the state***

In 2009, there were 50 child deaths (all causes) in 48 DCF families; 41 deaths were in open cases and 9 were in closed cases.³⁰ An age-specific death rate was determined using the 41 deceased children whose families had open cases and the 46,288 children³¹ in the DCF caseload (open cases) on June 30, 2009. The rate was 8.9 child deaths (open cases) per 10,000 children in the DCF caseload. Of the 41 deceased children (open cases) known to DCF, 16 were infants and 25 were 1-17 years old. Age-specific death rates for DCF infants and children 1-17 years old were 60.3 and 5.7, respectively.

- ***Statewide DCF Caseload (2009): 8.9 child deaths (open cases) per 10,000 children in the DCF caseload; 60.3 infant deaths per 10,000 infants in the DCF caseload; 5.7 deaths of children 1-17 years old per 10,000 children 1-17 years old in the DCF caseload***

²⁷ Massachusetts Department of Public Health, Registry of Vital Records and Statistics, childhood deaths printout on September 20, 2010.

²⁸ 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) [1,491,738 children less than 18 years old (as of 7/1/2009), includes 80,462 infants and 1,411,276 children 1-17 years old]

²⁹ The age-specific death rate was computed by dividing the number of deaths in 2009 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 2009 by the number of children less than 18 years old with open cases on 6/30/2009. 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.

³⁰ There were 50 child fatalities from 48 families because one family had 3 siblings who died in 2009.

³¹ The 46,288 includes 2,654 infants, 43,620 children 1-17 years old, and 14 children age unspecified.

B. Maltreatment-Related Child Fatalities

Across the nation, an estimated 1,770 children died from abuse and/or neglect in FFY'2009.³² Expressed as a rate, this count converts to .23 maltreatment-related deaths per 10,000 resident children in the United States.³³

National (2009): 0.23 maltreatment-related deaths per 10,000 children in the U.S.

DCF recorded 15 maltreatment-related deaths³⁴ in Massachusetts during 2009 – a rate of .10 maltreatment-related deaths per 10,000 resident children in Massachusetts. Nine of the 15 maltreated children were in families known to DCF. None of the 15 children were in placement. Of the 9 children from families known to DCF, 7 were in open cases and 2 were in closed cases. Based on the 7 children in open cases, the death rate was 1.51 maltreatment-related deaths (open cases) per 10,000 children in the DCF caseload. Neglect was a contributing factor in 3 deaths; physical abuse was a factor in 2 deaths; and both neglect and physical abuse were factors in 2 deaths.

Massachusetts (2009): 0.10 maltreatment-related deaths per 10,000 resident children in the state

DCF Caseload (2009): 1.51 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.

³² Death of a child caused by an injury resulting from abuse or neglect, or where abuse or neglect was a contributing factor.

³³ U.S. Department of Health and Human Services, Administration on Children, Youth & Families. 2011. Child Maltreatment 2009. U.S. Government Printing Office, Washington, D.C. (http://www.acf.hhs.gov/programs/cb/stats_research/index.htm#can)

³⁴ Maltreated children are less than 18 years old and the perpetrators are caretakers.

The following summary table presents child fatalities death rates for years 2004 through 2009 for all deceased children in the state and the DCF caseload (open cases). The table also displays annual death rates for maltreatment-related child fatalities in the nation, state, and DCF caseload. In addition to death rates for all children, rates were determined for two age categories—infants and children 1 year old or older. Statewide death rates for all child deaths were fairly stable over the six years while DCF death rates fluctuated. Maltreatment-related death rates for the state and DCF rose from 2004 to 2007 then declined. In 2007, there was a rise in deaths of children in open cases (**Table 25** on page 44). Annual changes in the nationwide maltreatment-related death rate were minor.

AGE-SPECIFIC DEATH RATES SUMMARY: 2004 – 2009*

	2009	2008	2007	2006	2005	2004
	All Child Fatalities					
	Child Deaths per 10,000 Resident Children in the State					
Massachusetts:						
All Children	3.7	4.1	4.2	3.9	4.1	4.2
< 1 yr old (infants)	45.9	50.5	52.0	48.2	52.3	49.3
1 -17 yrs old	1.3	1.5	1.6	1.5	1.4	1.7
	Child Deaths per 10,000 Children in the DCF Caseload					
DCF Open Cases:						
All Children	8.9	7.2	8.2	6.7	6.5	6.7
< 1 yr old (infants)	60.3	67.7	76.0	47.7	69.5	54.0
1 -17 yrs old	5.7	3.5	4.3	4.5	3.4	4.7
	Maltreatment-Related Child Fatalities					
	Maltreatment-Related Deaths per 10,000 Children in the U.S.***					
Nation:**	.23	.23	.23	.20	.20	.20
	Maltreatment-Related Deaths per 10,000 Children in the State					
Massachusetts:	.10	.12	.13	.07	.05	.05
	Maltreatment-Related Deaths (Open Cases) per 10,000 Children in the DCF Caseload					
DCF Open Cases:	1.51	1.75	3.13	.72	.50	.50

* State and DCF death rates are based on child deaths during the calendar year, whereas Nationwide rates are based on the Federal Fiscal Year.

** Most recent update of annual child fatalities death rates (Child Maltreatment 2009, Table 4-2. www.acf.hhs.gov/programs/cb/pubs/cm09/cm09.pdf)

*** Converting to maltreatment-related deaths per 100,000 children in the U.S. yields: 2.34 in 2009, 2.28 in 2008, 2.28 in 2007, 2.00 in 2006, 1.94 in 2005, and 2.03 in 2004.