A Jumble of Standards

How State and Federal Authorities Have Underestimated Child Maltreatment Fatalities

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Key Points

- Each year, states are required to submit data to the National Child Abuse and Neglect Data System. However, because of restrictive definitions, failure to consult all available sources, or the decision not to investigate certain maltreatment-related deaths, states' reports greatly underestimate the number of child fatalities due to maltreatment.
- Though the official numbers appear to show that child fatalities are increasing each year, year-to-year changes in fatality numbers should be approached with caution.
- A state's child maltreatment fatality number reflects the way the state defines and determines child maltreatment fatalities.

"There is no standard, mandated reporting system for child abuse or neglect deaths in this country. Definitions, investigative procedures, and reporting requirements vary from state to state. Attributing a child's death to abuse rather than to an accident or natural cause is often extremely difficult. The death of a toddler who drowns in a bathtub, for example, may be classified as an accident in one jurisdiction or as a child neglect death in another."

—Committee to Eliminate Child Abuse and Neglect Fatalities, *Within Our Reach*, 2016[1]

The annual child maltreatment reports produced by the Children's Bureau of the US Administration for Children and Families are based on data that states submit to the National Child Abuse and Neglect Data System (NCANDS).[2] These reports are eagerly anticipated in the child welfare policy community because they provide much of the data commonly used to quantify child maltreatment and the operations of Child Protective Services (CPS) agencies around the country. The latest report, *Child Maltreatment 2022* (CM2022),[3] provides data for federal fiscal year (FFY) 2022, which ended on September 30, 2022.

This report discusses the findings in CM2022 on child maltreatment fatalities specifically. (A more general discussion of CM2022 is provided on my blog, Child Welfare Monitor.)[4] It explores the extent to which states' child maltreatment fatality rates reflect how they define and determine fatalities. This diversity makes it difficult to evaluate the total number of fatalities reported, differences between state maltreatment fatality rates, and differences over time. More specifically, several key points emerge from the analysis.

First, states reported approximately 1,990 child fatalities to the federal government for FFY2022. Yet it is widely recognized that states' reports to the federal government greatly underestimate the number of child fatalities due to maltreatment. States may use restrictive definitions, fail to consult all available sources,

or decide not to investigate or substantiate some maltreatment-related deaths. The states' commentaries in CM2022 reveal great diversity in how they determine child maltreatment fatalities. In states where child death review (CDR) teams estimate the number of maltreatment deaths, their estimates are always higher than the NCANDS estimates, with some CDR estimates as much as two, three, or even 10 times higher.

Second, CM2022 shows child fatalities increasing every year between FFY2018 and FFY2022. But year-to-year changes should be approached with caution. Most states report for each fiscal year the number of maltreatment fatalities *identified* during that year, not the number that *occurred* during that year. However, at least two states, including the state with the largest number of children (California), report fatalities based on the year of occurrence and report additional deaths in subsequent years as they are identified. For this reason, even five-year trends shown in CM2022 may change over time.

Adjusting for the changes in reports for these two states, it appears that child maltreatment fatalities have indeed been increasing since 2013. But several states report improvements in their ability to capture child maltreatment fatalities for NCANDS reporting. Thus, we do not know the extent to which this increase reflects improved reporting as opposed to increasing deaths from abuse or neglect.

Third, the data reported in CM2022 show that child maltreatment fatalities are concentrated in the youngest children and become less frequent as age increases. Boys are somewhat more likely than girls to die of maltreatment. Black children are much more likely than white or Hispanic children to die of maltreatment—two to three times as likely as white children, depending on the year. The broad category of "neglect," defined as "neglect or deprivation of necessities," was involved in 76 percent of child maltreatment fatalities, while abuse was involved in 42 percent. Another 8.3 percent of child maltreatment fatalities involved medical neglect.

The Number of Child Fatalities

CM2022 reports an estimated 1,990 child maltreatment fatalities for FFY2022.[5] But experts widely agree that the annual estimates of child fatalities from NCANDS undercount the true number of deaths from child maltreatment by a factor of two to three.[6] The National Center for Fatality Review and Prevention lists several reasons why this occurs in a given jurisdiction.[7] Jurisdictions may count only deaths substantiated as abuse or neglect using definitions from child welfare civil or criminal law, which may not be comprehensive. Some jurisdictions count only deaths for which the death certificate lists homicide or child maltreatment. Multiple data sources may not be used to identify possible maltreatment deaths. Accidental deaths that were made possible by egregious neglect are often not included.

To get states to use more data sources, the Child and Family Services Improvement and Innovation Act requires states to describe in their state plans all the sources used to compile information on child maltreatment deaths.[8] When information from state vital statistics departments, CDR teams, law enforcement agencies, and medical examiners or coroners is not included, states must explain the reason for the exclusion and how they plan to include this information in the future. However, this law is clearly not being enforced, and most states do not report using data from all these sources.

In the commentaries that almost all states provided with their NCANDS submissions (included at the end of CM2022), most states report drawing on at least some sources external to the child welfare agency, but usually this information is accepted only as a report to the child protection hotline with an allegation of maltreatment. These deaths are included in the counts provided to NCANDS only if CPS investigated and substantiated them.

A few states report taking special measures to ensure that suspected child fatalities are reported to child welfare agencies. In Missouri, coroners and medical examiners are required by law to report all child fatalities to the child abuse hotline. In its commentary, Missouri suggests that it may appear to have a higher child fatality rate than other states because of this law, and indeed its child fatality rate is higher than that of most states. Indiana requires county coroners to report any "suspicious, unexpected, or unexplained" deaths to the Department of Child Services (DCS).[9] Idaho's Division of Vital Statistics refers to CPS all child death cases for which the cause of death is homicide.

Some state child welfare agencies have an internal fatality review unit that may add maltreatment fatalities

to the state's counts. Minnesota's child welfare agency has a critical incident review team that reviews death certificates and directs local agencies to add fatalities that they find were due to abuse and neglect to the cases they already substantiated. The Office of Quality in New Jersey's Department of Children and Families maintains a critical incident review process, which may add to NCANDS some deaths that CPS did not substantiate as maltreatment.

A few states explain that they report to NCANDS fatalities that agencies other than child welfare determine to be related to maltreatment.[10]

- California reports to NCANDS fatalities determined by medical examiners or coroners and by law enforcement agencies, in addition to those determined by county child welfare agencies.

- Washington and New Mexico report to NCANDS child fatalities that a medical examiner determined to be the result of abuse or neglect and that were not already known to CPS.

- Alabama, Nebraska, and North Dakota add to their NCANDS reports cases from child fatality review teams that were not already in their databases.

- South Carolina incorporates into its NCANDS submission additional cases received from the State Law Enforcement Division (SLED), which receives reports of all child deaths that were not the result of natural causes. SLED investigates all "preventable" cases and refers its findings to the Department of Social Services.

Since most states' child welfare agencies report to NCANDS only fatalities that CPS substantiated as maltreatment, the number reported depends in part on the state's definition of a child maltreatment fatality. NCANDS defines a child maltreatment death as the death of a child "as a result of abuse or neglect because either: (a) an injury resulting from abuse and/or neglect was the cause of death; or (b) abuse and/or neglect were contributing factors to the cause of death."[11] But not all states use this definition. At least one state, Arizona, includes only fatalities where abuse or neglect was the sole cause of death, as described in more detail below. Iowa indicated that it did not include fatalities where child maltreatment was only a contributing factor until FFY2015, and other states may do the same.[12]

A state's maltreatment fatality numbers also depend on its tendency to accept child fatality referrals for investigation and substantiate them. Hotline screening methods and tools differ by state, and states report little about their screening practices around child maltreatment fatalities. Ohio, which has a county-run system, reports that some county agencies will not investigate child fatality reports if there are no other children in the home or the other children are not deemed to be at risk of maltreatment. The likelihood of substantiating a report once it is accepted for investigation depends on a state's standard of proof and other investigation policies, messages transmitted by agency leadership, and staffing issues. My commentary about CM2022 shows how much screening and substantiation rates for maltreatment reports differ by state, and there is no reason to think that fatality reports would be any different from other maltreatment reports.[13] Variations in these rates, the sources states draw from, and the definitions they use ensure that states' child maltreatment fatality counts reflect much more than the actual number of maltreatment fatalities according to a given definition.

It is instructive to compare states' maltreatment fatality rates in CM2022 with their rankings on an index of child well-being, such as the one used in the Annie E. Casey Foundation's latest *Kids Count Data Book*.[14] The 12 states with the highest rates of reported child maltreatment fatalities in CM2022 are Mississippi, South Dakota, Arkansas, Maryland, Alaska, Ohio, Missouri, New Mexico, North Carolina, Illinois, Indiana, and South Carolina. Only four of these states are among the 12 states with the lowest rankings for overall child well-being in the *Kids Count Data Book*. The 12 states with the lowest rankings on child maltreatment fatalities in CM2022 are Vermont, Montana, Nebraska, New Hampshire, Arizona, New Jersey, Rhode Island, Kansas, Kentucky, Maine, Utah, and Hawaii. Five of these states are also among the 12 states with the best child well-being outcomes.

Clearly a state's rank on child well-being does not accurately predict its rank on reported child maltreatment fatalities. This suggests that the fatality data may reflect more than actual child maltreatment deaths that meet the state's definition. Particularly striking

are the two states—Arizona and Kentucky—that are among those with the lowest reported child maltreatment rates and worst child outcomes. But note that no states with top-tier child well-being outcomes also have bottom-tier reported child maltreatment fatality rates. Therefore, the state fatality rates may reflect in part the "true" incidence of maltreatment fatalities, as defined by the states, and in part how maltreatment fatalities are identified.

Arizona is one of the states with the lowest reported maltreatment fatality rates despite its low child well-being ranking. Serendipitously, Arizona has another estimate of child maltreatment fatalities, thanks to its exceptional Child Fatality Review Team (CFRT), which is housed in the state's health department. Arizona's CFRT analyzes every child death, classifies it by cause and manner, and determines whether the death was caused by abuse or neglect. All child death certificates issued in the state are reviewed, first by the local team where the child lived and then by the statewide team. For calendar year 2022, the CFRT calculated that there were 146 neglect or abuse deaths, 17 percent of all child fatalities in the state that year.[15] Yet, the Arizona DCS reported only 14 fatalities to NCANDS for FFY2022, resulting in its low reported maltreatment fatality rate of 0.88 per 100,000 children.

In its most recent *Child and Family Services Plan*, the Arizona DCS reported that it receives information on all unreported child fatalities from local CFRTs.[16] But the agency explained that CFRT identifies many more fatalities than DCS does because CFRT includes deaths where maltreatment was believed to have "contributed" to the death rather than "caused it." But, as we have seen, the NCANDS defines a maltreatment death to include cases where "abuse and/or neglect were contributing factors to the cause of death."[17] By not reporting such deaths, the Arizona DCS is failing to report all maltreatment fatalities as defined by NCANDS.[18]

Arizona's CFRT clearly has an expansive definition of maltreatment fatalities and probably errs on the side of finding maltreatment. Of the 146 maltreatment deaths it found, 44 (30 percent) were due to suffocation—mainly apparent unsafe-sleep deaths. Another 15 (10 percent) were due to drowning. Most of these suffocation and drowning deaths were likely accidental. And as discussed, one jurisdiction (or agency within a jurisdiction) may classify such a death as neglect and another may not. Another 10 percent of the CFRT-identified maltreatment deaths were due to prematurity caused by factors that CFRT classified as abuse or neglect (such as the mother's substance abuse). As of May 2022, 15 states (including Arizona) and the District of Columbia defined prenatal harm due to the mother's abuse of an illegal drug or other substance as neglect.[19] But in practice, the Arizona DCS might not investigate or substantiate such cases.

The comparison with CFRT provides some insight into why Arizona reports such a low rate of maltreatment fatalities. The difference between the two estimates reflects differences in how they define a child maltreatment fatality, such as counting fatalities where maltreatment was a contributing factor and those due to accidents or premature births.

It is also worth noting that Arizona reported a steep drop in maltreatment fatalities from 48 in FFY2018 to 33 in FFY2019 and 18 in FFY2020 (followed by no fatalities reported in FFY2021 and 14 in FFY2022). Arizona provided no explanation for these reductions in its commentaries for FFY2019, FFY2020, and FFY2022 and did not provide commentary for FFY2021. One cannot help but wonder whether the Arizona DCS changed its methods or criteria or simply stopped investigating some allegations of child maltreatment fatalities.

The National Center for Fatality Review and Prevention notes that CDR teams often identify more maltreatment deaths than states report to NCANDS.[20] Among the reasons are that when records from multiple disciplines and agencies are shared, additional information comes to light; CDR can lead to improved investigations; and teams often use broader definitions for maltreatment, as in Arizona. CDR teams in most states do not review all child fatalities for a given year or identify those that were due to maltreatment, as Arizona does. But a review of the most recent state CDR reports in all states that published statewide reports yielded eight state CDR teams (including Arizona's) that do such an analysis. Table 1 shows the differences between the number of maltreatment fatalities identified and reported to NCANDS by child welfare agencies and the number identified by the CDR teams in these eight states in their most recent reports. All the CDR estimates are higher than the NCANDS reports, ranging from 50 percent higher in North Dakota to almost 10 times higher in Arizona.

Table 1. The Number of Child Maltreatment Fatalities Reported by NCANDS and CDR

State	NCANDS	CDR	Year
Arizona	14	146	2022
Colorado	24	43	2020
Georgia	92	145	2021
Indiana	62	100–128	2020
Missouri	57	198	2022
Nevada	20	80	2019
North Dakota	6	9	2019
Tennessee	43	75	2019

Note: The number of fatalities reported by the Georgia Child Fatality Review Panel was calculated by multiplying 500 (the number of deaths reviewed) by 28.9 percent, the proportion of reviewed deaths that the panel reported as having "maltreatment identified as causing or contributing to the death or had a reported history of maltreatment." It was not possible to remove only those children with maltreatment history without losing some of the children who also had maltreatment causing or contributing to the deaths. The Indiana Child Fatality Review Committee did not provide a count of children for whom maltreatment contributed to their death but instead provided separate numbers for exposure to hazards, neglect, abuse, and poor or absent supervision. It was not possible to add these categories as some children may have experienced more than one of these maltreatment types. The committee did report that "poor supervision/exposure to hazards" contributed to the death of 100 children, which means that 100 is a lower-bound estimate of the number of children who died of abuse or neglect according to the committee. It reported that abuse contributed to the deaths of 13 children and neglect to the deaths of 15 children, so the upper-bound estimate is 128.

Source: Arizona Child Fatality Review Team, *Thirtieth Annual Report*, Arizona Department of Health Services, November 15, 2023, https://www.azdhs.gov/documents/prevention/womens-childrens-health/reports-fact-sheets/child-fatality-review-annual-reports/cfr-annual-report-2023.pdf; Colorado Department of Public Health & Education, "Colorado Child Fatality Prevention System Data Dashboard," https://cohealthviz.dphe.state.co.us/t/PSDVIP-MHPPUBLIC/views/CFPSDashboardFinalLocal/Story1; Elizabeth Andrews et al., *Georgia Child Fatality Review Panel Annual Report*, State of Georgia, 2021, https://www.google.com/url?q=https://gbi.georgia.gov/document/document/2021-cfr-annual-report/download&sa=D&source=editors&ust=1714512075474224&usg=AOvVaw0lk3Bg3oC4kFK_WU_ylozZ; Indiana Department of Health, Indiana Statewide Child Fatality Review Committee: 2020 Report on Child Deaths, https://www.in.gov/health/frp/files/2020-Statewide-Child-Fatality-Review-Committee-Annual-Report.pdf; Missouri Department of Social Services, State Technical Assistance Team, *Preventing Child Deaths in Missouri: The Missouri Child Fatality Review Program Annual Report for 2022*, November 2023, https://dss.mo.gov/re/pdf/cfrar/2022-eliminating-child-abuse-and-neglect.pdf; Executive Committee to Review the Death of Children, 2019 Statewide Child Death Report, Nevada Division of Child and Family Services, https://dcfs.nv.gov/uploadedFiles/dcfsnvgov/content/Programs/CWS/CPS/ChildFatalities/2019_Annual_Child_Fatality_Report_Final.pdf; Jenn Garber, *North Dakota Child Fatality Review Panel: Detailed Annual Report 2017, 2018, & 2019*, North Dakota Health & Human Services, Children and Family Service Division, June 2023, https://www.hhs.nd.gov/sites/www/files/documents/DHS%20Legacy/CFS/Child%20Fatality%20Report%202017-2019.pdf; and Tennessee Department of Health, *2021 Child Fatality Annual Report: Understanding and Preventing Child Deaths in Tennessee*, https://www.tn.gov/content/dam/tn/health/documents/child-fatality-reports/2019-CFR-Report.pdf.

In contrast to Arizona, Mississippi's ranking of child maltreatment fatalities is not a surprise. Being 48th in child well-being, the state also has the highest child maltreatment fatality rate—by far—at 10.62 per 100,000 children. But there is an anomaly. Mississippi's maltreatment fatality rate is almost twice that of the state with the next highest rate. And it almost doubled between 2020 and 2022. Even assuming that Mississippi's "real" maltreatment fatality rate is closer to the 5.48 it reported in FFY2020 still puts it second from the top of all states. It seems unlikely that Mississippi's child maltreatment deaths doubled in two years; it is more plausible that something about the way the deaths were defined, identified, or reported changed.

This discussion has illustrated the impossibility of knowing the extent to which state maltreatment fatality numbers reflect real differences in child maltreatment fatalities versus differences in definition or measurement. But if states were consistent over time in their definitions and measures, the difference in fatality numbers over time could still be meaningful. Whether that is the case is discussed below.

Have Child Fatalities Increased?

As mentioned above, CM2022 provides a national estimate of 1,990 children who died of abuse or neglect in FFY2022 at a rate of 2.73 per 100,000 children in the population. Table 2 shows an increase in child maltreatment every year between FFY2018 and FFY2022, as reported in CM2022.

Table 2. Child Fatality Rates per 100,000 Children, 2018–22, as Reported in CM2022

Year	Reporting States	Child Population of Reporting States	Child Fatalities from Reporting States	National Fatality Rate per 100,000 Children	Child Population of All 52 States	National Estimate of the Actual Number of Child Fatalities
2018	52	73,977,376	1,765	2.39	73,977,376	1,765
2019	52	73,661,476	1,825	2.48	73,661,476	1,825
2020	51	72,609,649	1,818	2.50	73,982,567	1,850
2021	50	70,413,403	1,852	2.63	73,356,806	1,930
2022	51	71,631,732	1,955	2.73	72,969,166	1,990

Note: This table counts the District of Columbia and Puerto Rico as states, resulting in up to 52 "reporting states" per year.
Source: US Department of Health and Human Services, Administration for Children and Families, Children's Bureau, *Child Maltreatment 2022*, January 29, 2024, 53, https://www.acf.hhs.gov/sites/default/files/documents/cb/cm2022.pdf.

There are many reasons to be cautious about year-to-year comparisons of child fatalities. Those deaths reported in the 2022 report did not occur only in 2022. As CM2022 puts it, "the child fatality count in this report reflects the federal fiscal year (FFY) in which the deaths are determined as due to maltreatment," rather than the year of death.[21] It may take more than a year to find out about a fatality, gather the evidence (such as autopsy results and police investigations) to determine whether it was due to maltreatment, and then make the determination. States explain in their commentaries that the deaths they reported may have occurred as long as seven years before 2022.

Because child fatalities are rare, a year-to-year increase, even in a larger state, may reflect a large fatality event that occurred in one year or a delay in determining several fatalities. For example, Illinois reported that an increase from 70 fatalities in FFY2018 to 106 in FFY2019 resulted from the delayed completion of 15 death investigations and an incident that claimed the lives of 10 children.[22]

However, not all states report fatalities in the way CM2022 described. California, as it describes in its annual commentaries, reports for each federal fiscal year the deaths that occurred in the prior calendar year and were known to the state by December of the calendar year following the death. Because counties will continue to investigate fatalities that occurred in previous years, the state submits revised counts if additional fatalities from that calendar year are later determined to be caused by abuse or neglect. For example, California originally reported 135 fatalities in FFY2021, but that number had increased to 159 by FFY2022. Second-year changes were not as large for fatalities first reported in FFY2020 and FFY2021.

Knowing that at least one state changes its fatality data in the next year's submission raises an intriguing question. Even accepting that each state's fatality count has its own meaning, can we rely on these data in any given year to at least illustrate the trend in reported fatalities? It does not take long to answer that question. Table 3, from CM2021, does not show maltreatment fatality rates increasing each year between FFY2018 and FFY2022, as does the same table in CM2022 (Table 2). Instead, it shows a decrease in FFY2020 followed by an increase in FFY2021 to just slightly below the level of FFY2019.

Since each child maltreatment report shows five years of data, each year's figures will eventually be shown in five different reports, starting as the most recent year displayed and ending as the earliest year. Table 4 shows the number of fatalities reported for FFY2018 to FFY2022 in the child maltreatment report for each year. The figures for FFY2018 and FFY2019 changed two or three times in the succeeding years, but never by more than 10 deaths. Oddly, the number of deaths reported sometimes *decreased* from year to year.

But the original numbers for FFY2020 and FFY2021 increased considerably in succeeding years. The total number of deaths reported for FFY2020 increased from 1,750 in that year to 1,770 in FFY2021 and 1,850 in FFY2022. The total for FFY2021 increased from 1,820 in that year to 1,930 in FFY2022. Clearly, the 24 fatalities that California added in FFY2022 for the previous year are part of that increase, and presumably one or more other states did the same. Inserting the new numbers

Table 3. Child Fatality Rates per 100,000 Children, 2017–21, as Reported in CM2021

Year	Reporting States	Child Population of Reporting States	Child Fatalities from Reporting States	National Fatality Rate per 100,000 Children	Child Population of All 52 States	National Estimate of the Actual Number of Child Fatalities
2017	51	74,031,013	1,691	2.28	74,283,872	1,690
2018	52	73,977,376	1,765	2.39	73,977,376	1,765
2019	52	73,661,476	1,825	2.48	73,661,476	1,825
2020	51	73,403,361	1,742	2.37	74,789,247	1,770
2021	50	71,136,102	1,753	2.46	74,112,223	1,820

Source: US Department of Health and Human Services, Administration for Children and Families, Children's Bureau, *Child Maltreatment 2021*, February 9, 2023, https://www.acf.hhs.gov/sites/default/files/documents/cb/cm2021.pdf.

Table 4. Deaths Reported by Year Reported

Deaths in:	Reported in:				
	2018	2019	2020	2021	2022
2018	1,770	1,780	1,770	1,765	1,765
2019		1,840	1,830	1,825	1,825
2020			1,750	1,770	1,850
2021				1,820	1,930
2022					1,990

Source: Author's compilation from Children's Bureau child maltreatment reports. US Department of Health and Human Services, Administration for Children and Families, Children's Bureau, "Child Maltreatment," June 27, 2023, https://www.acf.hhs.gov/cb/data-research/child-maltreatment.

into the table from CM2021 now shows an increase every year between FFY2018 and FFY2021.

Figure 1 shows the number of child fatalities reported between FFY2013 and FFY2022, using the most recent versions of each number. Assuming the numbers for years before FFY2021 will change little if at all, we can see that reported child maltreatment fatalities have increased annually since FFY2013, aside from a slight decrease in FFY2017. And if the numbers from FFY2021 and FFY2022 increase, as seems likely, the rise in reported fatalities in FFY2021 and FFY2022 will get steeper.

The critical question is whether this increase in reported child maltreatment fatalities reflects increasing maltreatment deaths, better measurement, or even changing definitions. Some states attribute increases in reported fatalities to improvements in the accuracy of their reporting.[23]

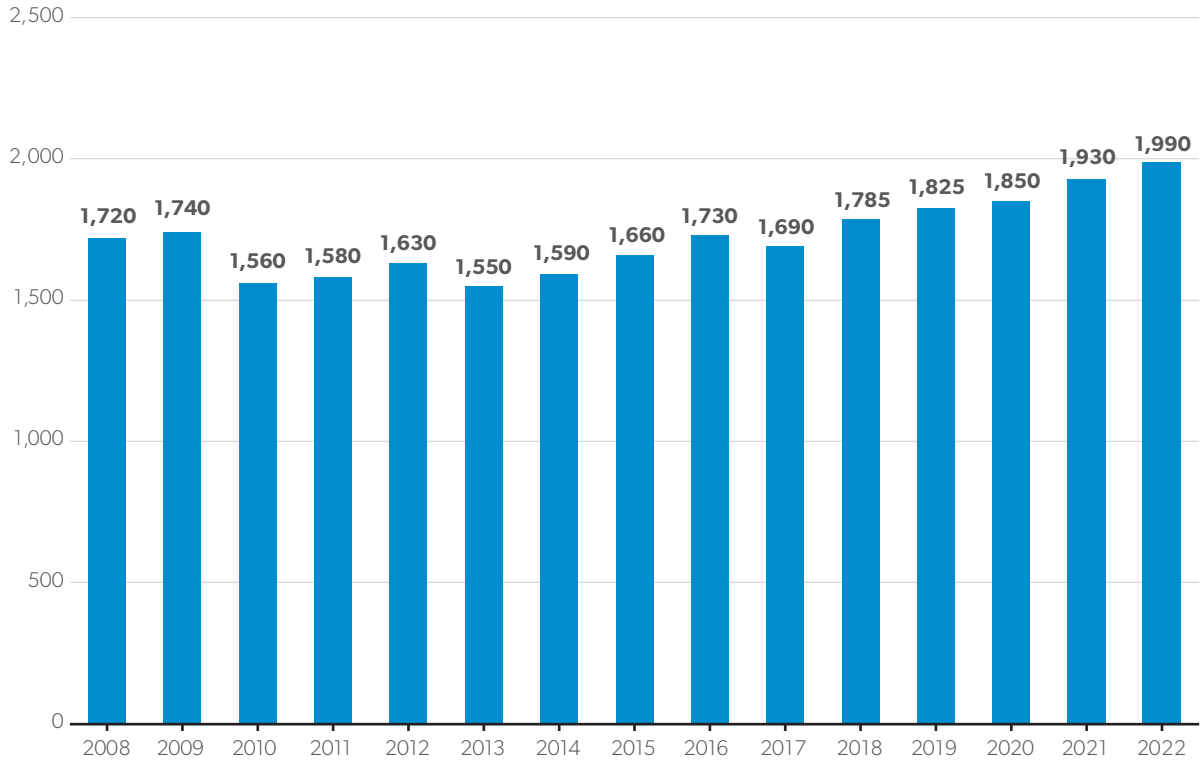
Through 2018, North Carolina reported only child fatalities determined by the chief medical examiner as homicide by a parent or caregiver.[24] According to a senior media relations manager at the North Carolina Department of Health and Human Services,

> Since 2018, Child Welfare has: developed closer working relationships with counterparts at OCME, utilized vital statistics data, and enhanced processes to include more law enforcement information. This work has increased our ability to identify maltreatment deaths, as defined in statute. . . . We have also continued to enhance our ability to track the information—resulting in more robust reporting and accounts for the change in numbers.[25]

The Children's Bureau noted in CM2022 that North Carolina "resubmitted multiple prior years to include additional fatalities."[26] North Carolina's reported child fatalities increased from 64 in FFY2018 to 111 in FFY2019, 99 in FFY2020, 121 in FFY2021, and 93 in FFY2022.[27]

Mississippi reported that the creation of a special investigation unit for child fatalities in FFY2014 resulted in an increase in reported child maltreatment fatalities in FFY2013,[28] FFY2014,[29] and FFY2015.[30] The state also reported that public awareness campaigns about deaths caused by unsafe sleep and deaths

Figure 1. Child Maltreatment Fatalities, 2008–22



Source: Author's calculations using US Department of Health and Human Services, Administration for Children and Families, Children's Bureau, "Child Maltreatment," June 27, 2023, https://www.acf.hhs.gov/cb/data-research/child-maltreatment.

from heatstroke of children left in hot cars led to more reporting of such deaths as possible maltreatment starting in 2014.

West Virginia reported 20 fatalities in FFY2016 compared to nine in FFY2015 and attributed the increase to the fact that the state had begun investigating child fatalities in cases where there were no other children in the home.[31]

Virginia attributed its increase from 37 maltreatment fatalities in FFY2014 to 54 in FFY2015 to a change in the law regarding the timing of investigations.[32] The time spent waiting to obtain documents from outside agencies, like autopsies, would no longer count toward the 45-day deadline for completing an investigation. (It is not clear whether child death investigations previously were terminated before these documents arrived, and therefore the deaths were not reported.)

Ohio reported in FFY2022 that it required mandated reporters participating on child fatality review boards to report suspected maltreatment fatalities to the local child welfare agency. Reported child maltreatment fatalities increased from 98 in FFY2021 to 115 in FFY2022. But the state also attributed the fatality increase to the fact that the overall death rate from violence had been on the rise for the past several years, showing the difficulty of disentangling causes for any increase in maltreatment fatalities.

In FFY2015, Iowa began reporting child fatalities where maltreatment was a contributing factor rather than the sole cause of the fatality.[33] Reported fatalities increased from eight to 12, but those are small numbers. Iowa attributes the increase to the growing under-18 population.

Clearly the increase in reported maltreatment fatalities at least in part reflects improved reporting, as some states documented. But it may also reflect an underlying increase in actual maltreatment fatalities as defined by the states. Such an increase could be due to several factors. Washington's commentary in the FFY2022 report suggests that the opioid crisis has contributed

Table 5. Child Fatalities by Race or Ethnicity, 2022

Race and Ethnicity	Child Population	Child Fatalities	Child Fatalities Percentage	Child Fatalities Rate per 100,000 Children
American Indian or Alaska Native	445,159	15	1.0	3.37
Asian	2,505,982	7	0.4	0.28
Black or African American	8,624,432	549	34.9	6.37
Hispanic	12,947,772	218	13.9	1.68
Native Hawaiian or Pacific Islander	99,878	3	0.2	3.00
Unknown	—	100	6.4	—
White	28,958,953	577	36.7	1.99
Two or More Races	2,532,090	102	6.5	4.03
National	56,114,266	1,571	100.0	—

Source: US Department of Health and Human Services, Administration for Children and Families, Children's Bureau, Child Maltreatment 2022, January 29, 2024, https://www.acf.hhs.gov/sites/default/files/documents/cb/cm2022.pdf.

to its increase in fatalities from 19 in FFY2021 to 31 in FFY2022.[34] West Virginia also reported an increase in illegal drug use in its commentary in CM2016,[35] probably referring to opioid abuse as well.[36] Ohio mentioned increasing violence in recent years as a possible reason for the increase in reported child maltreatment fatalities.

Demographics, Type of Maltreatment, and Perpetrators

I have already discussed the reasons that the child maltreatment fatality numbers may not be accurate, even given different definitions in different states. These problems affect our ability to draw conclusions about demographics and child maltreatment fatalities. If some of the definition and measurement issues affect groups differently, then findings on demographics might be less meaningful.

CM2022 reports that infants under a year old are more than three times more likely to die of maltreatment than 1-year-olds, and the fatality rate generally decreases with age. Younger children are more fragile, and there are many reasons to believe that the relationship between age and maltreatment fatality rates is correct, despite problems with the data. The age graph has a similar shape every year, with the percentage of child fatalities dropping as age increases.[37] The percentage of victims who are under 1 year old varied between 22.8 percent and 25.3 percent between FFY2018 and FFY2022. There are bigger differences in the older age groups, where smaller numbers make the data less reliable.

Boys were between 57 percent and 60 percent of the fatalities in every year between FFY2018 and FFY2022. In contrast, victims of child maltreatment in general are slightly more likely to be girls. It is hard to imagine why data problems would affect boys and girls differently, so it is likely that boys are more likely than girls to die from maltreatment.

Reported child maltreatment fatality rates varied greatly by race and ethnicity, and the differences among the larger groups were fairly stable over the five years since FFY2018. Black children had by far the highest maltreatment fatality rate of all the groups for whom information was available. The fatality maltreatment rate for black children ranged from 5.06 to 6.37 per 100,000 children over the five-year period. Reported maltreatment fatality rates ranged from 3.27 to 4.40 for children of two or more races. White children reportedly died from maltreatment at a rate between 1.90 and 2.18 per 100,000 children, and Hispanic children died at a rate between 1.44 and 1.89. (The numbers of Native American, Native Hawaiian, and Asian children were too small to be reliable.) The reported maltreatment fatality rate for black children was two to three times as high as the rate for white children, which was always somewhat higher than the rate for Hispanic children. The rates from CM2022 are shown in Table 5.

The question of bias must be addressed in evaluating racial and ethnic differences in reported child fatality rates. Fatality numbers reported by states generally reflect the results of a CPS investigation or a determination by a coroner, medical examiner, or fatality review

team. Therefore, racial bias could play a role in whether a fatality is substantiated as due to maltreatment.

But Brett Drake et al. found that indicators of risk and harm for black children were usually between two and three times greater than those for white children in 2019, while the black homicide rate was four times as great as that for white children.[38] While we cannot rule out any role for bias, it is unlikely to be the main cause of the black-white disparities in child maltreatment fatalities. As Drake et al. suggest, these disparities are more likely to stem from the legacy of slavery, Jim Crow, and segregation, which includes intergenerational poverty and the relegation of poor black families to disadvantaged and often dangerous neighborhoods.

For each fatality, NCANDS collects the types of maltreatment that were substantiated. CM2022 notes that "while these maltreatment types likely contributed to the cause of death, NCANDS does not have a field for collecting the official cause of death."[39] One child can be found to have suffered more than one type of maltreatment. Over three-quarters (76.4 percent) of the children who died were found to have suffered from "neglect" (defined as "neglect or deprivation of necessities" in the *NCANDS Child File Codebook*), 42.1 percent were found to have endured physical abuse, 8.3 percent were found to have suffered from medical neglect, and 2.4 percent were found to have experienced sexual abuse.

Most of the perpetrators of reported child maltreatment fatalities were parents, according to NCANDS data submitted by 43 states. A total of 81.8 percent of the maltreatment fatalities involved "one or more parents acting alone, together, or with other individuals."[40] That includes mothers alone in 13.2 percent of the death, fathers alone in 14.5 percent, "two parents of known sex" in 23.2 percent of the fatalities, and mothers with nonparents (such as boyfriends) in 10.3 percent of the cases. Another 13.2 percent of the fatalities involved nonparents only, including relatives (4.7 percent), "child daycare providers" (1.3 percent), unmarried partners of the parent (1.1 percent), and "other" (3.4 percent). A final 4.9 percent of the fatalities involved unknown perpetrators only.

CM2022 was originally published on the Children's Bureau website in early January 2024 without a press release; it then disappeared from the website for about three weeks. It is hard to avoid speculating about the reasons for its removal and the gap before it was finally replaced. One might wonder if officials were trying to figure out how to spin the five years of increase in reported fatalities. Strangely, the press release, when it did come out, reported the increase in child maltreatment fatalities without raising the possibility that changes in how fatalities were defined and measured could have contributed to this increase, which might have supported their optimistic narrative.

In summary, this report shows how difficult it is to make any conclusions based on the child maltreatment fatality data contained in the Children's Bureau's annual child maltreatment reports. Single-year numbers between states cannot be fairly compared because they reflect different ways of defining child maltreatment fatalities, learning of fatalities that may involve maltreatment, and determining whether maltreatment was a contributing factor. Trends over time are difficult to assess because states often change these definitions and practices and because new data from previous years may be entered after each year's report is published. There is evidence that improved reporting has contributed significantly to the increase in reported fatalities. But until the federal government imposes a uniform set of standards for counting child abuse and neglect fatalities, as recommended by the Committee to Eliminate Child Abuse and Neglect Fatalities, it will be impossible to get a handle on actual levels and trends.[41]

About the Author

Marie Cohen is the project director for Lives Cut Short, a project to document child maltreatment fatalities. She served as a social worker in the District of Columbia's child welfare system until 2015. After leaving that position, she created Child Welfare Monitor, a blog analyzing policy and practice in the child welfare system nationally, and a local blog, Child Welfare Monitor DC. She holds a master's degree in public affairs from Princeton University and a master's degree in social work.

Notes

1. Commission to Eliminate Child Abuse and Neglect Fatalities, *Within Our Reach: A National Strategy to Eliminate Child Abuse and Neglect Fatalities*, 2016, 23–24, https://www.acf.hhs.gov/sites/default/files/documents/cb/cecanf_final_report.pdf.

2. US Department of Health and Human Services, Administration for Children and Families, Children's Bureau, "Child Maltreatment," June 27, 2023, https://www.acf.hhs.gov/cb/data-research/child-maltreatment.

3. US Department of Health and Human Services, Administration for Children and Families, Children's Bureau, *Child Maltreatment 2022*, January 29, 2024, https://www.acf.hhs.gov/sites/default/files/documents/cb/cm2022.pdf. Except when a reference is provided, information in this report is drawn from *Child Maltreatment 2022*.

4. Marie Cohen, "Child Maltreatment 2022 Reports Increase but Response Lags," Child Welfare Monitor, February 6, 2024, http://childwelfaremonitor.org/2024/02/06/child-maltreatment-2022-reports-increase-but-response-lags.

5. This estimate is based on the reports of 51 jurisdictions, including the District of Columbia, Puerto Rico, and all states but Massachusetts. The maltreatment fatality rate for the reporting jurisdictions was multiplied by the population of all 50 states, the District of Columbia, and Puerto Rico, to obtain the estimate of 1,990.

6. Teri Covington and Abby Collier, *Child Maltreatment Fatality Reviews: Learning Together to Improve Systems That Protect Children and Prevent Maltreatment*, Michigan Public Health Institute, National Center for Fatality Review and Prevention at the Michigan Public Health Institute, September 2018, https://ncfrp.org/wp-content/uploads/NCRPCD-Docs/CAN_Guidance.pdf; US Government Accounting Office, *Child Maltreatment: Strengthening National Data on Child Fatalities Could Aid in Prevention*, July 7, 2011, https://www.gao.gov/products/gao-11-599; Patricia G. Schnitzer et al., "Public Health Surveillance of Fatal Child Maltreatment: Analysis of 3 State Programs," *American Journal of Public Health* 98, no. 2 (February 2008): 296–303, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2376893; M. E. Herman-Giddens et al., "Underascertainment of Child Abuse Mortality in the United States," *JAMA* 282, no. 5 (August 1999): 463–67, https://pubmed.ncbi.nlm.nih.gov/10442662; and Tessa L. Crume et al., "Underascertainment of Child Maltreatment Fatalities by Death Certificates, 1990–1998," *Pediatrics* 110, no. 2 pt. 1 (August 2002): 18, https://pubmed.ncbi.nlm.nih.gov/12165617.

7. Covington and Collier, *Child Maltreatment Fatality Review*.

8. Child and Family Services Improvement and Innovation Act, Pub. L. No. 112-34 (2011).

9. Indiana Department of Child Services, *Annual Progress and Services Report: July 1, 2021–June 30, 2022*, 180, https://www.in.gov/dcs/files/Annual_Progress_and-Services_Report_APSR_2021-2022.pdf.

10. In contrast to those states that augment their own data with that of other agencies, Alaska delegates the entire process of determining whether a fatality involves maltreatment to medical examiners or coroners.

11. National Data Archive on Child Abuse and Neglect, *NCANDS Child File Codebook*, July 24, 2023, 50, https://www.ndacan.acf.hhs.gov/datasets/pdfs_user_guides/ncands-child-file-codebook.pdf. The Child Abuse Prevention and Treatment Act defines maltreatment in part as "any recent act or failure to act on the part of a parent or caretaker," but it does not define "caretaker." Child Abuse Prevention and Treatment Act, Pub. L. No. 93-247 (1974). There may be some differences among states on who they define as a caretaker, but these are unlikely to affect many cases and cause big differences between states.

12. US Department of Health and Human Services, Administration for Children and Families, Children's Bureau, *Child Maltreatment 2015*, January 19, 2017, https://www.acf.hhs.gov/sites/default/files/documents/cb/cm2015.pdf

13. Cohen, "Child Maltreatment 2022 Reports Increase but Response Lags."

14. Annie E. Casey Foundation, *2023 Kids Count Data Book: State Trends in Child Well-Being*, June 14, 2023, https://assets.aecf.org/m/databook/aecf-2023kidscountdatabook-embargoed.pdf.

15. Arizona Child Fatality Review Team, *Thirtieth Annual Report*, Arizona Department of Health Services, November 15, 2023, https://www.azdhs.gov/documents/prevention/womens-childrens-health/reports-fact-sheets/child-fatality-review-annual-reports/cfr-annual-report-2023.pdf.

16. Arizona Department of Child Safety, *Child and Family Services Plan: Federal Fiscal Years 2020–2024*, September 2019, https://dcs.az.gov/sites/default/files/DCS-Reports/Final%20Report%202015-2019_with%20attachments.pdf.

17. National Data Archive on Child Abuse and Neglect, *NCANDS Child File Codebook*, 50.

18. The Arizona Department of Child Safety (DCS) also says that its Child Fatality Review Team (CFRT) differs from DCS in including fatalities caused by a person other than the parent, caregiver, or custodian (which would not normally be counted). Based on CFRT's tabulations regarding caregivers, this does not seem to be a large issue. DCS also states that the CFRT counts deaths that occur outside the state's jurisdiction, such as on an Indian reservations. It is true that CFRT includes any death that occurs in Arizona, even if the child is not a state resident. However out-of-state residents were only 3 percent of the total number of fatalities in 2022, according to its most recent report. Of the children who died of all causes, 10 percent were American Indians, but they do not report on how many lived on reservations. Arizona Department of Child Safety, *Child and Family Services Plan*.

19. US Department of Health and Human Services, Administration for Children and Families, Child Welfare Information Gateway, "Definitions of Child Abuse and Neglect," 2022, https://www.childwelfare.gov/resources/definitions-child-abuse-

and-neglect. The remaining deaths that CFRT identified were due to motor vehicle and other transport (14), poisoning (13), other medical causes (12), blunt force injury (10), undetermined causes (9), firearm injury (8), and other injury (6). Many of these deaths could also be due to accidents that DCS was reluctant to investigate or find neglectful.

20. Covington and Collier, *Child Maltreatment Fatality Reviews.*

21. US Department of Health and Human Services, Administration for Children and Families, Children's Bureau, *Child Maltreatment 2022*, 52.

22. US Department of Health and Human Services, Administration for Children and Families, Children's Bureau, *Child Maltreatment 2019*, June 27, 2023, https://www.acf.hhs.gov/cb/report/child-maltreatment-2019.

23. Other states report improvements in their data collection, but their data do not suggest that they had a long-term effect beyond one year on fatality numbers. In FFY2020, New York reported that it began reporting all fatalities, regardless of date of death, as long as the investigation ended during the reporting period and the fatality had not been reported during a prior year. Before that time, New York reported only those deaths that occurred and were reported in the applicable federal fiscal year. New York attributed the increase in the number of fatalities from 69 in FFY2019 to 105 in FFY2020 to this change. Perhaps the increase came from reporting an extra "batch" of fatalities in FFY2020. However, the state had reported 118 fatalities in 2018. And it then reported 126 in FFY2021 and 105 in FFY2022, so it is hard to understand how the change resulted in an increase in fatalities reported, except as compared to a year with abnormally few of them. When fatalities rose sharply in Mississippi from 49 in FFY2021 to 72 in FFY2022, the state again used the creation of the special unit in FFY2014 to explain the increase, but that seems unlikely. I have asked West Virginia to speculate about reasons for the increase but have not yet heard from the state. In FFY2019 or perhaps FFY2018 (when the state did not submit commentary), South Carolina created a special unit to receive and investigate reports of child fatalities. The number of fatalities reported jumped from 39 in FFY2018 to 60 in FFY2019. But it then fell to 36 in FFY2020, 41 in FFY2021, and 38 in FFY2022. So it does not appear that the creation of the special unit had a long-term effect on maltreatment fatality counts. US Department of Health and Human Services, Administration for Children and Families, Children's Bureau, *Child Maltreatment 2019*.

24. US Department of Health and Human Services, Administration for Children and Families, Children's Bureau, *Child Maltreatment 2018*, January 15, 2020, https://www.acf.hhs.gov/sites/default/files/documents/cb/cm2018.pdf.

25. Kelly Haight Connor (senior media relations manager, Office of Communications, North Carolina Department of Health and Human Services), email to author, March 22, 2024.

26. US Department of Health and Human Services, Administration for Children and Families, Children's Bureau, *Child Maltreatment 2022*, 53.

27. North Carolina provided revised numbers for FFY2018 and FFY2019 to NCANDS and provided them to me through their press office.

28. US Department of Health and Human Services, Administration for Children and Families, Children's Bureau, *Child Maltreatment 2013*, June 21, 2021, https://www.acf.hhs.gov/sites/default/files/documents/cb/cm2013.pdf.

29. US Department of Health and Human Services, Administration for Children and Families, Children's Bureau, *Child Maltreatment 2014*, January 29, 2016, https://www.acf.hhs.gov/sites/default/files/documents/cb/cm2014.pdf.

30. US Department of Health and Human Services, Administration for Children and Families, Children's Bureau, *Child Maltreatment 2015*, January 19, 2017, https://www.acf.hhs.gov/sites/default/files/documents/cb/cm2015.pdf.

31. US Department of Health and Human Services, Administration for Children and Families, Children's Bureau, *Child Maltreatment 2016*, February 1, 2018, https://www.acf.hhs.gov/sites/default/files/documents/cb/cm2016.pdf.

32. US Department of Health and Human Services, Administration for Children and Families, Children's Bureau, *Child Maltreatment 2015*.

33. US Department of Health and Human Services, Administration for Children and Families, Children's Bureau, *Child Maltreatment 2015*.

34. The state reports that between FFY2021 and FFY2022 the percentage of child fatalities in the state that were due to opioid ingestion or overdose rose from less than 1 percent to 23 percent of child fatalities. Of the deaths and near-fatalities that qualified for a review because they occurred in families touched by the system in the previous year, that percentage jumped from 28 to 44 percent.

35. US Department of Health and Human Services, Administration for Children and Families, Children's Bureau, *Child Maltreatment 2016*.

36. In its commentary, West Virginia stated that only one of the 13 fatalities reviewed by its critical incident team did not involve substance abuse as a factor in either the death or the family's history.

37. However, Exhibit 4-B, Child Fatalities by Age, appears to be inaccurate. It looks very different from every other year, with much higher rates for older children. There is no way the fatality rate per 100,000 17-year-olds would increase from 0.42 to 3.3 and from 0.57 to 5.0, for example. It looks almost, but not exactly, like Exhibit 3-D, which shows child maltreatment victims (not deaths) by age. The Children's Bureau referred my inquiry on March 21 to the "appropriate team," which has not yet responded.

38. Brett Drake et al., "Racial/Ethnic Differences in Child Protective Services Reporting, Substantiation and Placement, with

Comparison to Non-CPS Risks and Outcomes: 2005–2019," *Child Maltreatment* 28, no. 4 (November 2023): 683–99, https://pubmed.ncbi.nlm.nih.gov/36990447.

39. US Department of Health and Human Services, Administration for Children and Families, Children's Bureau, *Child Maltreatment 2022*, 55.

40. US Department of Health and Human Services, Administration for Children and Families, Children's Bureau, *Child Maltreatment 2022*, 56.

41. Commission to Eliminate Child Abuse and Neglect Fatalities, *Within Our Reach*.

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