

State Team Report Reviews All Child Deaths in 2005, Includes Analysis of Homicides of Very Young Children

Iowa's multidisciplinary Child Death Review Team has issued its annual report reviewing all child deaths in 2005. The report reviews the circumstances and causes of deaths of 406 children and recommends how officials might reduce the number of future deaths.

This is the eleventh annual report of the Child Death Review Team (see Inset 1), which has now reviewed approximately 4,200 child deaths, starting in the year 1995. In his foreword to the latest report, issued in February 2007, chair Lon Walker reflected on the team's efforts over the more than ten years of its existence:

[P]erhaps it is the time to establish our State's legacy by making our state a safer place for children. For those of us in a position to make a difference, let's work together to create a legacy of caring and compassion for our kids so that they can live and grow to become healthy, productive adults (page 1).

The Child Death Review Team (CDRT) has five classifications for child deaths: *natural*, *accidental*, *homicide*, *undetermined*, and *suicide* (page 15). The vast majority of deaths (62 percent in 2005) are categorized as *natural*, which the report defines as "the result of some natural processes, such as disease, prematurity/immaturity or congenital defect." The team classified another 23 percent of the 2005 deaths as *accidental* – meaning "the death resulted from some unintentional act."

Prevent Child Abuse Iowa has reviewed the February 2007 report and the preceding ten reports to see what they reveal about child deaths that are the result of *homicide* – defined as a death that "was caused at the hands of another individual but was not necessarily with the intent to kill." The 2005 report listed thirteen children as the victim of homicide, with ten of those child victims being less than seven years old.

PCA Iowa's review of the 11 years of CDRT reports examines the number of young child homicide victims, the disproportionate number of victims who are very young, the most common causes and perpetrators of these homicides, and CDRT recommendations to prevent future homicides.

Number of Homicides of Young Children

According to the CDRT reports, 101 Iowa children under the age of seven years were homicide victims from 1995 through 2005 – an annual average of a little more than nine young child victims. The 2005 number of 10 young homicide victims was a substantial increase from 2004, when there were 4 victims.

As Chart 1 shows, the number of deaths has varied widely from year-to-year, with no discernible pattern. The highest number of young child homicide victims was in 1995 (14); the 2000 had the second highest figure (13). The year 1999 had the lowest number of young child homicides (3), with the 4 child homicides in 2004 the next lowest.

CHART 1
Homicides of Young Children in Iowa, 1995-2005



Inset 1

Review Team Responsibilities and Membership

The primary goal of the Child Death Review Team is to reduce the number of child deaths by making recommendations on prevention strategies for government officials, professionals, and the general public. For the years 1995 through 1999, the team reviewed all deaths of children who were less than seven years old. As the result of legislation, the CDRT began reviewing the deaths of all children in 2000.

Iowa law designates that the team have fourteen members from a wide range of professions and medical specialties, including the state medical examiner, a county attorney, an emergency room nurse, and insurance industry, and experts in perinatology, pediatrics, law enforcement, social work, mental health, substance abuse, domestic violence, family practice, and Sudden Infant Death Syndrome (SIDS). The team also includes seven state government liaisons.

The team's responsibilities include:

- Collecting, reviewing, and analyzing records pertaining to child deaths
- Preparing an annual report on its findings
- Recommending to the governor and legislature interventions to prevent future child deaths
- Recommending how state agencies can improve child services to prevent future child deaths
- Maintaining the confidentiality of all records it reviews
- Developing protocols and establishing a child abuse-related death committee

The Disproportionate Number of Victims Who Are Very Young

Very young children are disproportionately the victims of homicide. Over the last six years on which the CDRT has reported (2000-2005), 23 of the 86 child homicide victims were less than one year old. Thus, while only approximately 5 percent of the child population, Iowa children under one year old constituted 26.7 percent of child homicide victims from 2000 to 2005.

National figures from the United States Administration on Children and Families compare the rates, by child's age, of fatal maltreatment – a similar, though different, measure than the CDRT homicide category. According to the Administration's most recent report on child abuse, *Child Maltreatment 2004*, (<http://www.acf.hhs.gov/programs/cb/pubs/cm04/>), 45 percent of the reported 2004 victims of fatal child maltreatment were less than one year old – a rate that is thirteen times that for children age one through seventeen years.

The Causes and Perpetrators of Young Child Homicides

The CDRT determines and reports the cause of each homicide. According to team reports, from 1995-2005, 45 of the homicides of young children (45.5 percent) resulted from a brain injury, usually from being shaken/slammed. This number includes two young children who died from being shaken/slammed in 2005. The number of shaking/slamming deaths ranged from highs of nine in 1997 and eight in 2000 to a low of one each in 1999 and 2002. Twenty-eight of these 45 shaken/slammed deaths involved children who were less than a year old.

TABLE 1
Causes of Young Child Homicides, 1995-2005

Causes of death	No.
Shaken-slammed	45
Blunt trauma to abdomen/head	10
Drowning	7
Gunshot	6
Abandoned/exposure	4
Beaten/battered	4
Motor vehicle	4
Strangulation	3
Suffocation/asphyxiation	3
Housefire/smoke inhalation	3
Carbon monoxide	2
Denial of critical care	2
Hyperthermia	2
Multiple stab wounds	2
Sexual abuse	1
Drug administration error	1
Undetermined	2

The other 54 child homicide victims died from many other causes, including blunt trauma to the abdomen or head (10), drowning (7), gunshot wound (6), abandonment or exposure (4), being beaten/battered (4), and motor vehicle (4). Two of the deaths were undetermined (see Table 1).

The CDRT reports the relationship of the perpetrators of homicides to their child victims. Table 2 summarizes its findings for 1995 through 2005. Thirty-three biological fathers were responsible for young child homicides, as were 24 men who were the male paramours of the child victim’s mother. The next most common perpetrators were biological mothers (20 homicides) and sitters or child care providers (8 homicides). The perpetrators of five of the young child homicides, including one in 2005, have not been determined.

TABLE 2
Perpetrators of Young Child Homicides, 1995-2005

Perpetrators	No. of Victims
Father	33
Mother's male paramour	24
Mother	20
Sitter/child care provider	8
Other relative/friend	3
Stepfather	2
Stranger	2
Adoptive mother	1
Foster father	1
Stepmother	1
Friend	1
Father's paramour	1
Undetermined	5

Recommendations to Reduce Homicides of Young Children

Each CDRT report recommends how to reduce child deaths from all causes. These are some of the strategies that the CDRT recommends specifically for reducing child homicides:

1. *Helping parents cope with the stresses of parenting very young children.* The CDRT observes that the homicides of very young children are “often an indicator of frustration on the part of the parent or caregiver” (page 21). The report observes that fatal abuse of a crying or difficult child “could have been prevented if the care provider had put the child in a safe place and walked away or used other positive means to defuse the situation” (page 3).

The CDRT states that:

Childcare is stressful, and when these stresses escalate, caregivers need someone to call or some other outlet. Information about these resources should be given to all new parents before or after the baby’s birth to help prevent future child homicides. Early intervention could save lives (page 3).

The report also recommends public service announcements about the importance of parents or other caretakers taking a “time out” when childcare stresses become overwhelming. Further, according to the CDRT, “After the birth of every new infant, parents should be given a list of respite care resources/options and emergency numbers at the time of hospital discharge. These resources should also be discussed at prenatal visits” (page 22).

Inset 2 provides information on the respite child care programs in Iowa funded through the Iowa Child Abuse Prevention Program, which PCA Iowa directs.

2. *Showing care in the selection of caretakers.* CDRT reports usually address the particular risk to children from male paramours or other unrelated caretakers. In this regard, the February 2007 report recommends that: “Parents should be cautioned about careful selection of individuals who care for their children, most especially paramours” (page 22). To assist in this selection, the report notes that local police departments have criminal history reports. Iowa criminal records are also available online at

http://www.judicial.state.ia.us/Online_Court_Services/Online_Docket_Record/index.asp.

3. *Practice recommendations for the Department of Human Services.* The most recent CDRT report recommends several DHS practices that could help prevent child homicides, including:

- “Long term close monitoring of children” after children are returned to their parental homes or after a parent has returned from incarceration (page 10)
- Giving “special attention” to situations involving parental substance abuse and “unsafe surroundings” in a child’s home (page 10)
- Removing children less than four years old “from unsafe family situations while parents work to improve the home environment” (page 11)
- Close follow-up with a family for one year after a child is returned, including “frequent visits to the home” (page 11)

Inset 2

ICAPP-Funded Crisis and Respite Care Programs

The Iowa Child Abuse Prevention Program provides funding support for both crisis nursery care (CN) and respite child care (RC) programs. CN programs offer emergency care for up to three days at a time on a 24/7 basis. RC programs offer substitute child care for shorter periods of time, usually on a regularly scheduled basis.

There are CN projects in 6 counties and respite care projects in 20 counties; Carroll and Linn counties offer both programs (see Chart 2). In fiscal year 2006, local child abuse prevention councils provided 75,991 hours of crisis nursery and respite child care to 1,519 families with 2,602 children.

An annual report and an evaluation describing these services and their benefits to families are both available on PCA Iowa’s website (http://www.pcaiowa.org/publications_research.html).

CHART 2 ICAPP-Funded Crisis and Respite Care Programs, Fiscal Year 2007

