

State Review Team Finds 91 Homicides of Young Iowa Children from 1995-2004

Iowa's multidisciplinary Child Death Review Team (see Inset 1) has reviewed approximately 3,800 child deaths for the years 1995-2004. The team issues an annual report that summarizes the circumstances and causes of the deaths and recommends how officials might reduce the number of future deaths.

In his foreword to the most recent report (December 2005), Child Death Review Team (CDRT) chair Lon Walker reflected on ten years of the team's efforts. He concluded:

We continue to see reports of parents that just do not know how to be good parents. We see too many cases of drug and alcohol abuse resulting in the death of children because of abusive parents, and we see too many teens die in traffic crashes and by suicide. We simply have to find ways to avert some of these clearly preventable deaths (page 1).

Prevent Child Abuse Iowa has reviewed the ten years of annual CDRT reports to see what they reveal about child deaths resulting from *homicide* – defined by the team as “a death caused at the hands of another individual but not necessarily with the intent to kill.” PCA Iowa's examination has focused on homicides of children who were *young* – i.e., less than seven years old.

In the sections ahead, PCA Iowa's review of the CDRT reports examines the number and age of young child homicide victims, 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, 91 Iowa young children were homicide victims from 1995 through 2004 – an average of approximately 9 each year. The number of deaths has varied widely from year-to-year, with no discernible pattern (see Chart 1).

Comparing the number of homicides from year-to-year, the year 1995 had the highest number of young child homicides (14), and 2000 had the second highest figure (13). The year 1999 had the lowest number of homicides (3), and 2004 had the second lowest figure (4).

Inset 1 Review Team Responsibilities and Membership

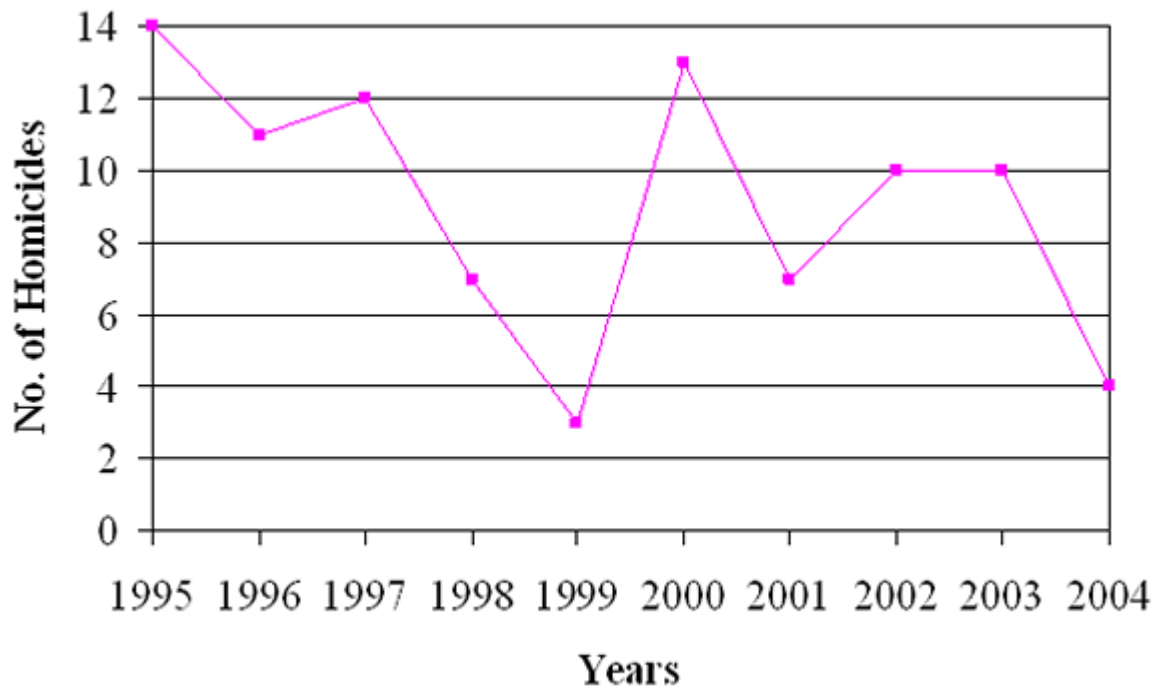
The primary goal of the Child Death Review Team is to reduce the number of child deaths by making recommendations on prevention strategies for government officials, professionals, and the general public. For the years 1995 through 1999, the CDRT reviewed all deaths of children who were less than seven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

Iowa law describes the membership and of the Child Death Review Team. By law, the team has 14 members from a wide range of professions and medical specialties, including the state medical examiner, a county attorney, an emergency room nurse, an insurance industry representative, and experts in perinatology, pediatrics, law enforcement, social work, mental health, substance abuse, domestic violence, family practices, and Sudden Infant 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

CHART 1
Homicides of Young Children in Iowa, 1995-2004



Age of Homicide Victims

The CDRT reports list how many children were homicide victims in each of three age categories: one month or younger, one month to one year, and older than one year. From 1995 through 2004, 11 homicide victims were one month old or younger, 33 were one month to one year old, and the remaining 47 victims were one through six years old.

Table 1 compares the average number of deaths and children in each age category. This comparison reveals that the per child homicide rate for infants one month or younger was more than 17 times higher than that for children one through six years old. The rate for children between one month and one year old was 4.7 times greater than for children one through six years old.

Nationally, very young children are also much more likely to be homicide victims, considering their proportion in the population. According to *Child Maltreatment 2003*, (www.acf.hhs.gov/programs/cb/pubs/cm03/index.htm), 43.6 percent of the reported victims of fatal child abuse (ages birth to 17 years) in 2003 were less than one year old. This means that the national homicide rate per child was almost thirteen times higher for those who were one year old or younger than for those who were one year through seventeen years old.

TABLE 1
Homicides per 10,000 Children by Age, 1995-2004

| Age Category | Children in age category (2000) | Young child homicide victims, 1995-2004 | Young child homicide victims/ year | Young child homicides/yr. per 10,000 children | Rate compared to 1-6 yr. olds |
|-----------------|---------------------------------|---|------------------------------------|---|-------------------------------|
| Up to 1 mo. | 3,112 | 11 | 1.1 | 3.54 | 17.2 |
| 1mo. to 1 yr. | 34,227 | 33 | 3.3 | 0.96 | 4.7 |
| 1 yr. to 6 yrs. | 229,165 | 47 | 4.7 | 0.21 | --- |

The Causes and Perpetrators of Young Child Homicides

The CDRT determines and reports the cause of each homicide, which this report summarizes in Table 2. The team found that 43 of the homicides of young children from 1995-2004 (47.2 percent) resulted from a brain injury, usually by being shaken/slammed. According to the CDRT report, 3 young children died from being shaken/slammed in 2004. For the other years, the number of such deaths ranged from highs of 9 in the year 1997 and 8 in 2000 to a low of 1 each in the years 1999 and 2002, respectively. Twenty-six of these 43 deaths involved children who were less than a year old.

The other 48 child homicide victims died from a wide range of identified causes, including blunt trauma (12), drowning (7), abandonment or exposure (4), and gunshot (4).

TABLE 2
Causes of Young Child Homicides, 1995-2004

| Causes | No. |
|------------------------------|-----|
| Shaken-slammed | 43 |
| Blunt trauma to abdomen/head | 12 |
| Drowning | 7 |
| Abandoned/exposure | 4 |
| Gunshot | 4 |
| Strangulation | 3 |
| Suffocation/asphyxiation | 3 |
| Carbon monoxide | 2 |
| Denial of critical care | 2 |
| Housefire | 2 |
| Hyperthermia | 2 |
| Motor vehicle | 2 |
| Multiple stab wounds | 2 |
| Sexual abuse | 1 |
| Smoke inhalation | 1 |
| Undetermined | 1 |

The CDRT reports the relationship of the perpetrators of homicides to their child victims. Table 3 summarizes its findings for 1995 through 2004. Thirty biological fathers were responsible for young child homicides, as were 24 who were the mother's male paramours. Those who were next most common as perpetrators were biological mothers (18 homicides) and sitters or child care providers (8 homicides).

TABLE 3
Perpetrators of Young Child Homicides, 1995-2004

| Perpetrators | No. of Victims |
|----------------------------|----------------|
| Father | 30 |
| Mother's male paramour | 24 |
| Mother | 18 |
| Sitter/child care provider | 8 |

| | |
|-----------------|---|
| Stepfather | 2 |
| Other relative | 2 |
| Stepmother | 1 |
| Foster father | 1 |
| Adoptive mother | 1 |
| Friend | 1 |
| Undetermined | 4 |

Recommendations to Reduce Homicides of Young Children

As required by the legislature, the CDRT recommends in each report how to reduce child deaths from all causes. Three strategies for reducing child homicides are common to the reports.

1. *Providing support for parents.* In every report, the CDRT has stressed to the governor and legislature the importance of support for new families. In its first report (January 1997), the CDRT urged that, “the family of every Iowa newborn receive appropriate home visiting services to promote and enable adequate and appropriate parenting skills.” In subsequent reports – though not in the most recent one – the CDRT has called for expansion of the Community Empowerment initiative, with a focus on home visits, “so that each family may become educated in appropriate parenting, preventive health, social and economic issues relating to infants and young children” (December 2004 report, page 6).

The December 2005 CDRT report repeats a call for home visits soon after an infant’s birth “to families that are at high risk of abusing children” (page 17). The report also recommends that health and social service agencies “continue and enhance efforts to educate new parents and the public about resources for stressed parents” (page 3). Further, agencies should provide parents of every newborn “a list of respite care resources/options and emergency numbers at the time of hospital discharge” (page 25).

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. *Selecting caretakers.* Every CDRT report has addressed the risk to children from male paramours or other unrelated caretakers, insisting that, “Mothers should be cautioned about careful selection of individuals who care for their children, most especially paramours” (December 2005 report, page 25). Reports have noted that local police departments have criminal history reports; Iowa criminal records are also available online at www.iowacourtsonline.org.

3. *Practice recommendations for the Department of Human Services.* For several years, CDRT reports have recommended certain DHS practices to protect children, including:

- Long term close monitoring of children returned to their parental homes or after a parent has returned from incarceration – with special attention given to situations involving substance abuse and
- Removal of children less than four years old “from unsafe family situations while parents work to improve the home environment” (December 2005 report, page 10)

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 22 counties; Carroll, Linn, and Washington counties offer both programs (see Chart 2).

In fiscal year 2005, these two programs provided 87,508 hours of crisis nursery and respite child care to 1,592 families with 2,271 children. An annual report and an evaluation describing these services and their benefits to families are both available on PCA Iowa’s website. View the PCA Iowa [Publications and Research page](#) for this information.

