



VIRGINIA DEPARTMENT OF SOCIAL SERVICES



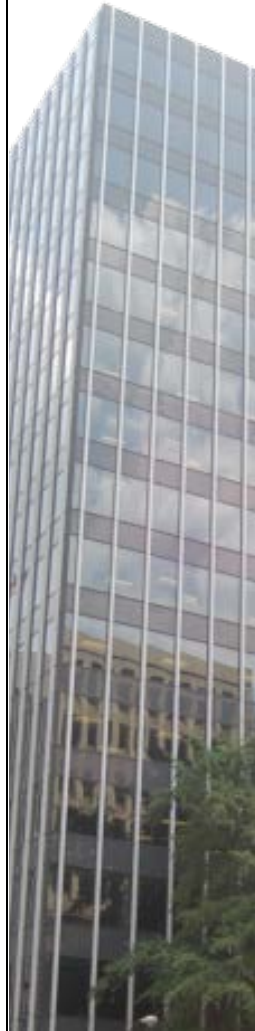
The Death of a Child: More than a Statistic

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 Role

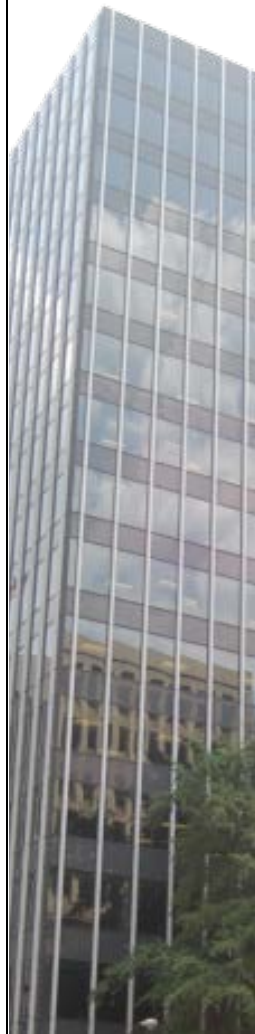
- When a CPS report involves a child death, the LDSS must meet all investigation requirements according to the CPS Guidance Manual.
- Death of a foster child/locally-approved foster home
 - LDSS should request a neighboring locality to assume jurisdiction and conduct the investigation.





Elements of a Valid CPS Report

CPS investigates child fatalities that are suspicious for abuse or neglect and are committed by a caretaker through an act or series of acts of commission or omission.





Validity Determination

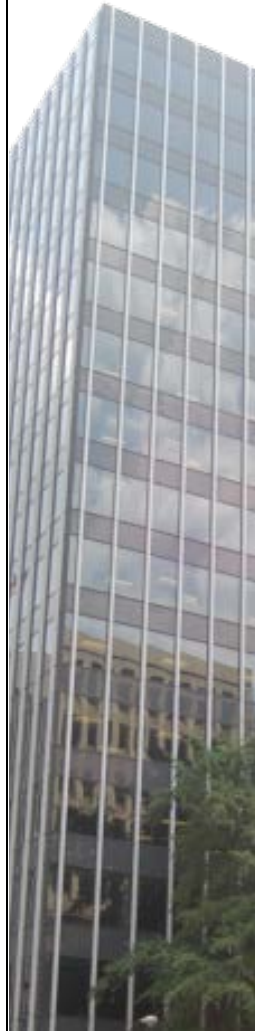
1. The alleged victim child or children are under the age of 18 at the time of the complaint and/or report;
2. The alleged abuser is the alleged victim child's parent or other caretaker;
3. The local department receiving the complaint or report is a local department of jurisdiction; and
4. The circumstances described allege suspected child abuse and/or neglect as defined in § 63.2-100 of the Code of Virginia.





Mandated Notifications

Commonwealth's Attorney
Local Law Enforcement
Regional Medical Examiner





§ 63.2-1503

The LDSS shall provide the attorney for the Commonwealth and the local law-enforcement agency with records and information of the local department, including records related to any complaints of abuse or neglect involving the victim or the alleged perpetrator, related to the investigation of the complaint. The LDSS shall not allow reports of the death of the victim from other local agencies to substitute for direct reports to the attorney for the Commonwealth and the local law-enforcement agency.



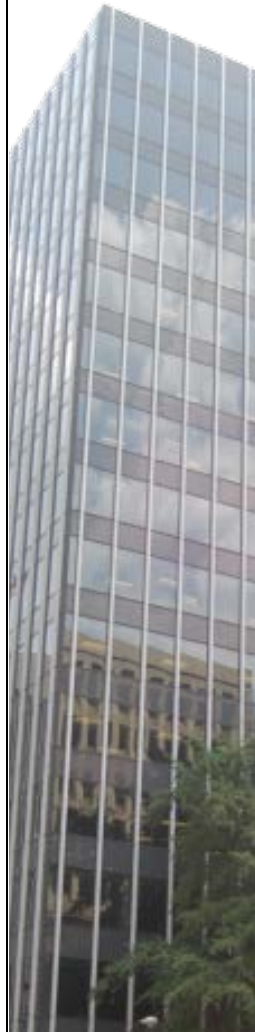


§ 63.2-1503

And, the LDSS shall, within two business days of delivery of the notification, complete a written report, which shall include:

- Name of LDSS rep
- Name of LEO
- Date and time that notification was made
- ID the victim
- ID alleged perp, if known

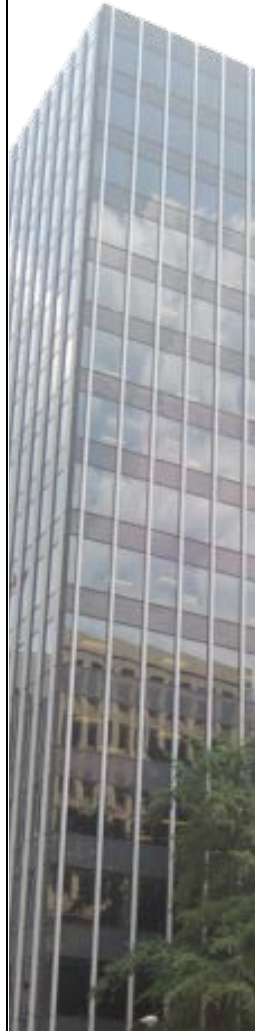
The LDSS must also report the suspicious death immediately to the OCME.





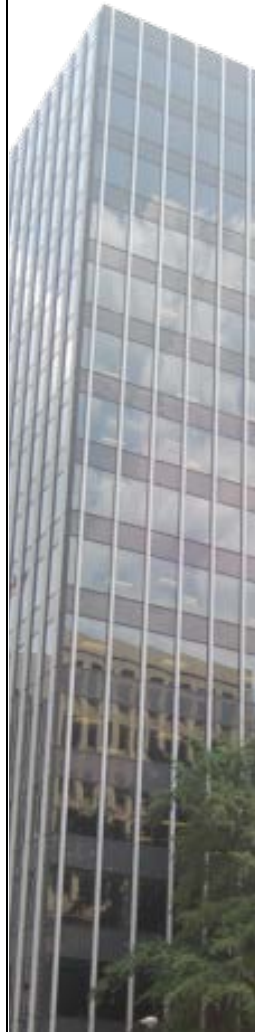
CPS will:

- Visit the scene (and home, in addition, if not the location of offense) and may take the lead role in interviewing the victim's siblings to assess safety and others to ascertain details of the abuse or neglect scenario.
- Follow-up with a Safety Plan (if deemed conditionally safe). Seek court intervention (if deemed unsafe).





- Attend the autopsy.
- Determine whether abuse or neglect to the victim occurred.
- Fully document all findings in the statewide automated system.





Collect data

- Details of the death (who, what, when, where, and type of abuse or neglect)
- Prior CPS involvement
- Info about the alleged perp/relationship to the victim/family
- Identification of sibling(s)/safety assessment and development of a Safety Plan if child(ren) are deemed Conditionally Safe; court intervention if deemed Unsafe.





Share Data

§ 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





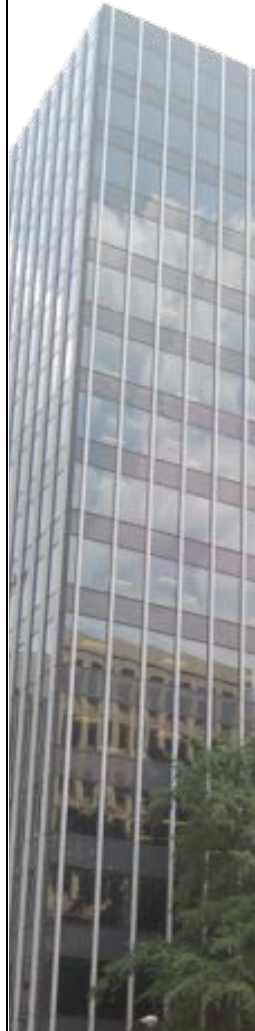
Why is info-sharing important?

Safety of surviving siblings

Preservation of the crime scene?

Preparation for court?

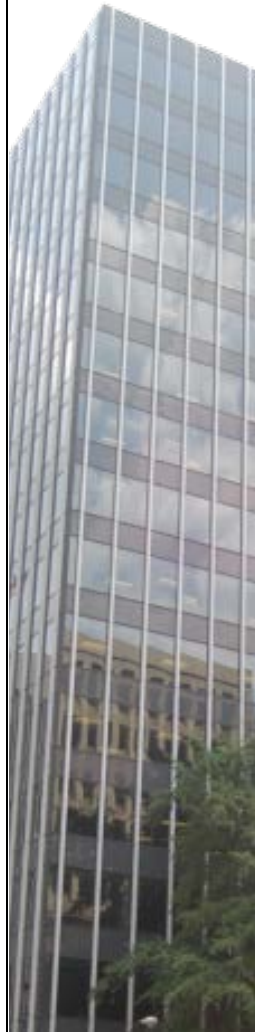
Expertise





Shared Resources

- Scene
 - Observe together, including interviewing and evidence collection.
- Autopsy
 - CPS & LE attend together/attain results
 - *Noteworthy, although a ME might refer to the cause of death as “accidental,” CPS might find cause for investigation and a finding of abuse or neglect. Similarly, whereas a Commonwealth’s Attorney may seek certainty beyond a reasonable doubt, CPS seeks preponderance of the evidence.*





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.



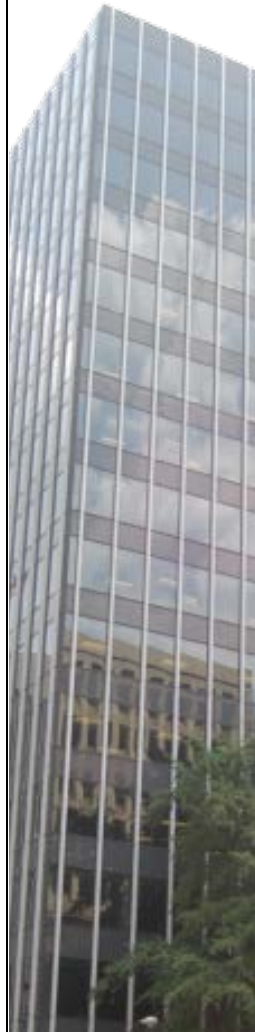


Consider that...

- 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

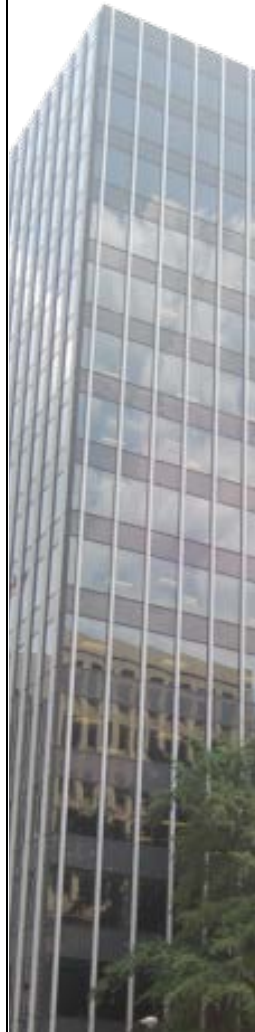
(<http://socialwork.buffalo.edu/content/dam/socialwork/social-research/ITTIC/trauma-informed-care-infographic.pdf>)





Inquire

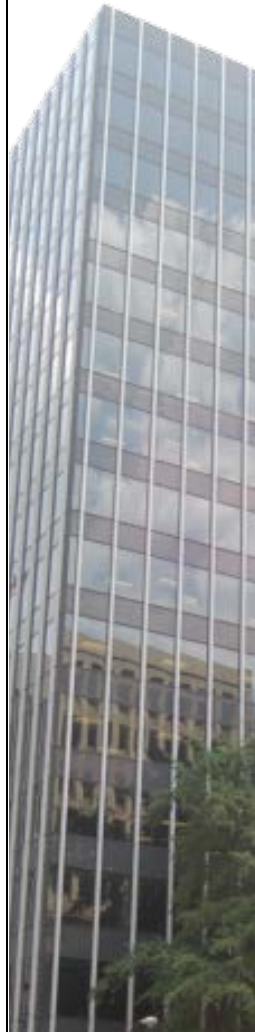
- Physical and/ or circumstantial evidence
- Who had custody and control of child
- Suspect the person with the child at the time the injuries occurred?
- Even in cases of "accidental death," CPS must conduct a complete and thorough investigation.
- Consider tools such as re-enactment dolls: have the suspect demonstrate how the injuries occurred.





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.





Red Flags

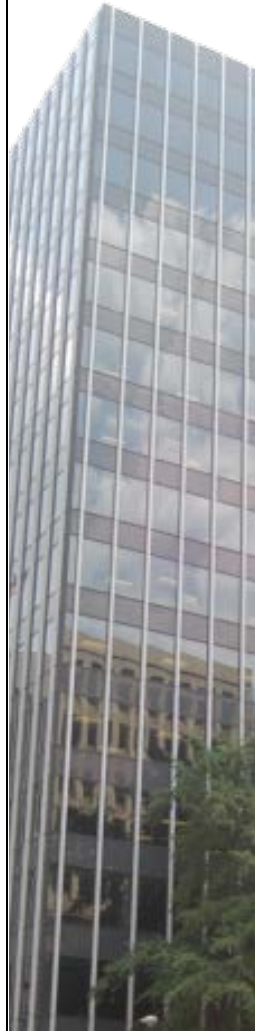
- Unclear history; prolonged interval between bedtime and discovery
- Inconsistent stories between family members or household members
- Injuries; trauma; bruises; indications of malnutrition; neglect; fractures
- Appearances of chaotic, unsanitary, crowded living conditions; drugs/ alcohol; struggle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





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*





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)

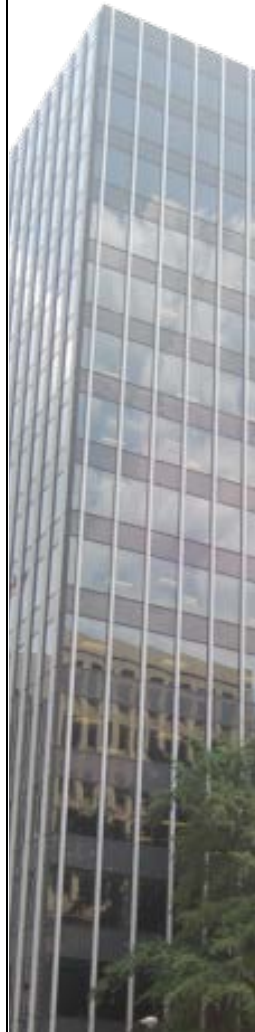


LDSS investigated 129 child deaths suspected of being caused by child abuse or neglect.

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

Sources: 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

Sources: 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 females: 914,818 and males: 954,297.

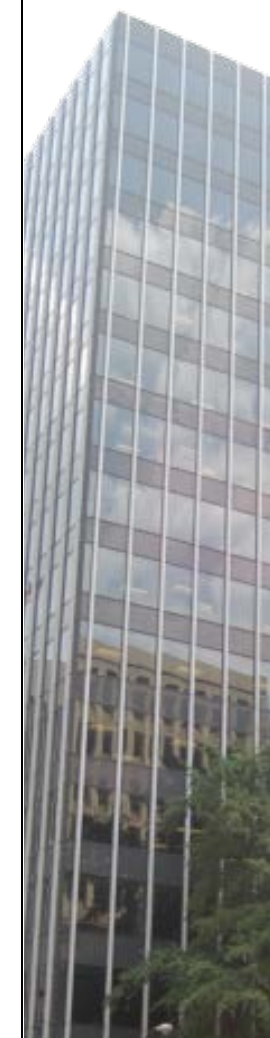




**Table 9: Caretakers in Child Deaths from Abuse or Neglect
SFY 2014 – SFY 2016**

	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.

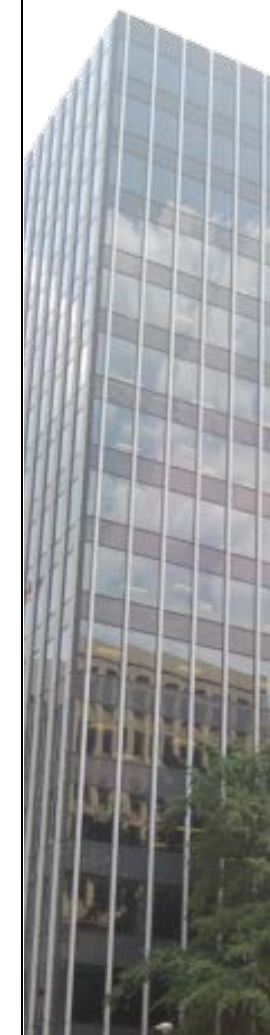




**Table 12: Caretakers in Child Deaths from Abuse or Neglect by Age
SFY 2014- SFY 2016**

	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.



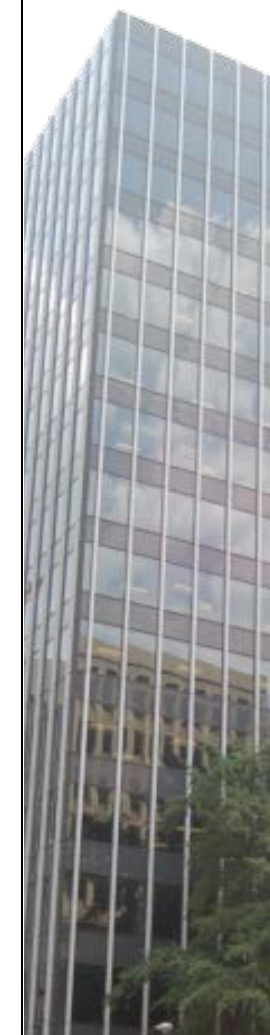


**Table 11: Caretakers in Child Deaths from Abuse or Neglect by Gender
SFY 2014-SFY 2016**

	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

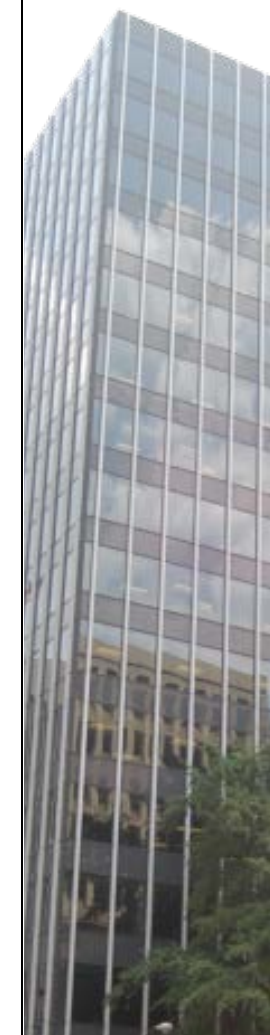




**Table 13: Types of Neglect in Child Deaths
SFY 2014- SFY 2016**

	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.



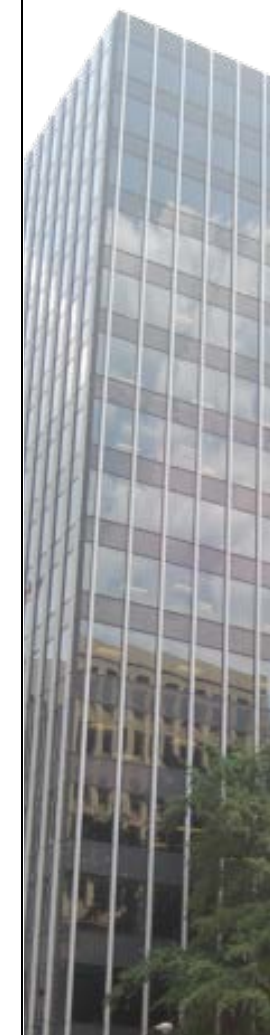


**Table 14: Types of Abuse in Child Deaths
SFY 2014 – SFY 2016**

	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

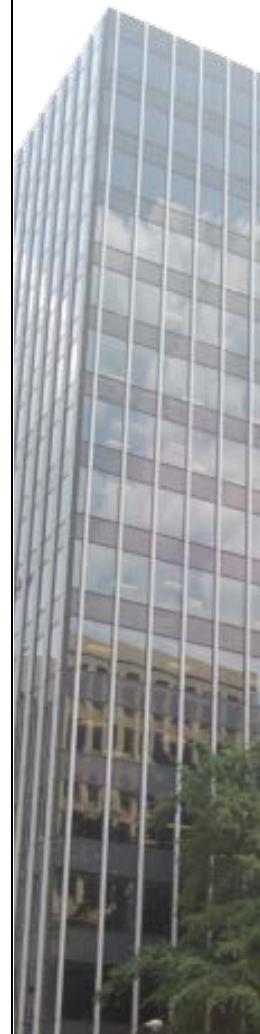
Source: VDSS, March 2017. Information obtained from LDSS.

¹Chronic Physical Abuse, formerly known as Battered Child Syndrome.





**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

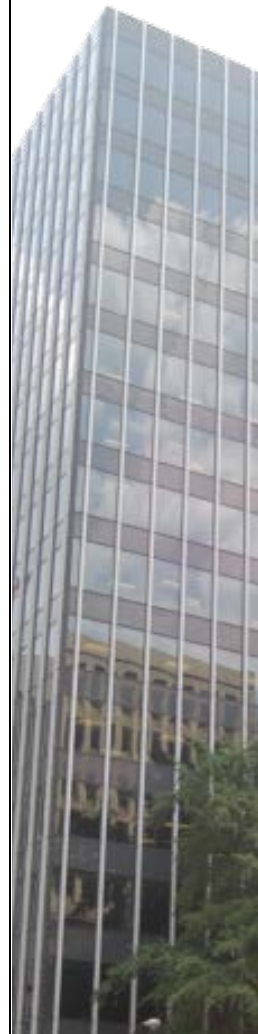
Source: VDSS, March 2017. Information obtained from LDSS.



**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.





Unsafe Sleep

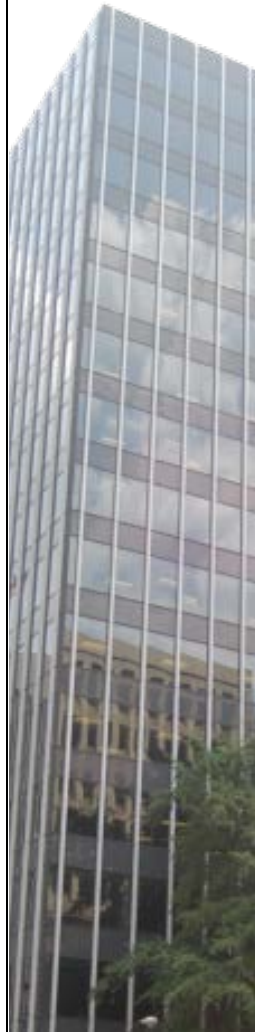
Unfounded-

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)-

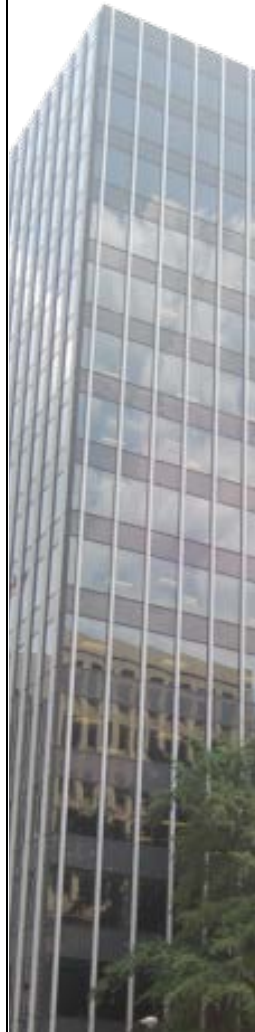
10 of 46 reports were the result of unsafe sleep conditions.





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.





To succeed, jump as quickly at
opportunities as you do at conclusions.

-Benjamin Franklin

