



The CDRT's goal is to reduce the number of preventable child deaths.

Child Maltreatment

Long-standing local Child Death Review Team provides insight into the circumstances and risk factors associated with child maltreatment deaths in Dallas County.

Founded in 1992, the Dallas County Child Death Review Team (CDRT) was the first local team to review child and adolescent fatalities in the state of Texas. The Dallas County CDRT is a multi-disciplinary, multi-agency team charged with reviewing the deaths of children and adolescents less than 18 years of age. The team meets under the legislative authority of the Texas Family Code, Chapter 264.

The goal of the review team is to provide accurate information on how and why Dallas County

children are dying, improve the response to child fatalities and ultimately reduce the number of preventable child deaths.

According to the Centers for Disease Control and Prevention, 1 in 10 U.S. children experience some form of child maltreatment.¹ Between 2006 and 2009, there were 100 deaths due to child maltreatment in Dallas County. Of those deaths, 37 percent were due to neglect and 63 percent were due to child abuse. Dallas County and Texas rates of child maltreatment death (3.8 and

4.1 per 100,000 respectively)^{2,3} are consistently greater than the national rate (2.3 per 100,000).¹

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Child maltreatment is any act of commission (abuse) or omission (neglect) by a parent or other caregiver that results in harm, potential for harm or threat of harm to a child.

In the case of child maltreatment, triggers for abuse, relationship of the child to the perpetrator and a history of documented child maltreatment are all captured during the child death review process.

An essential component of violence and injury prevention is to share data that informs community members, public health professionals and researchers. Child maltreatment data can be used to identify trends and drive specific prevention efforts in the community. In addition, the information can bring attention to systematic issues that compromise the effectiveness of prevention and early intervention strategies.

This report provides data on all child deaths due to child maltreatment that occurred between 2006 and 2009 in Dallas County. In addition, specific recommendations are included to guide communities and organizations interested in preventing child abuse and improving the response to child maltreatment.

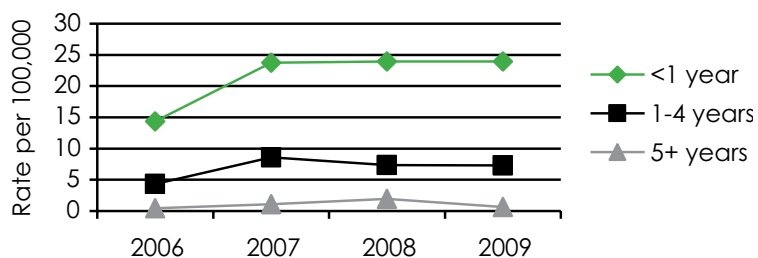
Table 1: Demographics for Victims of Child Maltreatment

DALLAS COUNTY, 2006-2009

Table 1 displays the rates (per 100,000 children <18 years) of death from child maltreatment by gender, race and age group. The highest rates of death due to maltreatment were among African Americans (7.1/100,000), males (4.4/100,000) and infants under 1 year of age (21.5/100,000).

Gender		
	Number	Rate
Male	59	4.4
Female	41	3.2
Race		
African American	41	7.1
Hispanic	39	3.0
Caucasian	19	3.1
Other	< 5	--
Age Group		
Under 1 year	36	21.5
1-4 years	45	6.9
5-9 years	10	1.4
10-14 years	<5	--
15-17 years	5	1.2

Figure 1: Rates of Child Maltreatment Death by Age Group DALLAS COUNTY, 2006-2009



Overall, Dallas County has seen a 62 percent increase in the rate of child maltreatment deaths for all children 0 – 17 years of age.

Figure 1 shows the rates of child maltreatment death by age group over a four-year period. The increase in child maltreatment deaths for children less than 1 year of age and children 1 to 4 years of age were very similar (62 percent and 68 percent respectively). A smaller increase of 45 percent was reported for children 5 years and older.

Table 2: Change in Child Maltreatment Death Rates for Children Less Than One Year of Age

DALLAS COUNTY 2006-2009

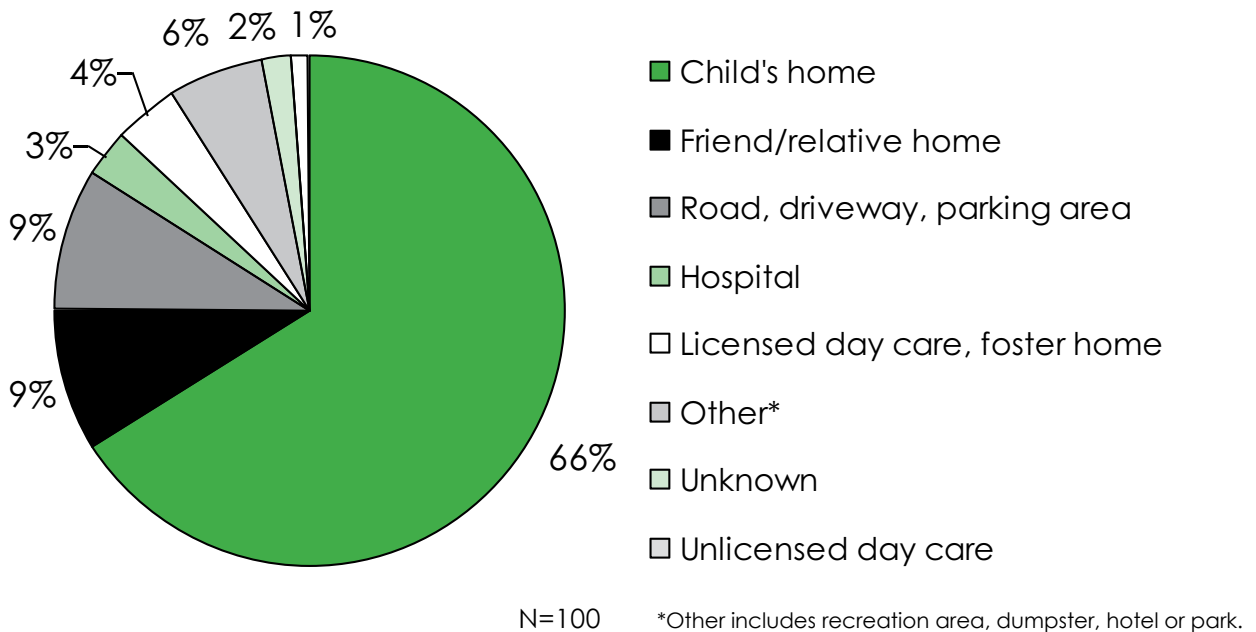
Rates of death due to child maltreatment are highest for infants under the age of 1 year.

Table 2 further describes the

increase in the rates of child maltreatment for infants less than 1 year of age. The overall rate of infant maltreatment death increased 67 percent between 2006 and 2009. Infant abuse deaths increased 76 percent and infant neglect deaths increased 50 percent for the same years.

	Abuse	Neglect	All Child Maltreatment
	Rate	Rate	Rate
2006	9.57	4.80	14.35
2007	14.25	9.50	23.76
2008	14.37	9.58	23.95
2009	16.75	7.18	23.93
% Change	+76%	+50%	+67%

Figure 2: Place of Injury Due to Child Maltreatment
DALLAS COUNTY 2006-2009



Three-quarters of child maltreatment deaths took place in a private home. Of these, two-thirds (66 percent) occurred in the child's own home.

Figure 3: Child Maltreatment Deaths by Perpetrator Relationship
DALLAS COUNTY 2006-2009

More than half (62 percent) of the perpetrators in child maltreatment deaths were the biological parent. This includes adoptive parents (n=<5). **Figure 3** describes the relationship of the child to the perpetrator. In addition to the majority of perpetrators being a biological parent, the child death review process found that more of the biological parent perpetrators were mothers (53 percent) as opposed to fathers (47 percent). The review team also found that while the perpetrator in physical abuse cases was more likely to be the father or mother's boyfriend (n=39, 62 percent), the perpetrator in neglect cases was more likely to be the mother (n=20, 54 percent).

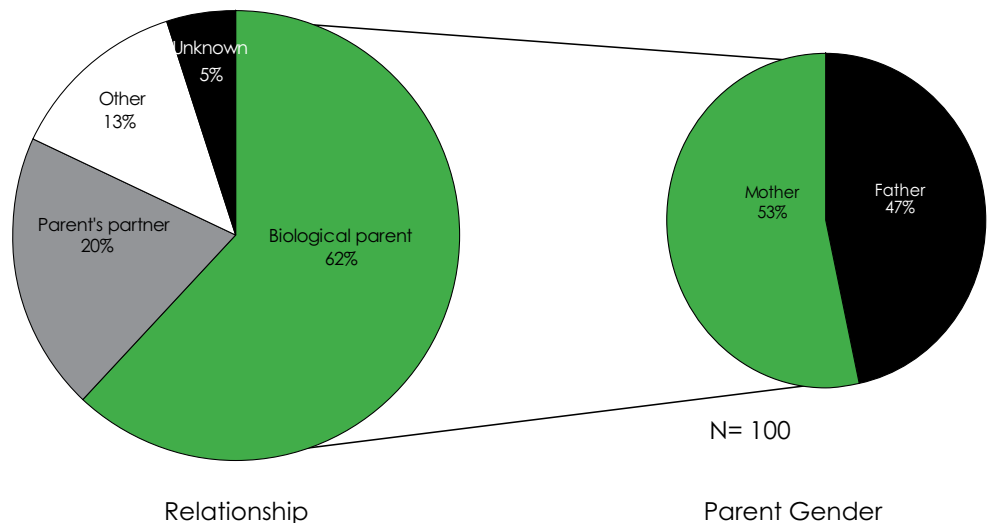


Table 3: Type of Physical Abuse
DALLAS COUNTY 2006-2009

	Number	Percent
Abusive head trauma	27	43%
Beating/Kicking	23	37%
Chronic battered child	<5	--
Drug-related exposure	8	13%
Retinal hemorrhage	13	21%
Scalding or burning	<5	--
Shaking	12	19%

Categories are not mutually exclusive
N=63 children

Table 3 describes the number and percentage of deaths by type of physical trauma. Abusive head trauma was the most common means (43 percent) of abuse in child physical abuse deaths. All deaths with retinal hemorrhage (n=13, 21 percent) also included abusive head trauma. Additional analysis revealed that in cases of abusive head trauma, the majority of identified perpetrators (n=16, 60 percent) were either the child's father or the mother's boyfriend.

Child deaths resulting from drug exposure are considered physical abuse. The majority of the deaths due to drug exposure (n=5, 63 percent) occurred at birth. Drug exposure occurs when the child's mother takes drugs, either illicit or prescription, in enough quantity that the baby tests positive for the drug at birth. Of the children born drug exposed, most were positive for cocaine or marijuana.

Table 4: Events Triggering Physical Abuse
DALLAS COUNTY 2006-2009

	Number	Percent
Crying	10	16%
Disobedience	6	10%
Domestic argument	12	19%
None	6	10%
Other	<5	--
Potty training	<5	--
Unknown	27	43%

Categories are not mutually exclusive
N=63 children

Nationally, the overlap in families experiencing both child abuse and domestic violence ranges from 30-60 percent.⁴ This type of overlap is also seen in Dallas County child abuse deaths. Triggers for deaths due to physical abuse were identified in 48 percent of Dallas County child abuse deaths. **Table 4** shows that when known, the most commonly reported trigger for child abuse was a domestic argument (n=12, 19 percent).

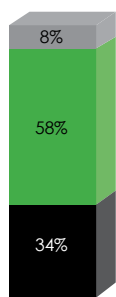


Figure 4: History Of Documented Child Maltreatment
DALLAS COUNTY 2006-2009

Records reviewed during the child death review process revealed that overall, approximately one-third (34 percent) of fatal child maltreatment victims in Dallas County had a documented history of child abuse or neglect (**Figure 4**). Victims of child abuse were nearly three times more likely to have a documented history with Child Protective Services than victims of child neglect (74 percent versus 26 percent respectively).

■ Yes ■ No ■ Unknown

Recommendations

Part of the child death review process is the development of recommendations for process improvement as well as the implementation of sound prevention activities. Based on local data and the expertise of the members on the Dallas County Child Death Review Team (CDRT), the following recommendations regarding the prevention of child maltreatment have been suggested:

1. **Consider legislation that requires hospitals to report all non-natural or unexplained deaths of children less than 18 years of age to Child Protective Services (CPS), excluding motor vehicle crashes, unless there is suspected substance abuse.**

Local data from the Dallas County CDRT found that in 2008 there were 13 child deaths that were not reported to CPS but should have been. Implementation of this recommendation will help increase the number of timely investigations and services offered to families at the time of a child's death, as well as, improve the continuity of reporting among agencies.

2. **Study the feasibility of developing a system to identify new births to parents whose parental rights have been previously terminated or who have had a child die of unnatural causes.**

Parents who have had their parental rights terminated or have had a child die of unnatural causes possess additional risk to unborn and/or newborn children. In 2009 in Texas, there were more than 66,000 confirmed Texas Department of Family and Protective Services cases where the perpetrator was the parent. In the majority of cases, the perpetrator was the mother. Recidivism ranges from 9-18 percent within the CPS system. Identifying these children early allows CPS the opportunity to assess and evaluate potentially high-risk situations and support parents and children to ensure healthy families.

3. **Report any child under the age of 6 months who comes to a Dallas area emergency room with an unexplained skull fracture to the REACH team (Referral Evaluation of at Risk Children) at Children's Medical Center Dallas.**

Nearly one-half (43 percent) of Dallas County child physical abuse deaths resulted from abusive head trauma. Of those deaths, one-third (n=9) of the victims were less than 6 months of age. Children less than 6 months of age are not able to walk and therefore a skull fracture could be an indication of abuse. Early intervention by pediatric injury experts may help mitigate further abuse and or the onset of seizures, additional morbidity or mortality.

4. **Support home mentoring programs as a strategy to prevent child maltreatment.**

Home mentoring programs that have a strong body of evidence or statistically significant results are a recommended strategy for preventing child maltreatment. The Task Force on Community Preventive Services recommends early childhood home mentoring programs based on strong evidence of their effectiveness in reducing child maltreatment among high-risk families.⁵

Rates of death due to child maltreatment are highest for children up to 4 years of age. Information from the Dallas County Child Death Review Team found that the child's home is the most common (66 percent) place for child maltreatment to occur and that the perpetrator is more often the child's parent, specifically, the child's mother. Early childhood home mentoring or visitation programs that have trained personnel who visit parents and children at home during the child's first two years of life and that provide a combination of information, support or training about child health, development and care are linked with reductions in child maltreatment in high-risk families.

METHODOLOGY

What is considered child abuse?

There are three types of abuse. **Physical abuse** is any non-accidental act that results in physical injury (kicking, hitting, shaking, burning) or the imminent risk of harm. **Emotional abuse** refers to harming a child's self worth or emotional well-being such as verbal assault, rejection, belittling, threats and blaming. **Sexual abuse** is a single act or series of acts of sexual assault (rape, fondling) or sexual exploitation(s).

What is considered neglect?

Neglect is the failure to meet a child's basic needs, including housing, food, clothing, education or access to medical care.

What cases does the Dallas County Child Death Review Team review?

Deaths of infants, children and adolescents under the age of 18 who are classified by the Dallas County Medical Examiner as natural, homicide, suicide, unintentional (or accident) and undetermined. Deaths classified as natural are reviewed by the Dallas County CDRT if the child's residence is in Dallas County. Information on these cases is often minimal and an expedited review is completed by a Dallas County CDRT subcommittee. All other child deaths are included and comprehensively reviewed if the injury leading to death occurred in Dallas County. To ensure that all child deaths are identified and reviewed, deaths reviewed and ruled by the Dallas County Medical Examiner are cross-checked with death certificates received from the Texas Department of State Health Services, Texas Vital Statistics. If a birth certificate is not issued and a determination of "stillbirth" is made, a review is not conducted.

Technical Notes

For confidentiality purposes, counts of child maltreatment death between the ages of 1 and 4 are indicated with <5 rather than the actual number. In these situations, a corresponding rate is not calculated.

Rates based on numbers of 20 or less are considered unstable and should be interpreted with caution.

References:

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Acknowledgements:

This report is made possible with the assistance and dedication of all the members of the Dallas County Child Death Review Team.

Sincere gratitude is extended to the following groups for providing the data for this report:

Children's Medical Center Dallas
Dallas County District Attorney
Dallas County Law Enforcement
Dallas County Medical Examiner
Department of Family and Protective Services,
Child Protective Service, Region IV
Department of State Health Services,
Center for Health Statistics, Vital Statistics Unit

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