State of California

Child Fatality and Near Fatality Annual Report

Calendar Year 2015

CDSS

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

State of California Child Fatality and Near Fatality Annual Report Calendar Year 2015

Table of Contents

Legislative Mandate

Senate Bill (SB) 39 (Migden, Chapter 468, Statutes of 2007) and the Welfare and Institutions Code (WIC) section 10850.4(j) requires all county welfare agencies and departments to notify the California Department of Social Services (CDSS) of all child fatalities that occurred within its jurisdiction that were the result of child abuse or neglect, and would require CDSS to establish a procedure for, and annually report on that notification, as specified.

Executive Summary

This is the seventh edition of the California Child Fatality Annual Report which contains analysis of critical incidents of child fatalities and near fatalities that occurred in Calendar Year (CY) 2015, which were determined to be the result of abuse or neglect and were reported by California county Child Welfare Services (CWS) agencies to the CDSS as of March 31, 2017. It reflects a state-level analysis of the aggregate data gathered with respect to these critical incidents, including information about the child victims and perpetrators involved, major causes and findings, and family involvement with local CWS agencies prior to and at the time of these incidents.

More specifically, this report analyzes a total of 184 critical incidents, of which 104 were child fatalities and 80 were near fatalities. The findings from CY 2015 are consistent with those in previous years – blunt force trauma remains the leading cause of death, while infants (under the age of one year) as well as Black children were over-represented when compared to their respective percentages of the statewide child population. The most common perpetrator in a child maltreatment death continues to be the biological mother.

This report demonstrates our continued commitment to providing information and data which informs the public understanding of these tragic critical incidents, the children who are victims and the families involved, as well as systemic issues and trends which can be addressed at a statewide policy level. It is our intent that members of the public, researchers, policy makers, and others may utilize the information in this report when developing solutions aimed at reducing future maltreatment-related fatalities and near fatalities of children. CDSS continues to develop collective strategies for preventing these fatalities and near fatalities, including the recommendations presented in this report.

This report, as well as prior years' California Annual Child Fatality and Near Fatality Reports, can be found at http://www.cdss.ca.gov/inforesources/Information-Resources/Program-and-Legislative-Reports. Questions regarding the report can be directed to CDSS' Office of Legislation at (916) 657-2623.

Major Findings

The following is a summary of findings from the review of CY 2015 child fatality and near fatality critical incidents which were determined to be the result of abuse or neglect.

A total of 184 child maltreatment related fatalities and near fatalities occurred in CY 2015.

- Of the 184 critical incidents reported to CDSS, 104 child maltreatment fatalities resulted from abuse or neglect by a parent or guardian. This includes cases where a parent or guardian was neglectful in leaving a child with an inappropriate caregiver. The leading causes of fatalities were blunt force trauma (22), asphyxiation (15), abusive head trauma (12), and drowning (12).
- There were 80 child maltreatment near fatalities, of which the leading causes were abusive head trauma (26), blunt force trauma (17), medical neglect (8), and ingested substances (6).

The majority of child maltreatment fatalities and near fatalities were perpetrated by the child's biological parents.

- Biological mothers were the most common perpetrator, followed by biological fathers. For child maltreatment fatalities, 58 percent of critical incidents had one perpetrator, while 50 percent of near fatalities involved two individual perpetrators.

The majority of child maltreatment fatalities and near fatalities continue to occur in infants under the age of one and children between one through four years of age.

- Similar to prior years, infants under the age of one and children one through four years of age were more likely to be the victims of maltreatment related fatalities and near fatalities. Infants represented the highest number of fatalities (43) and near fatalities (43). Children one through four years of age represented 33 fatalities and 20 near fatalities.

Male children were nearly twice as likely to be victims of child maltreatment fatalities and near fatalities.

- Male children died in greater numbers than female children for nearly all causes of death. Male children were more likely to die of abusive head trauma, drowning, stabbing, asphyxiation and infant sleep-related deaths, and medical neglect.

Black children died at a rate five times higher than White children.[1]

- Black children remain over-represented when compared to their state population size among victims of child fatalities and near fatalities. Black children died at a

[1] Black child fatality rate ((20/485,014) *100,000=4.12), White child fatality Rate ((20/2,453,788) *100,000=.82).

rate five times higher than White children. Multiracial children also accounted for a disproportionate share of the child fatality and near fatality population compared to their total population in California.

Nearly half of the child victim families had a history of previous contact with a CWS agency prior to the fatality or near fatality critical incident.

- Forty-six percent of all child victim's families had some history of CWS contact and 42 percent of all child victim's families had contact within one-year of the fatality or near fatality critical incident (Figure 17).

Recommendations and Strategies

CDSS is proposing the following recommendations and strategies to address child abuse and neglect fatalities and near fatalities in California. The recommendations are suggestions to CDSS partners and stakeholders based on information gathered from the analysis of child fatality and near fatality incidents, and the strategies are activities CDSS commits to implement or explore.

Reduce Risk to Infants and Young Children

In California about 80 percent of child fatalities and near fatalities due to abuse or neglect involved children under four years of age, and of those nearly half of these were newborns and infants who are especially vulnerable to abuse and neglect. To address this issue, CDSS has identified several opportunities for improving human services in the community.

Recommendations

Support the expansion of evidence-based home visiting programs.

Home visiting is a voluntary program that pairs pregnant and newly parenting women with a nurse or trained professional who makes regular visits in the participant's home to provide guidance, coaching, and access to health and social services. The goal is to assist participants in having a healthy pregnancy and delivery, and to ensure they have the tools necessary to prepare for their parental role. The program gives children a solid start and strengthens families and communities.

Evidence-based home visiting programs have been demonstrated to reduce abuse and neglect. Expanded use of evidence-based home visiting programs can provide parents with improved support and skills to nurture their children.

Encourage all mandated reporters to receive training on a regular basis.

California Penal Code Section 11165.7 designates 47 categories of individuals as mandated reporters. However, most of these individuals are not required by

law to receive training on identifying child behaviors, injuries, or statements that are indicative of abuse or neglect. While policies regarding school personnel and licensed childcare providers are exceptions, there are few guidelines that dictate training frequency or identify recommended training content to ensure that other professions defined as mandated reporters are and remain informed of child abuse identification, trends, and changes in reporting laws. Mandated reporters who do not receive consistent and ongoing training are at risk of overlooking signs of abuse and/or neglect in the children with whom they are working. Research demonstrates that trained reporters have improved knowledge of state and federal laws and are better able to identify cases of possible child maltreatment. Encouraging mandated reporters to complete state-approved trainings on a regular basis would support the effectiveness of the mandated reporting law and may lead to improvements in child safety.

CDSS Strategies

Prioritize cases involving at-risk newborns and infants for investigation if referred to a CWS agency.

In recognition of the extreme vulnerability of newborns and infants between birth and three months of age, the federal Commission to Eliminate Child Abuse and Neglect Fatalities recommended that states develop policies requiring that referrals alleging abuse or neglect of a child under age three and repeat referrals on the same child be prioritized for investigation.

CDSS is currently developing guidance on upcoming changes being made to the Child Welfare Services/Case Management System to allow Hotline intake workers, as well as investigating social workers, to document the number of infants referred to child welfare whom are affected by substance use and whether or not a plan of safe care was developed by the medical professional or the child welfare worker. The system changes will also allow for the documentation of whether a referral for services was made for the infant, parent, or other caregiver, both at intake and investigation. The system changes and guidance via an All County Letter (ACL) is expected to be released later this year.

Invest in the creation of an updated online training website for mandated reporters.

CDSS has recently released an updated website for mandated reporters to receive free online training regarding the identification of possible child abuse and neglect, and the steps to take to report suspected child abuse and neglect. A general module is available which includes information relevant for a mandated reporter in any profession, as well as six profession-specific modules, including

for medical providers, school personnel, childcare providers, social workers and mental health providers, clergy, and law enforcement. Some examples of the profession-specific modules include the module for medical providers which provides information on how to identify possible medical neglect, and the childcare provider module which recommends safe sleep practices. The updated website for mandated reporters is available here: www.mandatedreporterca.com

Increase Outreach to Caregivers

Male caregivers alone or in conjunction with a partner were the most common perpetrators of physical abuse related fatalities and near fatalities among children. Biological mothers more commonly perpetrated neglect-related fatalities and near fatalities. Increasing and strengthening outreach and prevention efforts to male caregivers, along with the identification of available crisis prevention resources, are crucial to educating parents and caregivers of the dangers of shaking or striking an infant or young child.

Recommendations

Ensure that male caregivers are assessed for services, when appropriate.

Case reviews revealed that male caregivers, such as biological fathers, stepfathers, or a mother's significant other, are often not assessed for services. Counties should review policies and procedures to ensure a comprehensive assessment of a child's home occurs, including all caregivers in a child's life. Although these caregivers may not be legally entitled to services, counties should assess whether a referral to voluntary services within the community is appropriate as a best practice. When creating case plans, safety plans or determining if a child can safely remain in the home, counties should consider working with community agencies to offer voluntary services to other caregivers, as appropriate, to maintain the safety of the child and stability of the family.

CDSS Strategies

Increase child abuse prevention outreach to male caregivers and conduct outreach and awareness for mothers about warning signs of unsafe caregivers.

CDSS has begun discussions with other state departments to identify partnership strategies to develop public awareness messages for positive parenting. CDSS is exploring the creation of a public service announcement message and video to be played in office waiting rooms and while individuals are on hold when making phone calls regarding state services.

Criteria on how to choose a safe care provider has also been included in the Abusive Head Trauma brochure, available here: http://www.cdss.ca.gov/inforesources/OCAP/Shaken-Baby-Syndrome.

Promote the Safe to Sleep campaign to reduce the risk of sleep-related causes of death.

CDSS promotes the National Institute of Child Health and Human Development's Safe to Sleep campaign to help share infant safe sleep messages with a variety of audiences, including healthcare and services, caregivers, and families, including fathers. CDSS includes links to these resources on its webpage, available here: http://www.cdss.ca.gov/inforesources/OCAP/Resources.

Strengthen Investigations and Services for Children who are in Open or Recently Closed Investigations or Cases

Forty-two percent of critical incidents of fatalities and near fatalities occur among families who currently have an open CWS investigation or case or have been reported to a CWS agency within the previous year. These tragedies occur despite an assessment, investigation or regular visitation by a case-carrying social worker. CDSS has identified the following strategies to help strengthen investigations and services to families referred to child welfare.

Recommendations

Improve Social Work Practice by strengthening staff training and delivered services.

Nearly half (46 percent) of families who experience a child fatality or near fatality have been in contact with a CWS agency at some point in the past and 42 percent have been in contact within one year. County CWS agencies and Boards of Supervisors are urged to promote strong social work practices by ensuring that staff and supervisors have the tools they need to succeed, including adequate support, coaching, and ongoing training. Adequate training and coaching in Structured Decision Making (SDM) and other assessment techniques also ensures rigorous and effective social work practices. Continued funding and support for services such as mental health, substance abuse treatment and housing will strengthen families and child safety by mitigating the most common risk factors found in families where a child fatality or near fatality has occurred.

CDSS Strategies

Improve statewide social worker training and education.

CDSS implemented the curriculum for CORE 3.0 in 2017, which is curriculum focused on the fundamental aspects of child welfare that is used in the statewide mandatory training for all new child welfare social workers. CORE 3.0 offers a far more dynamic learning experience than previous CORE classes, including the opportunity to role-play scenarios and work with a field advisor while training.

CORE 3.0 places an increased emphasis on interviewing and appropriate use of the SDM assessment tools. In addition, CORE 3.0 is developing advanced classes that will be available to all social workers and will meet the requirements for continuing education. One of the classes offered by CORE 3.0 will focus on techniques for successfully interviewing children, including very young children who are at heightened risk of a maltreatment-related fatality or near fatality. Additional information can be found at: https://calswec.berkeley.edu/programs-and-services/child-welfare-service-training-program/common-core-30.

CDSS is in the process of producing an ACL to provide guidance on investigation requirements when receiving a referral for a child fatality that is suspected to be related to abuse and/or neglect when no other children are reported to remain in the home, i.e., no surviving siblings are reported to the hotline.

Improve hotline screening decisions statewide.

Review-Evaluate-Direct (RED) teams are used by some counties as a way for social work and multidisciplinary teams to meet and collaboratively discuss and determine if a hotline call should be investigated and how quickly the investigation should take place. This system acts as a secondary review to ensure the most appropriate response determination is selected during the intake process.

Improve the use of Safety and Risk Assessments and strengthen the development of Safety Plans.

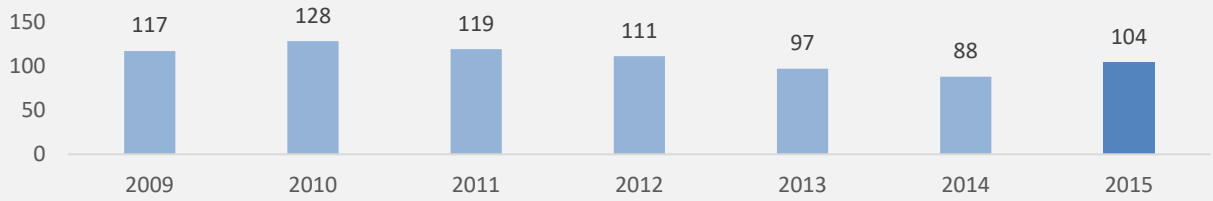
CDSS has released guidance through ACL 17-107, which provides counties directions about the use of the SDM Safety and Risk Assessments to ensure child safety during investigations and throughout the case. ACL 17-107 also prescribes methods to develop an effective safety plan with measurable goals that can be appropriately monitored. Additional information on ACL 17-107 can be found at: https://www.cdss.ca.gov/inforesources/2017-all-county-letters.

Child Fatalities in 2015

Overview of 2015 Child Abuse & Neglect Fatalities that were Reported and Reviewed

Data Highlight: In 2015, there were 104 child fatalities resulting from abuse or neglect in California that county CWS agencies reported to CDSS (Figure 1).

FIGURE 1
2009-2015 Child Abuse & Neglect Fatalities
Reported and Reviewed



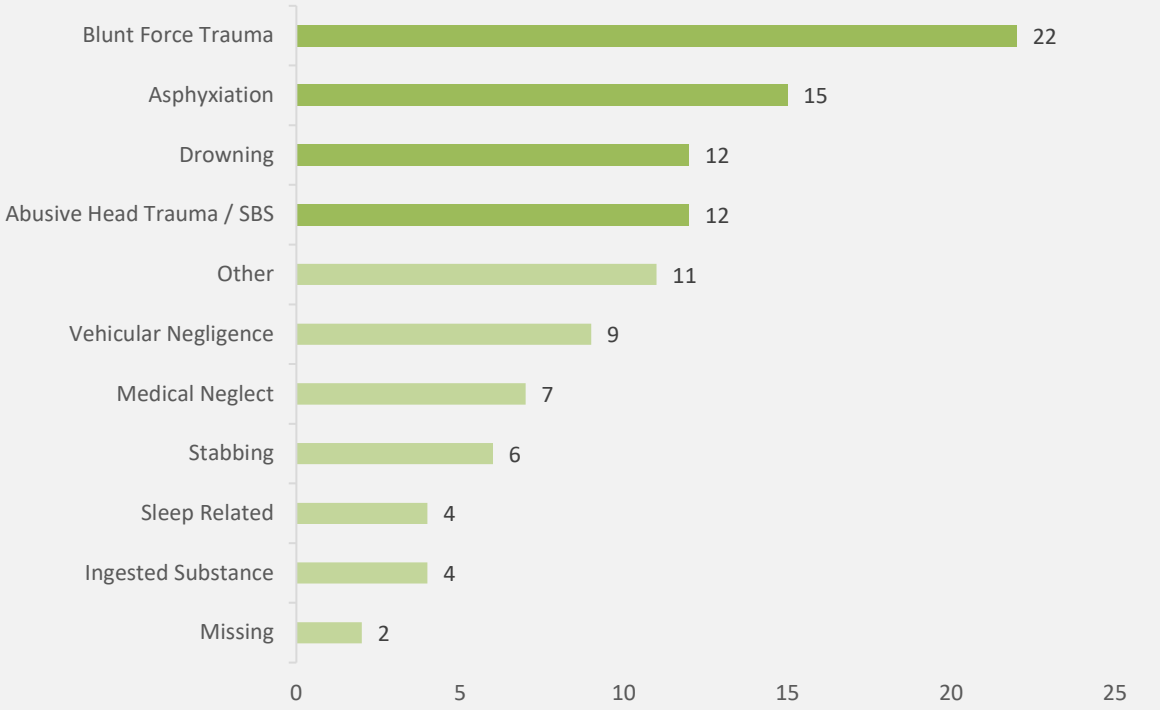
Summary of Findings:

- Overall, the statewide child abuse and neglect fatality rate has declined slightly from 1.26 per 100,000 children in 2009 to 1.13 per 100,000 children in 2015. This rate is below the national average of 2.25 fatalities per 100,000 children as reported in the 2015 Child Maltreatment Report, which can be found at: https://www.acf.hhs.gov/cb/resource/child-maltreatment-2015.
- Infants under the age of one and children one through four years of age accounted for 73 percent of all child maltreatment fatalities, down slightly from 2014.
- Male children accounted for 64 percent of all child maltreatment fatalities for 2015, while female children accounted for 36 percent. Male children have consistently accounted for about two-thirds of child maltreatment fatalities since 2011.
- Biological mothers represented the majority of perpetrators for child maltreatment fatalities due to medical neglect, asphyxiation, and drownings.
- Black and Multi-Race children remain over-represented when compared to their state population size among victims of fatal child abuse or neglect. Hispanic children made up the largest demographic for child maltreatment fatalities in 2015.
- Third party homicides reported to CDSS that do not involve a parent, guardian, or other caregiver are excluded from the analysis presented in this report. Often, these deaths are the result of criminal or gang-related activity and are generally not investigated by child welfare, nor would such a death necessarily be grounds for child welfare involvement.

Leading Causes of Abuse/Neglect in Child Fatalities in 2015

Data Highlight: Blunt force trauma and abusive head trauma contributed to 33 percent of all child maltreatment fatalities in 2015.

FIGURE 2
2015 Child Abuse and Neglect Fatalities by Cause (Total 104)



Missing: Two child fatalities have cause information that is unknown

Summary of Findings:

- Blunt force trauma remains the top cause of abuse and/or neglect related fatalities for children in California in CY 2015 (Figure 2).
- Asphyxiation-related child maltreatment fatalities more than doubled to 15, as compared to six in CY 2014. Asphyxiation was the leading cause of child maltreatment fatalities among infants.
- Drowning is frequently among the leading causes of child maltreatment fatalities. In CY 2015, there were 12 child maltreatment fatalities attributable to this cause and of those 12, six were children one through four years of age.
- Abusive head trauma (previously referred to as Shaken Baby Syndrome/SBS), was the fourth most common cause of child maltreatment fatalities in CY 2015. These deaths usually result from the violent shaking of a child.

- A similar trend from CY 2014 remains as vehicular negligence was the leading cause of child maltreatment fatalities for children ages five or older.

Blunt Force Trauma & Abusive Head Trauma are Among the Top Causes of Child Fatalities in 2015

Data Highlight: 33 percent of all child maltreatment fatalities were caused by blunt force trauma and abusive head trauma in 2015.

FIGURE 3 Of the 22 blunt force trauma child fatalities:	
Object	12
Unknown	5
Fall	2
Throw	1
Multiple	1
Shaking	1

Abusive Head Trauma (AHT):

Definition: An injury to the skull or intracranial contents of an infant or young child (under five years of age) due to inflicted blunt impact or violent shaking. Includes what was previously referred to as Shaken Baby Syndrome (SBS).

FIGURE 4 Of the 12 abusive head trauma child fatalities:	
Shaking	7
Drop	2
Unknown	2
Object	1

Blunt Force Trauma (BFT):

Definition: Injuries resulting from an impact with a dull, firm surface or object. Individual injuries may be patterned. Includes blunt force trauma to the body or head.

Summary of Findings:

- The most frequent cause of child maltreatment fatalities in 2015 was BFT, which accounted for 22 child fatalities. This has been the leading cause of child maltreatment fatalities in California since 2010.
- Slightly more than one-third (35 percent) of child maltreatment fatalities among female children were due to physical abuse (BFT and AHT). Physical abuse accounted for 31 percent of fatalities among male children, with males experiencing a greater proportion of deaths due to other causes.
- Infants under age one and children one through four years of age experienced proportionally more fatalities from physical abuse than did children in other age groups.
- The majority (55 percent) of BFT fatalities involved the use of an object (Figure 3). Objects used to inflict the trauma range from body parts to physical items and a vehicle.

- The majority (58 percent) of AHT fatalities were the result of the victim child being violently shaken (Figure 4).
- In seven child fatality instances, it was not known how the child sustained the BFT or AHT injuries.

Asphyxiation & Drowning are Among the Top Causes of Child Fatalities in 2015

Asphyxiation

Definition: To cause to die or lose consciousness by impairing normal breathing, as by gas or other noxious agents; choke; suffocate; smother.

Data Highlight: Of the 15 asphyxiation child maltreatment fatalities, ten were related to unsafe sleeping practices.

Summary of Findings:

- Infants were most likely to die due to asphyxiation compared to the overall child fatality population. There was not a significant decline in fatalities from birth to one year of age, suggesting that all infants are equally vulnerable to this cause of death. Caregivers should still be concerned with safe sleeping as infants get closer to one year of age.
- Most asphyxiation deaths are the result of unsafe co-sleeping or other sleep practices or other infant sleep-related causes, meaning the infant was placed in an unsafe sleeping position. Five fatalities were from co-sleeping, and five fatalities were the result of unsafe sleeping locations not involving co-sleeping.
- Alcohol and drug use by the parent or guardian were more likely to be contributing factors in infant sleep-related deaths (four) than other risk factors. This suggests that co-sleeping while under the influence of drugs and alcohol increased the likeliness of an infant sleep-related fatality.

Drowning

Definition: A process where a liquid-air interface is present at the entrance to the victim's airway, which prevents the individual from breathing oxygen, resulting in respiratory impairment and possible fatality.

Data Highlight: Of the 12 total drownings reported to CDSS, seven were pool drownings.

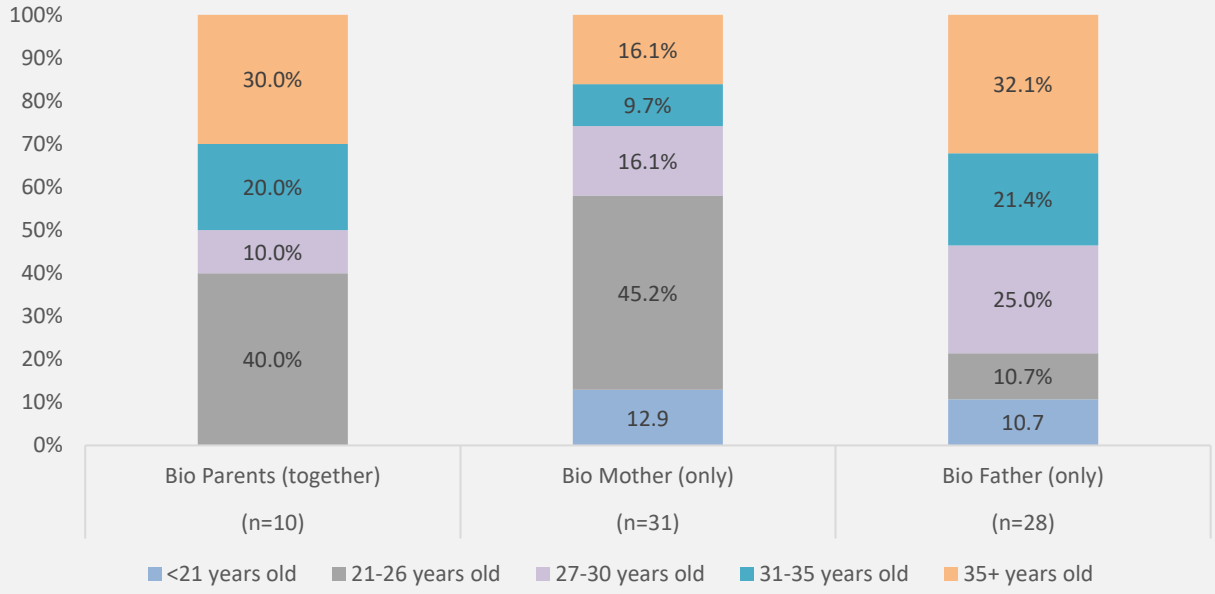
Summary of Findings:

- There were 12 abuse and neglect related drowning deaths in CY 2015.
- Of the 12 drowning deaths, seven occurred in a pool. These fatalities often occurred when the child was left unsupervised.
- Children between the ages of one and four years old were the most represented group and remain the most vulnerable population for drowning deaths.
- White children were most likely to die from a child maltreatment related drowning.
- While drowning deaths of children in bathtubs are not common, two children drowned in a bathtub primarily after the parent/caregiver momentarily stepped out of the room.

Perpetrators of Child Fatalities in 2015

Data Highlight: Biological parents were found to be the most common perpetrators, with 31 cases containing allegations involving the biological mothers alone and 28 cases containing allegations involving the biological father alone (Figure 5).

FIGURE 5
2015 Bio Parents Age Distribution by Type (Total 69)



Summary of Findings:

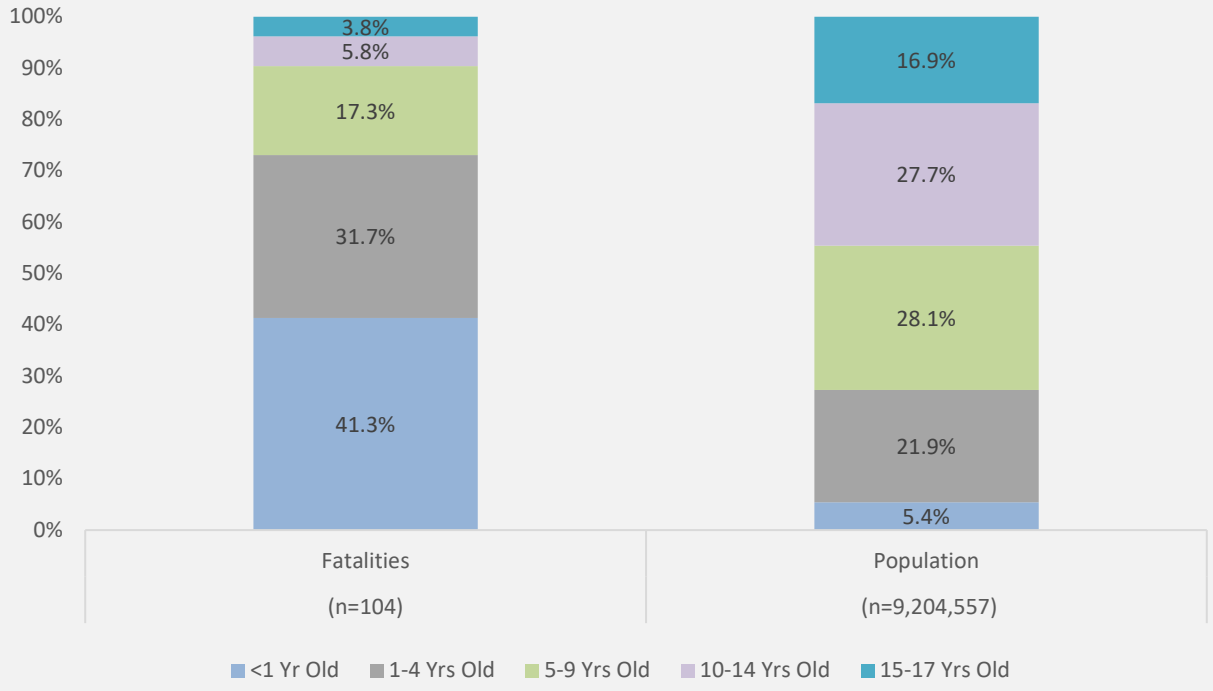
- The majority of child maltreatment fatalities were perpetrated by the biological parents of the child. Biological mothers were the most common perpetrators, followed by the biological fathers. For child maltreatment fatalities, 58 percent of critical incidents had one perpetrator.

- Biological mothers represented the majority of perpetrators for child maltreatment fatalities due to medical neglect, asphyxiation, and drownings. The primary allegation for these deaths is consistently neglect.
- Biological fathers were the most common perpetrators for child maltreatment fatalities due to stabbing and AHT. The primary allegation for these deaths is consistently physical abuse.
- Other perpetrators include the male significant other of the parent (12), primarily the mother's non-married partner. The last significant group of perpetrators were other related female caregivers (seven).
- Biological mothers tend to be younger in age (21-26), while the biological fathers were more likely to be over the age of 30.

Victim Age of Child Fatalities in 2015

Data Highlight: Infants under age one and children one through four years of age accounted for 73 percent of all child maltreatment fatalities (Figure 6).

FIGURE 6
2015 Child Fatalities & Population (0-17) by Age Distribution*



*CA Dept. of Finance: 2010-2060 - Pop. Projections by Race/Ethnicity, Detailed Age, & Gender.

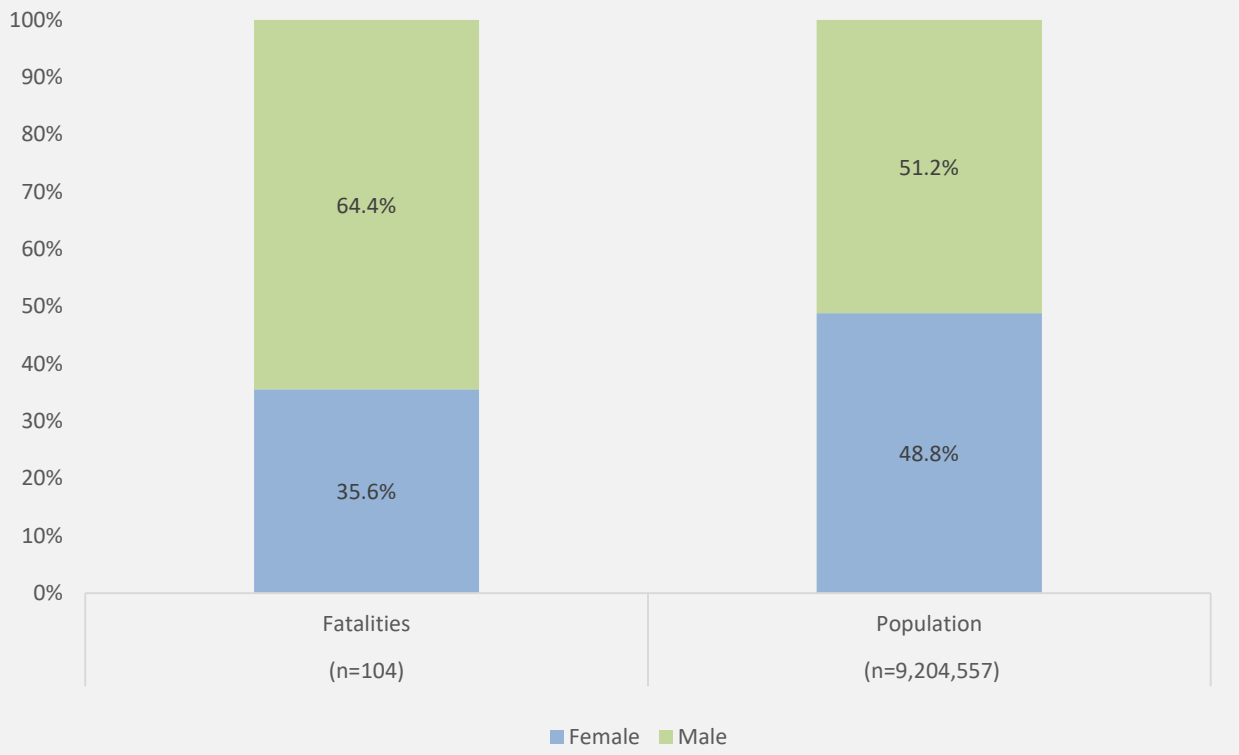
Summary of Findings:

- Similar to prior years, both infants under age one and children one through four years of age are disproportionately represented in the population of child maltreatment fatalities, when compared to the statewide child population.
- Infants accounted for five percent of the state's child population but 41 percent of fatalities. Children one through four years of age accounted for 22 percent of the state's child population but 32 percent of fatalities (Figure 6).
- Infants experienced a greater number of asphyxiation-related fatalities in 2015 compared to prior years. With 12 child fatalities, asphyxiation was the leading fatality cause followed by eight BFT fatalities and six AHT fatalities for infants.
- Consistent with prior years, children one through four years of age experienced a greater number of BFT fatalities than children in other age groups. The second and third leading causes of child maltreatment fatalities remain drowning and AHT for this age group.

Victim Gender of Child Fatalities in 2015

Data Highlight: Male children accounted for 64 percent of all child maltreatment fatalities in California in 2015 (Figure 7).

FIGURE 7
2015 Child Fatalities & Population (0-17) by Sex Distribution*



*CA Dept. of Finance: 2010-2060 - Pop. Projections by Race/Ethnicity, Detailed Age, & Gender.

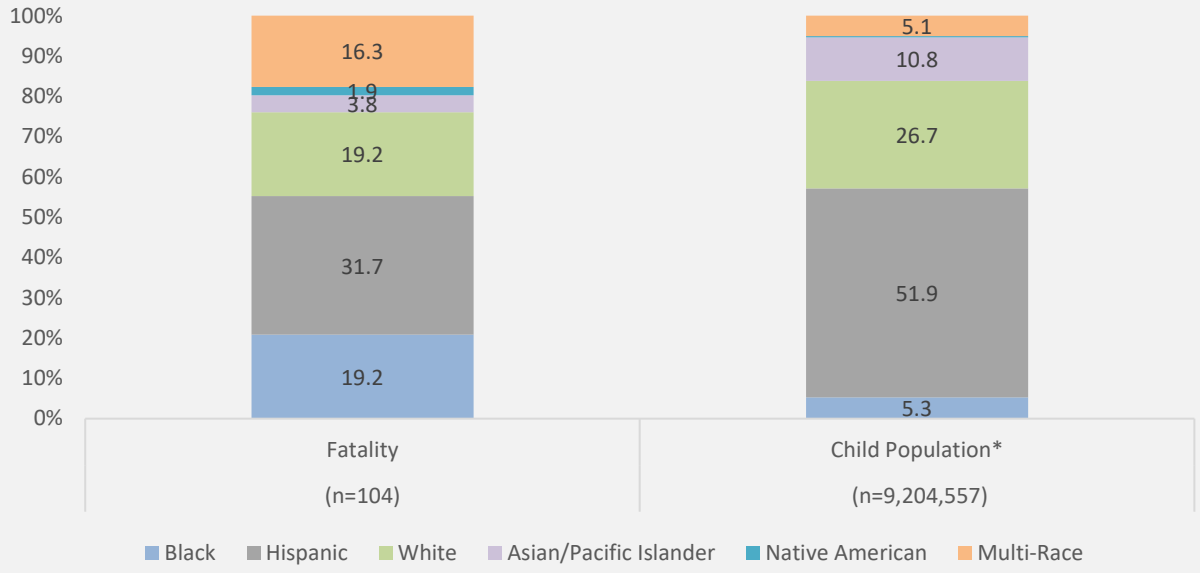
Summary of Findings:

- Child fatality victims were almost twice as likely to be male then female. This disproportionality is in line with findings from previous years data and aligns with national trends regarding gender disparities in child fatality rates.
- At the population level, male children die at a rate twice as high as female children. The reason for disproportionality in gender is currently unknown and should become a topic of study for CWS.
- Male children were more likely to die from AHT, drowning, asphyxiation and infant sleep-related deaths, as well as medical neglect.
- Ingested substance and vehicular negligence are the only causes of death where female children had higher rates of death than male children.
- Male children have consistently made up a greater proportion of child fatalities since 2011 (Figure 7).

Victim Race/Ethnicity of Child Fatalities in 2015

Data Highlight: Black children died at a rate five times higher than white children (Figure 8).

FIGURE 8
2015 Child Fatality & Population (Age 0-17) by Race/Ethnicity Distribution
Percent calculations exclude children with missing race/ethnicity



*CA Dept. of Finance: 2010-2060 - Pop. Projections by Race/Ethnicity, Detailed Age, & Gender

Summary of Findings:

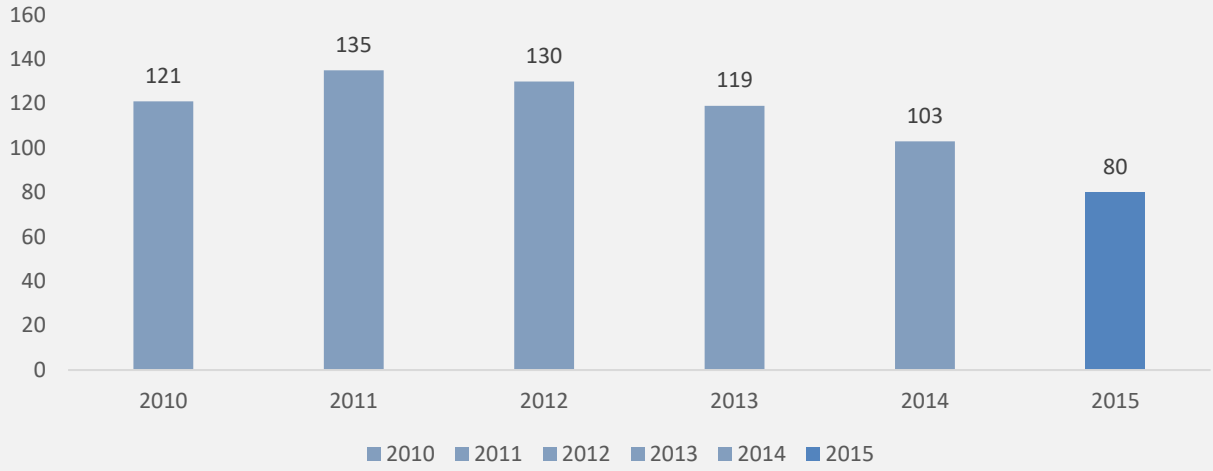
- Child maltreatment fatalities among Black children were most likely to be the result of BFT (five) and asphyxiation (four).
- Child maltreatment fatalities among multi-race children were most likely to be the result of BFT (five), drowning (four), and asphyxiation (four).
- Asian/Pacific Islander and White children were under-represented in the child maltreatment fatalities compared to their percentage of the total child populations in California.
- White children were more likely to die from AHT (six) and drowning (five) than other common causes of death.
- Although Hispanic children make up the largest racial demographic group of child maltreatment fatalities in CY 2015, they are under-represented when compared to their total share of the child population in California. Specifically, they account for 52 percent of children in the state but only 32 percent of fatalities. Hispanic children were more likely to die from BFT (nine), vehicular negligence (six) and stabbings (five).

Child Near Fatalities in 2015

Overview of 2015 Child Abuse & Neglect Near Fatalities that were Reported and Reviewed

Data Highlight: In 2015, there were 80 child maltreatment near fatalities resulting from abuse or neglect in California that county CWS agencies reported to CDSS (Figure 9).

FIGURE 9
2010-2015 Number of Child Near Fatalities Reported and Reviewed



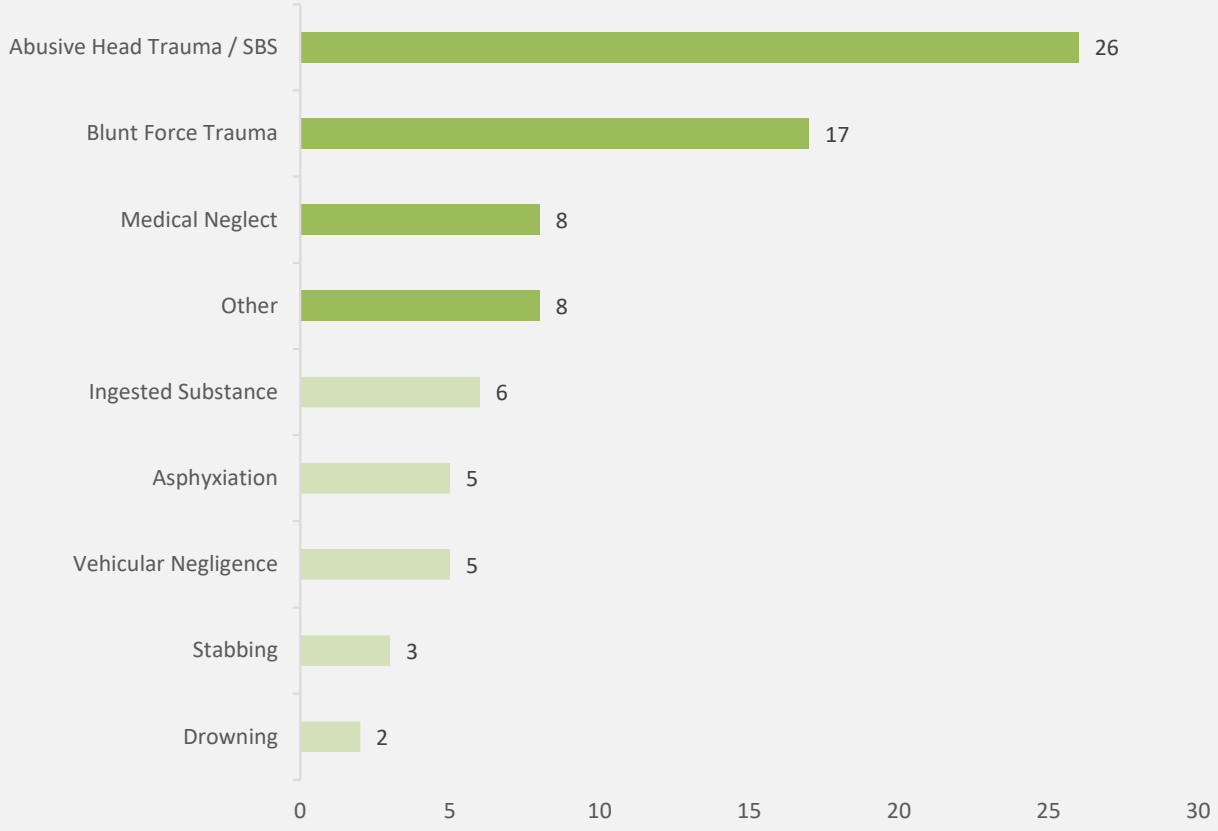
Summary of Findings:

- Overall, the statewide child abuse and neglect near fatality rate has declined from 1.31 per 100,000 children in 2010 to 0.86 per 100,000 children in 2015.
- Infants under age one and children one through four years of age accounted for 79 percent of all child maltreatment near fatalities in 2015.
- Male children accounted for 54 percent of all child maltreatment near fatalities for 2015, while females accounted for 46 percent. Male children have consistently accounted for more than half of child maltreatment near fatalities since 2010.
- Biological mothers were the most common primary individual responsible listed as a perpetrator on the near fatality referral, accounting for 30 percent, followed by biological fathers, who accounted for 14 percent of primary individual responsible.
- As with child fatalities, Hispanic children made up the largest proportion of child maltreatment near fatalities by race/ethnicity in 2015 but are under-represented compared to their proportions in the overall child population. Black children continue to remain over-represented among victims of nearly fatal child abuse or neglect when compared to their state population share.

Leading Causes of Child Near Fatalities in 2015

Data Highlight: Blunt force trauma and abusive head trauma were the two leading causes of all child maltreatment near fatalities in 2015.

FIGURE 10
2015 Child Near Fatality by Cause (Total 80)



Summary of Findings:

- AHT was the leading cause of abuse and/or neglect related near fatalities for children in California in 2015 (Figure 10).
- BFT was the second-leading cause of near fatalities and has been in the top causes of near fatalities since 2010.
- Medical neglect and other causes were tied as the third-leading cause, with eight near fatalities each for 2015.
- Ingested substance was the fourth-leading cause, with six near fatalities for 2015. All six children were born positive for toxic substances.
- As with fatalities, asphyxiation and vehicular negligence were also common causes of near fatalities for 2015.

Blunt Force Trauma & Abusive Head Trauma are Among the Top Causes of Child Near Fatalities in 2015

Data Highlight: 54 percent of all child maltreatment near fatalities were caused by BFT and AHT in 2015.

FIGURE 11 Of the 17 BFT child near fatalities:	
Unknown	9
Object	4
Fall	2
Throw	1
Shaking	1

Blunt Force Trauma (BFT):

Definition: Injuries resulting from an impact with a dull, firm surface or object. Individual injuries may be patterned. Includes blunt force trauma to the body or head.

Abusive Head Trauma (AHT):

Definition: An injury to the skull or intracranial contents of an infant or young child (under five years of age) due to inflicted blunt impact or violent shaking. Includes what was previously referred to as Shaken Baby Syndrome (SBS).

FIGURE 12 Of the 26 AHT child near fatalities:	
Unknown	12
Shaking	9
Object	4
Drop	1

Summary of Findings:

- In 2015, the most frequent causes of child maltreatment near fatalities were AHT (26) and BFT (17).
- 58 percent of child maltreatment near fatalities among male children were due to physical abuse (BFT and AHT). Female children experienced fewer physical abuse related near fatalities (49 percent) than males; however, they were more likely to experience fatal physical abuse (35 percent) compared to males (31 percent).
- Infants under age one and children one through four years of age experienced proportionally more near fatalities from physical abuse than did children in other age groups. This is similar to the trend seen in child fatalities as infants under age one and children one through years of age make up nearly three-quarters of all child maltreatment fatalities.
- The nature of near fatal physical abuse sometimes makes it difficult to determine the actual cause of the near fatality. In some instances, there are multiple injuries that have led up to the incident; in other incidents neither the parent or caregiver admit to what caused the injuries. As such, some numbers listed in the tables above fall into the unknown category. These are incidences where after reviewing the case, it is still unknown precisely how the child was injured.
- Of the known methods that caused BFT, four were the result of an object that was used, two were the result of the child falling, one was the result of the child being thrown, and one was due to AHT (Figure 11).

- Of the known methods that caused AHT, nine were the result of shaking, four were the result of an object that was used, and one was the result of a fall (Figure 12). In 21 near fatality instances, it was not known how the child sustained the BFT or AHT injuries.

Medical Neglect & Ingested Substance are Among the Top Causes of Child Near Fatalities in 2015

Medical Neglect

Definition: The denial or deprivation, by those responsible for the care, custody, and control of the child, of medical or surgical treatment or intervention which is necessary to remedy or ameliorate a medical condition which is life threatening or causes injury.

Data Highlight: The majority of children who nearly died from medical neglect were Black children.

Summary of Findings:

- Medical neglect is one of the leading causes of child near fatalities (eight of 80) in California. All the children with medical neglect related near fatalities had known medical conditions that were not adequately treated which resulted in their hospitalization.
- Black children comprised the majority of near fatalities from medical neglect (five).
- Children who nearly died from medical neglect varied in ages from one to 14 years old.
- The biological mother was the most common perpetrator with an allegation in the critical incident referral. Of the eight medical neglect related near fatalities, six allegations involved the biological mother.

Ingested Substance

Definition: An incident caused by an object or substance that entered a child's body through the mouth or absorbed into the body.

Data Highlight: All of the children with a near fatality from an ingested substance were under the age of one.

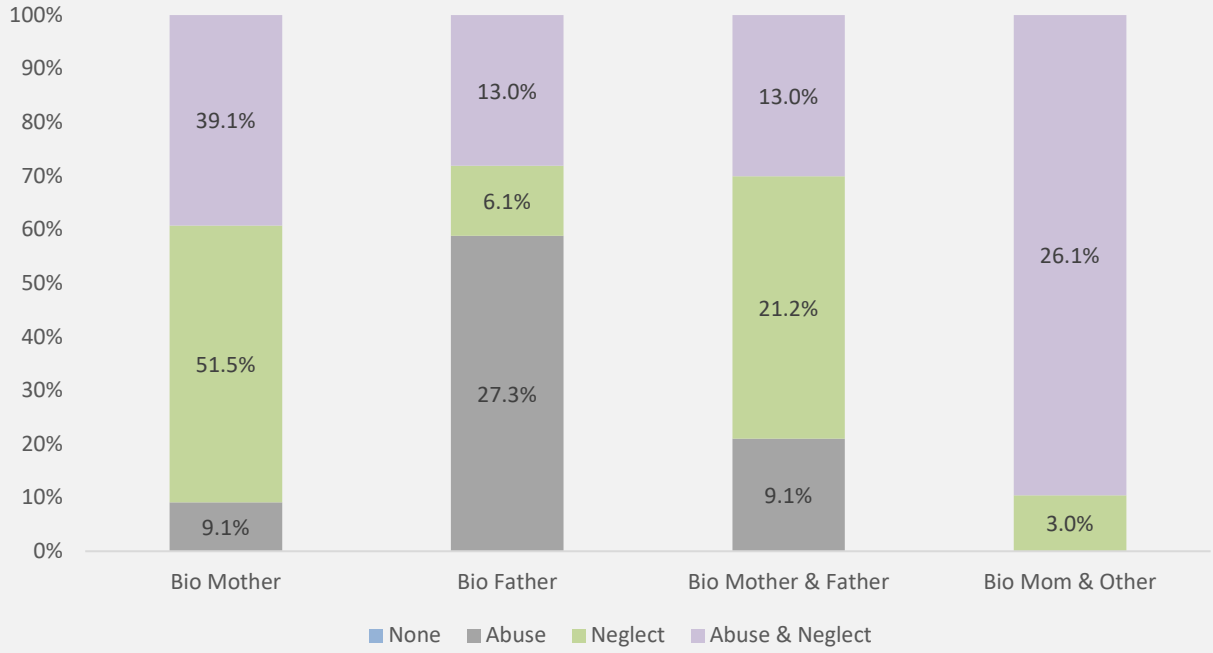
Summary of Findings:

- Substance exposure is the fourth leading cause of child near fatalities in California in 2015.
- In 2015, six of the children reported for a near fatality due to substance exposure were born positive for toxic substances. Therefore, the mother was the most common perpetrator with an allegation in the critical incident referral.
- The children most commonly tested positive for amphetamine.

Perpetrators of Child Near Fatalities in 2015

Data Highlight: Abuse and Neglect were the most common allegations for perpetrators identified as biological mothers and significant others (Figure 13).

FIGURE 13
2015 Primary Individual(s) Responsible for Child Near Fatality by Allegation Type (Total 80)



Summary of Findings:

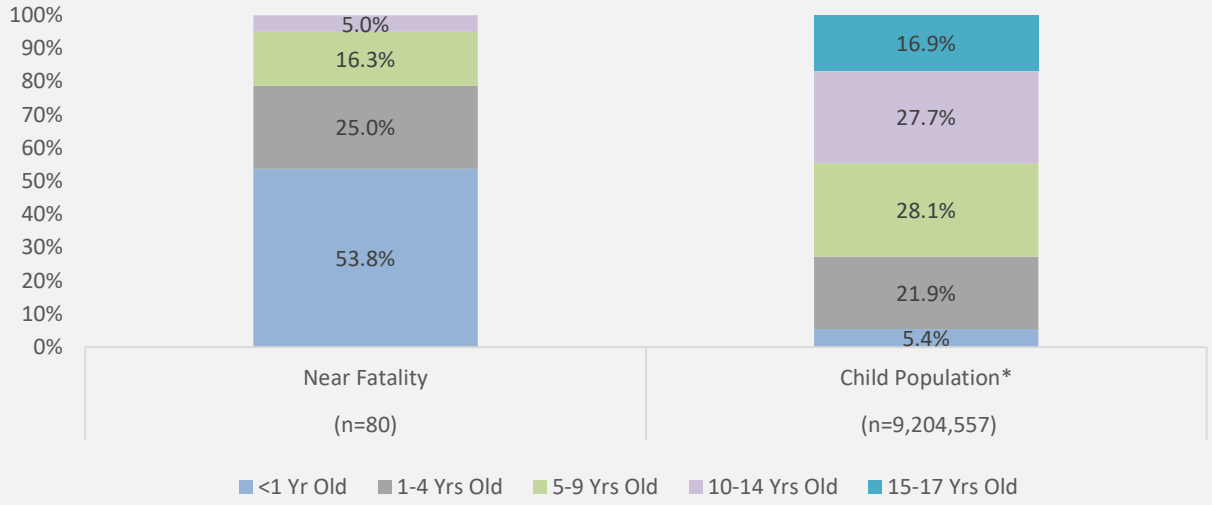
- Half of child near fatalities involved two individuals responsible (50 percent) and 14 percent involved three or more individuals responsible, far higher than the fatal critical incidents.

- The most common allegation of the near fatality referral was Neglect, followed by Abuse and Neglect.
- The biological mother was the most common primary individual responsible listed as a perpetrator on the near fatality referral, accounting for 30 percent, followed by the biological mother and biological father who were both listed as a primary individual responsible on 15 percent of the referrals. The biological father was listed as the primary individual responsible involved in 14 percent of near fatality referrals.
- Male significant other and other related males were the third and fourth most commonly listed perpetrators for the near fatality referrals.

Victim Age of Child Near Fatalities in 2015

Data Highlight: In 2015, infants under age one and children one through four years of age accounted for 79 percent of all child maltreatment near fatalities (Figure 14).

FIGURE 14
2015 Child Near Fatality & Population (Age 0-17) by Age Distribution*



*CA Dept. of Finance: 2010-2060 - Pop. Projections by Race/Ethnicity, Detailed Age, & Gender.

Summary of Findings:

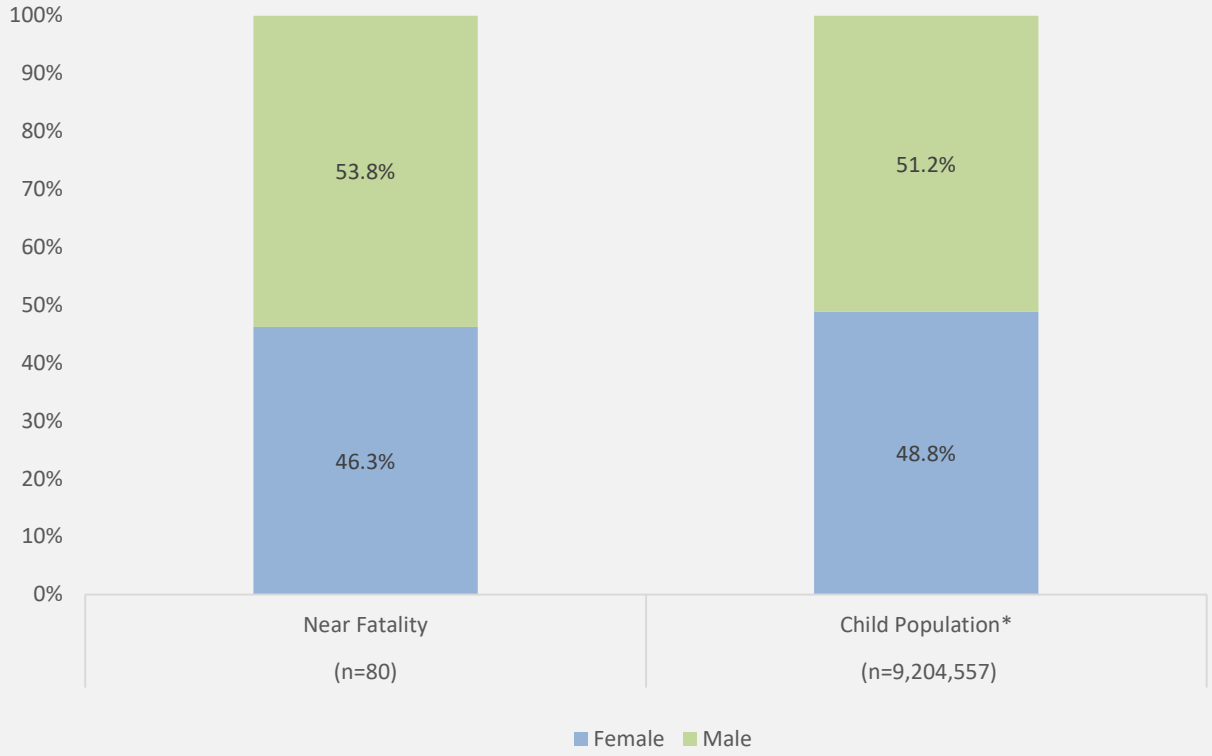
- Similar to prior years, both infants under age one and children one through four years of age continue to remain disproportionately represented in the child maltreatment near fatality population.

- In 2015, infants accounted for five percent of the state's child population but 54 percent of child near fatalities. Children one through four years of age accounted for 22 percent of the state's child population but 25 percent of near fatalities (Figure 14).
- Infants represented 85 percent of all abusive head trauma incidents, which is the leading cause for near fatalities in 2015 and has been one of the leading causes since 2010. BFT and substance exposure were the second and third leading causes of near fatalities among infants.
- For children one through four years of age, BFT remained the leading cause of both fatalities and near fatalities. The second and third leading causes were asphyxiation and abusive head trauma among this age group.
- The leading causes of near fatality incidents for children ages five to 17 were medical neglect, vehicular negligence, and blunt force trauma.

Victim Gender of Child Near Fatalities in 2015

Data Highlight: Child near fatalities were distributed more evenly across gender than the child fatality data for 2015 (Figure 15).

FIGURE 15
2015 Child Near Fatality & Population (Age 0-17) by Sex Distribution*



*CA Dept. of Finance: 2010-2060 - Pop. Projections by Race/Ethnicity, Detailed Age, & Gender.

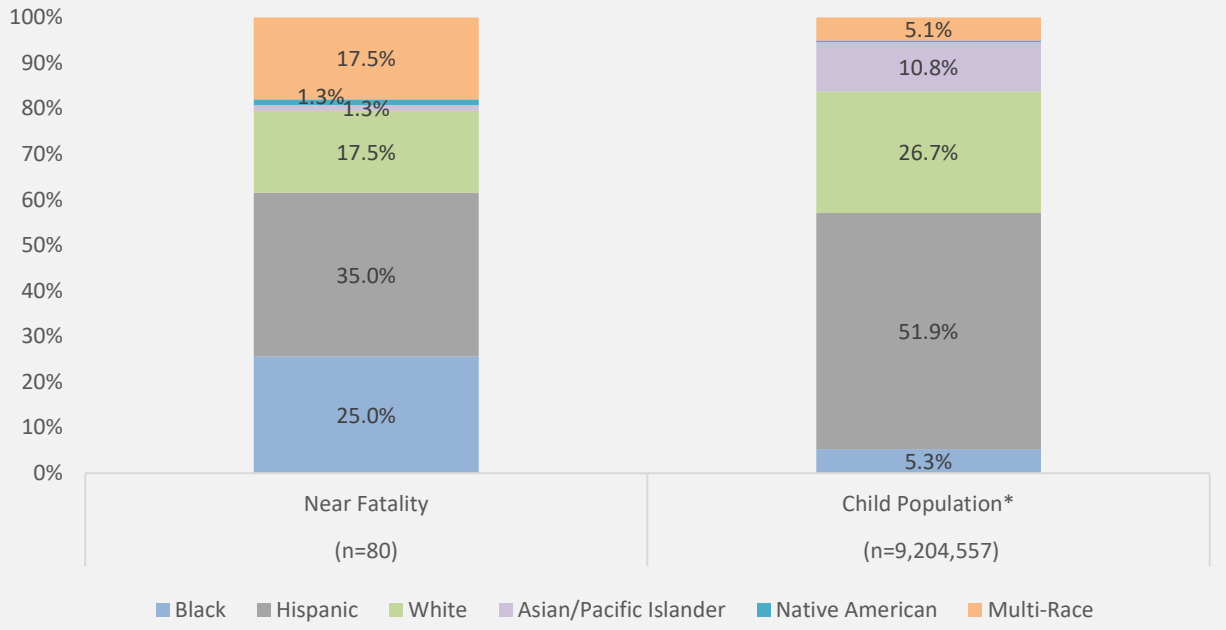
Summary of Findings:

- Male infants were most vulnerable, particularly birth and three months of age (15).
- The numbers of victims four to six months of age (eight), and seven to eleven months of age (three) were even for male and female victims.
- AHT and BFT were the top causes of child near fatalities for male and female children in 2015.
- Female children had a greater proportion of near fatalities due to vehicular negligence than male children in 2015.
- Male children had a higher proportion of near fatalities due to AHT, BFT, medical neglect, and asphyxiation than females.

Victim Race/Ethnicity of Child Near Fatalities in 2015

Data Highlight: Black children are over-represented compared to their percentage of the state child population (Figure 16).

FIGURE 16
2015 Child Near Fatality & Population (Age 0-17) by Race/Ethnicity Distribution*
Percent calculations exclude children with missing race/ethnicity



*CA Dept. of Finance: 2010-2060 - Pop. Projections by Race/Ethnicity, Detailed Age, & Gender

Summary of Findings:

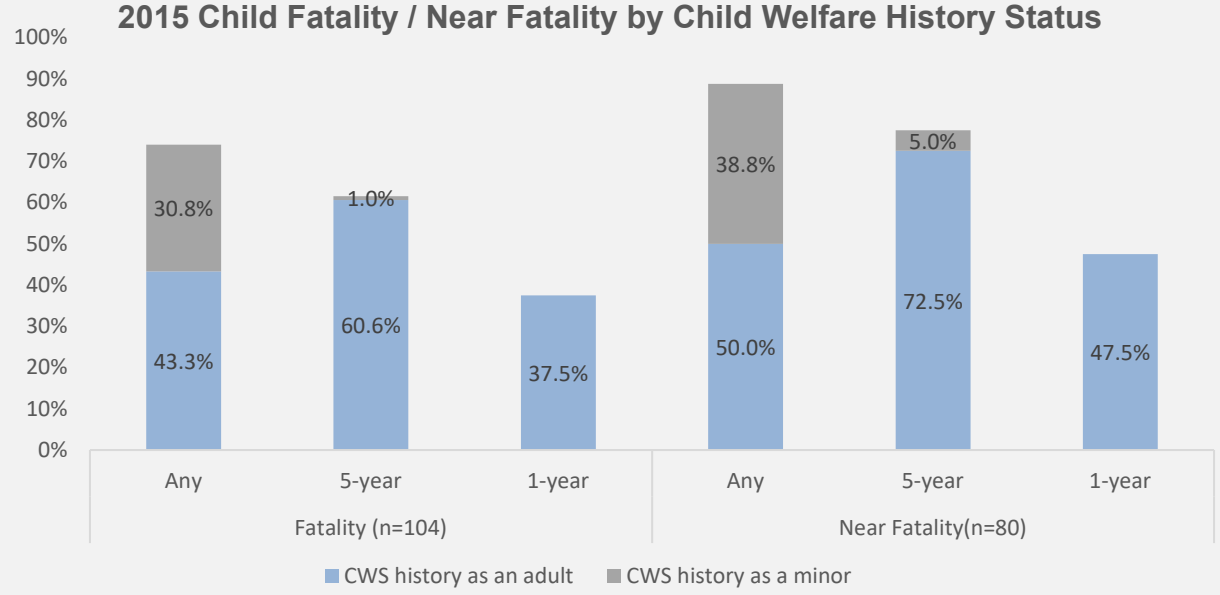
- Hispanic children make up the largest demographic of children represented among near fatality data.
- AHT was the leading cause of child near fatalities for Hispanic children in 2015.
- Black children had a high rate of disproportionality among child near fatality victims for 2015. They represented five percent of children statewide in 2015, but 25 percent of near fatality victims (Figure 16). This is consistent with the overrepresentation of Black children within the child welfare system in the United States.
- AHT, medical neglect and asphyxiation were the leading causes of near fatalities for Black children in 2015.
- BFT was the top cause of child near fatalities for White children in 2015.

Child Welfare Involvement
Fatalities and Near Fatalities in 2015

2015 Child Welfare Involvement with Families that have Prior CWS History

Data Highlight: Of the 184 child maltreatment fatalities and near fatalities that occurred in 2015, 148 incidents involved children from families who previously had some form of contact with a CWS agency and 85 incidents involved children from families where this prior contact had occurred as an adult (Figure 17).

FIGURE 17
2015 Child Fatality / Near Fatality by Child Welfare History Status



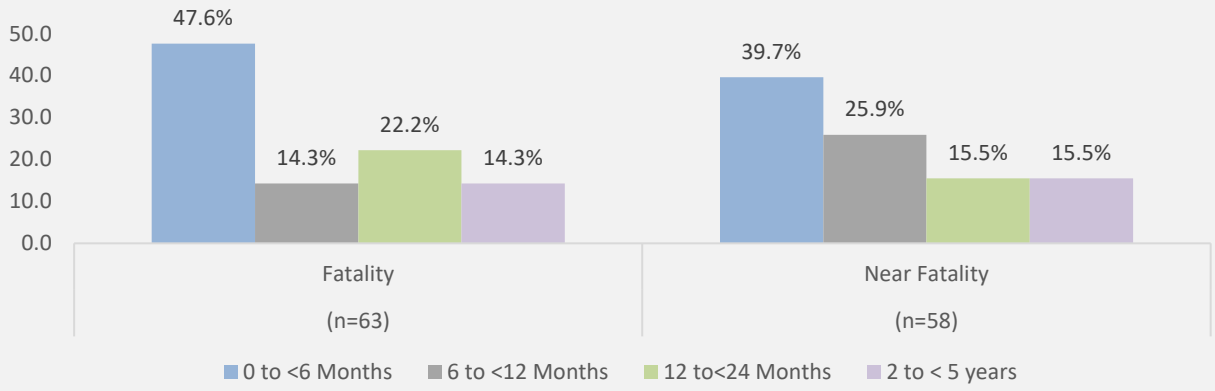
Summary of Findings:

- Similar to data from previous years, approximately half of families who experienced a child maltreatment fatality or near fatality have had some prior contact with a CWS agency as an adult.
- Of the 85 incidents that involved children from families who previously had some form of contact with a CWS agency as an adult, 45 of those incidents were fatalities and 40 incidents were near fatalities.
- Of the 45 fatalities with CWS history as an adult, 39 families (87 percent) had a referral to child welfare within one year prior to the fatality.
- Of the 40 near fatalities with CWS history as an adult, 38 families (95 percent) had a referral to child welfare within one year prior to the near fatality.
- Within five years prior to the critical incident, all child fatalities and near fatalities families with CWS history, 121 prior referrals were generated. Three-quarters of the families had two or more prior referrals within that period.

2015 Child Welfare Involvement with Families that have Recent CWS History

Data Highlight: Of the 184 child maltreatment fatalities and near fatalities that occurred in 2015, more than two-thirds (121) of prior referrals involved children from families who previously had contact with a CWS agency within five years of the incident (Figure 18).

FIGURE 18
2015 Most Recent Referral Timeline Among Families with CWS History within 5 years of the Child Fatality / Near Fatality
*** Excludes parental history as a minor**



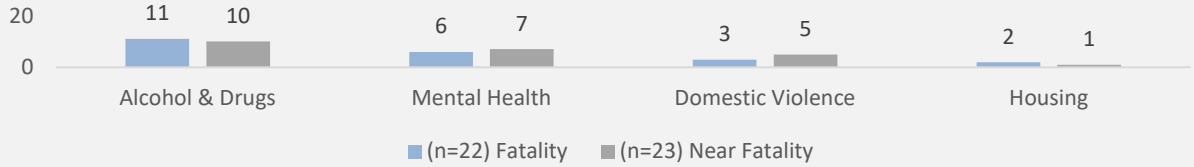
Summary of Findings:

- Among child fatalities and near fatalities with CWS contact within five years, the most recent contact with CWS agency typically happened within six months prior to the critical incident. Forty-eight percent of fatalities and 40 percent of near fatalities had CWS involvement within six months of the critical incident (Figure 18).
- Eighteen percent of the child fatalities and 24 percent of near fatalities had an open Emergency Response referral, were receiving in-home services, or receiving out-of-home services, at the time of the critical incident.
- Of the 184 fatality and near fatality critical incidents, 175 occurred while the child was living in his or her home and nine occurred while the child was placed in foster care. Of the nine that occurred in foster care placement, six were fatalities and three were near fatalities.
- For deaths involving children in foster care, the majority of the primary individuals responsible for the critical incident were related to the child, such as their biological mother, biological father or other related individual. Most of the critical incidents involved more than one perpetrator.

2015 Child Welfare Involvement Identified Risk Factors

Data Highlight: Alcohol and drugs were the most common risk factors found in the CWS history within one year prior to the critical incident (Figure 19).

FIGURE 19
2015 Child Fatality / Near Fatality with CWS History within 1 year: Most Recent Referral SDM Risk Factors



Summary of Findings:

- The SDM tool is an evidence- and research-based system that identifies the key points in the life of a child welfare case and uses structured assessments to improve the consistency and validity of each decision.
- Alcohol and drugs were the most common risk factors listed in the most recent referral within one year of the critical incident, followed by a diagnosed mental disorder (Figure 19). Substance abuse disorders and mental disorders are highly comorbid conditions and commonly found together, according to the National Institute on Drug Abuse: https://www.drugabuse.gov/publications/drugfacts/comorbidity-substance-use-disorders-other-mental-illnesses.
- Domestic violence was the third most common risk factor, and of which is, found more in child near fatalities incidents than the child fatality data. The prevalence of domestic violence is demonstrative of the increased likelihood that children who witness spousal abuse are more likely to be abused themselves, according to Prevent Child Abuse America: https://preventchildabuse.org/resource/domestic-violence-and-co-occurrence-with-child-abuse-and-neglect-resolution/.
- Housing instability and unsafe housing were found as risk factors within one year prior to child fatalities and, more often than in child near fatalities.
- Exposure to substance abuse disorders, mental health disorders, spousal abuse and experiences housing instability are considered adverse childhood experiences, which have lifelong impacts on the health and wellness of the child according to the Centers for Disease Control: https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/index.html.

Report Glossary
Fatalities and Near Fatalities in 2015

2015 Child Fatality & Near Fatality Report Glossary

For the purposes of this report, the following definitions are used:

Abuse:

The non-accidental commission of injuries against a person. In the case of a child, the term refers specifically to the non-accidental commission of injuries against the child by or allowed by a parent(s)/guardian(s) or other person. The term also includes emotional, physical, severe physical, and sexual abuse.

Allegation:

A report concerning a specific form of abuse. Examples of allegations include physical abuse, sexual abuse, emotional abuse, general neglect, severe neglect, and exploitation. A single referral may contain more than one allegation (for example, physical abuse and general neglect).

Case:

Services provided to families in crisis to prevent or remedy abuse or neglect. Case plans may be voluntary, or court ordered.

> Family Maintenance: Activities designed to provide in-home protective services to prevent or remedy neglect, abuse, or exploitation, for the purposes of preventing separation of children from their families.
>
> Family Reunification: Activities designed to provide time-limited foster care services to prevent or remedy neglect, abuse, or exploitation, when the child cannot safely remain at home, and needs temporary foster care, while services are provided to reunite the family.
>
> Permanent Placement: Activities designed to provide an alternate permanent family structure for children who because of abuse, neglect, or exploitation cannot safely remain at home and who are unlikely to ever return home.

Critical Incident:

A child fatality or near fatality that has been determined to be the result of abuse or neglect.

Determination:

A conclusion by an agency as to whether the child fatality or near fatality was the result of abuse or neglect. Abuse or neglect is determined to have led to a child's death if any one of the following conditions is met:

- A county child protective agency determines that the abuse or neglect was substantiated.
- A law enforcement investigation concludes that abuse or neglect occurred.
- A coroner/medical examiner concludes that the child who died had suffered abuse or neglect.

Near Fatality:

For child near fatalities that occurred between 2010 and 2015, this term was defined as a severe childhood injury or condition caused by abuse or neglect which results in the child receiving critical care for at least 24 hours following the child's admission to a critical care unit(s).

In 2016, Assembly Bill 1625 amended the definition of "near fatality," bringing it into conformity with the definition described in the federal Child Abuse Prevention and Treatment Act. For all incidents occurring on or after January 1, 2017, a "near fatality" is defined as "an act that, as certified by a physician, places the child in serious or critical condition."

Neglect:

The failure to provide a person with necessary care and protection. In the case of a child, the term refers to the failure of a parent(s)/guardian(s) or caretaker(s) to provide the care and protection necessary for the child's healthy growth and development. Neglect occurs when children are physically or psychologically endangered.

> **General Neglect:** The negligent failure of a person having the care or custody of a child to provide adequate food, clothing, shelter, medical care, or supervision where no physical injury to the child has occurred.
>
> **Severe Neglect:** The negligent failure of a person having the care or custody of a child to protect the child from severe malnutrition or medically diagnosed nonorganic failure to thrive. "Severe neglect" also means those situations of neglect where any person having the care or custody of a child willfully causes or permits the person or health of the child to be placed in a situation such that his or her person or health is endangered, as proscribed by Penal Code Section 11165.3, including the intentional failure to provide adequate food, clothing, shelter, or medical care.

Medical Neglect: The denial or deprivation, by those responsible for the care, custody, and control of the child, of medical or surgical treatment or intervention which is necessary to remedy or ameliorate a medical condition which is life threatening or causes injury. Medical neglect includes not only serious but also mild and moderate medical neglect as well.

Referral:

A referral that alleges child abuse, neglect, or exploitation. A referral may be made by a call to the Child Abuse Hotline, a Suspected Child Abuse Report submitted by a mandated reporter, or a cross-report from a law enforcement, licensing, or other agency.

Structured Decision Making (SDM):

A suite of assessment tools designed to help social workers make accurate, consistent and non-biased decisions at critical stages of a child welfare investigation and case.

Substance Abuse:

Caregiver has abused legal or illegal substances or alcoholic beverages to the extent that control of his/her actions or caregiving abilities is significantly impaired, or information is available that past abuse of legal or illegal substances has impaired the parent's caregiving capabilities in the past.

Substantiated Report:

A report that is determined by the social worker who conducted the investigation to constitute child abuse or neglect, based upon evidence that makes it more likely than not that child abuse or neglect, as defined, occurred. A substantiated report shall not include a report where the investigator who conducted the investigation found the report to be false, inherently improbable, to involve an accidental injury, or to not constitute child abuse or neglect.

Third Party Homicide:

Situations wherein a child was a victim of homicide by a perpetrator other than a parent/guardian or a person acting as a caregiver and there was no contributory abuse or neglect by a parent, guardian or caregiver.

Unfounded report:

A report of child abuse, which is determined by a child protective agency investigator to be false, to be inherently improbable, to involve an accidental injury, or not to constitute child abuse.