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# Child Abuse & Neglect

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Full length article

## History, injury, and psychosocial risk factor commonalities among cases of fatal and near-fatal physical child abuse



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### ABSTRACT

Failure to recognize child maltreatment results in chronic exposure to high-risk environments where re-injury or death may occur. We analyzed a series (n = 20) of fatal (n = 10) and near-fatal (n = 10) physical child abuse cases from the Commonwealth of Kentucky to identify commonalities and determine whether indicators of maltreatment were present *prior* to the child's fatal or near-fatal event. We conducted retrospective state record reviews involving children < 4 years of age classified as physical child abuse by the Cabinet for Health and Family Services during a 12 month period. Cases were distributed across 17 counties. IRB approvals were obtained. Three reviewers concurrently abstracted case data from medical, social, and legal documents, and descriptive statistics were analyzed. Median age of subjects was 7.5 months (range 1–32 months); 55% were male. Psychosocial risk factors (PRFs) were present in 100% of cases. Traumatic brain injury (95%) and bruising (90%) were the most common injuries. Of the 14 children with available prior medical records, 9 (64%) had sentinel injuries in the form of prior unexplained bruising; all nine suffered subsequent traumatic brain injury resulting in four deaths. A male was caring for the child at the time of the final event in 70% of cases. Our study identified key commonalities across cases of fatal and near-fatal abuse, highlighting the prevalence of psychosocial risk factors and the significance of prior unexplained bruising as a

**Abbreviations:** PRF, psychosocial risk factors; KY CHFS, Kentucky Cabinet for Health and Family Services; DV/IPV, Domestic violence/intimate partner violence

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herald of escalating abuse. Further study is warranted to ascertain the predictive value of our findings in the larger population.

## 1. Introduction

Child maltreatment remains a significant cause of morbidity and mortality among young children in the United States. Each year approximately 3 million children are the subjects of reports to state child protection agencies, and approximately 1500 children are fatally injured from identified maltreatment (U.S. Department of Health and Human Services, 2016). Given the large number of investigations and limited resources, it is imperative that investigations are efficient and effective.

Recent research indicates that many fatal or near-fatal abusive events could have been prevented if environmental risk factors and early signs of abuse (“sentinel injuries”) were recognized and addressed (Jenny, Hymel, Ritzen, Reinert, & Hay 1999; King, Kiesel, & Simon, 2006; Saade et al., 2002; Sheets et al., 2013). Specific psychosocial factors have been shown to increase a child’s risk for harm and occur at an increased frequency among families in which a child is abused (Huebner, Webb, Brock, & Rock, 2010). These include: the presence of intimate partner violence (DiLauro, 2004; Edleson, 1999; Herrenkohl, Sousa, Tajima, Herrenkohl, & Moylan, 2008; Lamers-Winkelmann, Willemen, & Visser, 2012); someone in the home with a violent criminal history (Philips, Burns, Wagner, & Barth, 2004; Phillips, Dettlaff, & Baldwin, 2010); substance abuse (Kelleher, Chaffin, Hollenberg, & Fischer, 1994; Walsh, MacMillan, & Jamieson, 2003); mental illness (Chaffin, Kelleher, & Hollenberg, 1996; Lucas et al., 2002); current or past child protective service involvement (Dakil, Sakai, Lin, & Flores, 2011; Fryer & Miyoshi, 1994; Huenber, Webb, Brock, & Rock, 2010; Thompson & Wiley, 2009); unrealistic expectations of the child’s developmental capabilities (Seng & Prinz, 2008); attributions that the child is hostile, defiant, or annoying (Farc, Crouch, Skowronski, & Milner, 2008); and reported use of physical punishment (Zolotor, Theodore, Chang, Berkoff, & Runyan, 2008). However, poor recognition of these factors and their association with child fatalities leads to misdirected prevention strategies, ill-informed policy development and enforcement, escape from criminal consequences, and failure to protect surviving siblings.

In addition to loss of life, the total annual direct and indirect cost of child abuse and neglect in this country exceeds \$120 billion (Fang, Brown, Florence, & Mercy, 2012). Detection and risk assessment in the early stages of child abuse can potentially prevent needless disability, death, and expenditure of limited resources. Identifying key predictors of future morbidity and mortality is critical to this process and could aid in a transition from a reactive, treatment-based system to a forward-thinking, preventative system that addresses problems prior to their occurrence or escalation.

The Commonwealth of Kentucky investigates approximately 50,000 cases of potential maltreatment each year, resulting in over 10,000 substantiated reports of abuse and neglect. Kentucky has one of the highest rates of child fatality from child maltreatment in the nation, with approximately 30 deaths each year (Division of Protection and Permanency, 2014). At 1.5 times the national average (Children’s Bureau, 2016), this fact became a key motivator for this collaborative work. We conducted a study to determine if commonalities existed among cases of fatal and near-fatal physical abuse in young children and infants, and if indicators of abusive trauma and environmental risk were present prior to the fatal or near-fatal event. The goal of this investigation was not to assign blame but rather to analyze each case with the intent of informing future approaches to child abuse prevention. By identifying such factors, strategies for collaboration across medical, social, psychological, and legal disciplines can be designed and implemented, preventing future harm to children.

## 2. Methods

### 2.1. Study design

Our research team conducted a retrospective review of cases of fatal and near-fatal physical child abuse in the Commonwealth of Kentucky over a 12-month period. This pilot study was a multi-disciplinary, multi-agency collaborative effort, approved by the Institutional Review Boards at the University of Louisville and the Kentucky Cabinet for Health and Family Services (KY CHFS).

### 2.2. Sample

Children were study-eligible if they were less than four years of age and victims of fatal or near-fatal physical abuse, as documented by KY CHFS. This study utilized the Kentucky Revised Statutes [KRS 600.020 (37)] definition of near-fatality: an injury that places a child in serious or critical condition as certified by a physician. During the twelve month period, there were 32 eligible cases, of which only 20 were selected for review (10 fatalities and 10 near-fatalities). Review of all cases was precluded by time and cost constraints stemming from Kentucky’s decentralized records system, which required travel to each of the regional offices in which the records were housed. For case selection, study investigators knew only the following information: child’s age, physical abuse substantiation, fatal or near-fatal outcome, and county. Cases were selected to allow maximal regional representation, ultimately including 17 counties encompassing both rural and urban regions.

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