



VIRGINIA DEPARTMENT OF
SOCIAL SERVICES





The Death of a Child: More than a Statistic

People helping people triumph over poverty, abuse and neglect to shape strong futures for themselves, their families and communities





Outline

- Role of CPS-Who We Are and What We Do
- Framework of Collaboration
- Intersections/Shared Resources
- Trauma-Informed Interviewing
- Considerations/Red Flags
- Statistics/Unsafe Sleep, A Common Danger



CPS Authority to Investigate

The Code of Virginia § 63.2-1503 B and C mandates that local departments of social services (LDSS) maintain the capability to receive reports and complaints alleging abuse or neglect on a 24-hour, 7-days-a-week basis.



CPS Authority to Investigate

The Code also requires an LDSS to determine the validity of all reports and to decide whether to conduct a family assessment ...or an investigation, if the report or complaint alleging child abuse or neglect is valid.


Elements of a Valid CPS Report

1. The alleged victim child or children are under the age of 18 at the time of the complaint and/or report;
2. The alleged abuser is the alleged victim child's parent or other caretaker;

Elements of a Valid CPS Report (cont.)

3. The local department receiving the complaint or report is a local department of jurisdiction; and
4. The circumstances described allege suspected child abuse and/or neglect as defined in § 63.2-100 of the Code of Virginia



CPS Role in a fatality investigation

When a CPS report involves a child death, the local DSS agency must meet ALL investigation requirements according to the CPS Guidance Manual. There are also some additional requirements



Mandated Notifications

- Commonwealth's Attorney
- Local Law Enforcement
- Regional Medical Examiner
- CPS Regional Consultant



Report to local Commonwealth's Attorney and law enforcement

Pursuant to § 63.2-1503 D of the Code of Virginia, child fatalities are included in the list of cases that shall be reported by the LDSS to the attorney for the Commonwealth and local law enforcement agency **immediately but within two (2) hours** of receipt of the report.



Report to local Commonwealth's Attorney and law enforcement

The LDSS shall provide records and information, including reports related to any complaints of abuse or neglect involving the victim(s) or the alleged perpetrator, related to the investigation of the complaint.



Report to local Commonwealth's Attorney and law enforcement

Written notification by the LDSS to the local law enforcement agency shall be made within **two (2) business days** of receipt of the report by the LDSS.



Report to District Office of the Chief Medical Examiner

The notification should be made immediately and include:

- Whether or not the agency will be proceeding with an investigation and
- provide any preliminary information about the child and the caretakers to include any prior child welfare history.



Report to CPS regional consultant



- Report is to be made immediately
- Preliminary report form is to be completed and submitted within 24 hours of report
- CPS consultant is to be notified at the conclusion of the investigation



Investigation Process



- Investigation is conducted jointly with Law Enforcement

Information collected by CPS:

- Details of the death (who, what, when, where, and type of abuse or neglect)
- If siblings or other children are in the home, assess safety and take necessary actions
- Prior CPS involvement
- Info about the alleged perp/relationship to the victim/family



Investigation Process



CPS needs to:

- Observe where child lives and visit site where alleged abuse/neglect occurred
- Attend the autopsy
- Participate in the death scene re-enactment



Investigation Process



Completing the Investigation:

- Determine whether abuse or neglect to the victim occurred.
- Assess risk and determine need for services
- Fully document all findings in the statewide automated system.



Collaboration



- Scene
 - Observe together, including interviewing and evidence collection.
- Autopsy
 - CPS & LE attend together/attain results

Discussion – continuous throughout investigative process



Why is info-sharing important?



Safety of surviving siblings

Preparation for court

Expertise

Other reasons?



Sharing Data

Per § 63.2-105

- Legitimate interest
 - Investigators (LE, CPS)
 - School personnel
 - Potential caretaker
- Public/per CAPTA,
 - Fact that a report was made
 - Whether an investigation
 - Result of the investigation
 - Whether previous reports, summary, dates, outcomes
 - Agencies activities in handling the case

Trauma-Informed Interviewing: Expeditious and Effective

Conduct a trauma-informed, yet prompt interview of the parent(s)/caretaker.

When an event is traumatic to children and adults, they may be negatively impacted emotionally, physically, or spiritually by these adverse life events.

Trauma-Informed Care is about ensuring that individuals feel physically and emotionally safe, yet are given the opportunity to be noticed and listened to, and are given a voice.

Consider that...

- Trauma impairs: memory; concentration; new learning; and focus.
- Trauma impacts an individual's ability to: trust; cope; and form healthy relationships.
- Trauma disrupts: emotion identification; ability to self-soothe or control expressions of emotions; and one's ability to distinguish between what is safe and unsafe.

Adapted from The Institute on Trauma and Trauma Informed Care
(<http://socialwork.baylor.edu/content/view/full/2009/02/trauma-informed-care-infographic.pdf>)

The gathering of information What are we looking at?

- Physical and/ or circumstantial evidence
- Who had custody and control of child at the time the injuries occurred?
- Even in cases of "accidental death," CPS must conduct a complete and thorough investigation.

The gathering of information Involve:

- The medical community in establishing accidental vs. intentional, as well as the timeline.
- Many abuse injuries are not visible without the aid of x-rays, CT scans, MRI's or by a forensic autopsy.

The gathering of information

Red Flags

- Unclear history; prolonged interval between bedtime and discovery
- Inconsistent stories between family members or household members
- Injuries; trauma; bruises; indications of malnutrition; neglect; fractures
- Appearances of chaotic, unsanitary, crowded living conditions; drugs/ alcohol; struggle in crib; blood-stained bedclothes; hostility by caretakers; discord; accusations

The gathering of information

Red Flags, cont.

- Presence of non-family members in house
- Assess for recent move
- Pay close attention to how parent describes child
- Mental health history
- Asking caregivers to talk about “normal” routine and then what happened *this time*

The gathering of information

Red Flags, cont.

- Ask about supervision (most neglect deaths are related to lack of supervision)
- Recent major life events
- Child disability
- If an infant – might ask about child’s temperament, happy baby? Cries a lot? Hard to console?
- Prior CPS involvement/death of a sibling?

SFY 2016 Child Death Statistics (Statewide Overview)

LDSS investigated 129 child deaths suspected of being caused by child abuse or neglect. There were 46 children who died as a result of child abuse or neglect. There were 80 investigations that resulted in an unfounded disposition; three investigations were incomplete at the time of this report. Fifty-six LDSS conducted at least one child death investigation.

Table 6: Children Who Died From Abuse or Neglect by Age SFY 2014 – SFY 2016

	SFY 2014		SFY 2015		SFY 2016	
	Number	Percent	Number	Percent	Number	Percent
Birth to 12 months	21	44.7	22	42.3	28	61.0
13 months to 3 years	14	29.8	20	38.5	12	26.1
4 to 7 years	5	10.6	7	13.5	4	8.7
8 to 12 years	3	6.4	3	5.8	2	4.2
13 to 17 years	4	8.5	0	0.0	0	0.0
Total	47	100.0	52	100.0	46	100.0

Source: VDSS, March 2017. Information obtained from LDSS.

Table 8: Children Who Died From Abuse or Neglect by Gender SFY 2014 – SFY 2016

	SFY 2014			SFY 2015			SFY 2016		
	Number	Percent	Rate (per 100,000)	Number	Percent	Rate (per 100,000)	Number	Percent	Rate* (per 100,000)
Female	18	38.3	1.97	28	53.8	1.97	17	37.0	1.9
Male	29	61.7	3.04	24	46.2	3.04	29	63.0	3.0
Total	47	100.0	2.51	52	100.0	2.51	46	100.0	2.4

Source: VDSS, March 2017. Information obtained from LDSS. Virginia Department of Health, Division of Health Statistics. *The population data used to determine rate per 100,000 for children <18 years of age was female: 914,818 and male: 954,297.

Table 9: Caretakers in Child Deaths from Abuse or Neglect SFY 2014 – SFY 2016

	SFY 2014		SFY 2015		SFY 2016	
	Number	Percent	Number	Percent	Number	Percent
Mother	29	48.3	25	41.7	28	40.0
Father	16	26.7	16	26.7	25	36.0
Stepparent	2	3.4	0	0.0	3	4.2
Grandparent	4	6.7	1	1.7	1	1.4
Uncle/Aunt	1	1.7	2	3.3	0	0.0
Paramour	5	8.2	6	10.0	5	7.1
Child Care Provider	3	5.0	4	6.7	3	4.2
Foster Parent	0	0.0	1	1.7	0	0.0
Legal Guardian	0	0.0	1	1.7	0	0.0
Other adult in home	0	0.0	1	1.7	0	0.0
Unknown	0	0.0	3	5.0	5	7.1
Total Caretakers	60	100.0	60	100.2	70	100.0

Source: VDSS, March 2017. Information obtained from LDSS. *Three caretakers were stepparents of three victims.

Table 12: Caretakers in Child Deaths from Abuse or Neglect by Age
SFY 2014- SFY 2016

	SFY 2014		SFY 2015		SFY 2016	
	Number	Percent	Number	Percent	Number	Percent
Under 20 years	0	0.0	4	6.7	7	10.0
20 to 29 years	28	46.7	23	38.3	33	47.0
30 to 39 years	18	30.0	19	31.7	18	26.0
40 to 49 years	8	13.3	7	11.7	8	11.4
50 or older	6	10.0	3	5.0	1	1.4
Unknown	0	0.0	4	6.7	3	4.2
Total	60	100.0	60	100.0	70	100.0

Source: VDSS, March 2017. Information obtained from LDSS.

Source: PRELIMINARY REPORT ON CHILD DEATH INVESTIGATIONS IN VIRGINIA DURING STATE FISCAL YEAR 2016

Table 11: Caretakers in Child Deaths from Abuse or Neglect by Gender
SFY 2014-SFY 2016

	SFY 2014		SFY 2015		SFY 2016	
	Number	Percent	Number	Percent	Number	Percent
Female	37	61.7	32	53.3	35	48.6
Male	23	38.3	25	41.7	34	47.2
Unknown	0	0.0	3	5.0	3*	4.2
Total Caretakers	60	100.0	60	100.0	72	100.0

Source: VDSS, March 2017. Information obtained from LDSS.
*The gender for 3 caretakers is unknown.

Source: PRELIMINARY REPORT ON CHILD DEATH INVESTIGATIONS IN VIRGINIA DURING STATE FISCAL YEAR 2016

Table 13: Types of Neglect in Child Deaths
SFY 2014- SFY 2016

	SFY 2014	SFY 2015	SFY 2016
Abandonment	0	0	1
Inadequate Supervision	26	35	25
Inadequate Shelter	3	1	7
Inadequate Food	0	0	0
Failure to Thrive	0	0	0
Medical Neglect	9	2	6
Other/Unspecified sub-type	0	1	1

Source: VDSS, March 2017. Information obtained from LDSS.

Source: PRELIMINARY REPORT ON CHILD DEATH INVESTIGATIONS IN VIRGINIA DURING STATE FISCAL YEAR 2016

Table 14: Types of Abuse in Child Deaths
SFY 2014- SFY 2016

	SFY 2014	SFY 2015	SFY 2016
Asphyxiation	2	2	2
Bone Fracture	2	2	2
Burns	0	1	0
Bruises	2	0	2
Gunshot	3	1	3
Poisoning	1	1	1
Abusive Head Trauma	3	5	5
Stabbing	0	0	0
Internal Injuries	2	3	0
Head Injury	4	6	14
Chronic Physical Abuse ¹	0	0	0
Other or Unspecified Type	3	1	2

Source: VDSS, March 2017. Information obtained from LDSS.
¹Chronic Physical Abuse, formerly known as Battered Child Syndrome.

Source: PRELIMINARY REPORT ON CHILD DEATH INVESTIGATIONS IN VIRGINIA DURING STATE FISCAL YEAR 2016

Table 16: Prior Family Child Welfare Involvement in Child Deaths from Abuse or Neglect
SFY 2014- SFY 2016

	SFY 2014		SFY 2015		SFY 2016	
	# Families	Percent	# Families	Percent	# Families	Percent
Yes	20	42.6	16	33.3	24	53.3
No	27	57.4	32	66.7	21	46.7
Total	47	100.0	48	100.0	45	100.0

Source: VDSS, March 2017. Information obtained from LDSS.

Source: PRELIMINARY REPORT ON CHILD DEATH INVESTIGATIONS IN VIRGINIA DURING STATE FISCAL YEAR 2016

Table 15: Initial Safety Outcomes for Other Children in the Household
SFY 2014-2016

	SFY 2014	SFY 2015	SFY 2016
	# Families	# Families	# Families
Emergency removal/foster care	10	3	7
Safety plan with relatives	15	17	15
Safety plan with family	5	13	6
Total Families	30	33	28

Source: VDSS, March 2017. Information obtained from LDSS.

Source: PRELIMINARY REPORT ON CHILD DEATH INVESTIGATIONS IN VIRGINIA DURING STATE FISCAL YEAR 2016



Unsafe Sleep

Unfounded-

52 of the 80 reports (65%) were sleep-related.

This means the actual surface the child slept on, with whom the child was sleeping, or how the child was sleeping. This includes children who suffocated or accidentally asphyxiated due to their sleep environment.

Founded (Neglect)-

10 of 46 reports were the result of unsafe sleep conditions.



Unsafe Sleep, cont.

Many of the sleep-related child deaths resulted in a determination by a ME that the cause of death was Sudden Unexplained Infant Death (SUID). SUID is a diagnosis of exclusion, made when there is an absence of pathological findings revealing injury, violence, disease, or other fatal medical condition. A SUID diagnosis recognizes a host of confounding factors, most importantly, the presence of unsafe sleep factors and/or medical problems such as pneumonia, prematurity or congestion.



2 Final Thoughts



An investigation not only provides the necessary basis to determine criminal charges or a protective services disposition...

...but also provides valuable information for the prevention of abuse and neglect.



No one can whistle a symphony. It takes a whole orchestra to play it.

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