California’s Child Death Review System

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California’s Population

- ~36.7 million people with ~9 million children
- Larger than 21 other states combined
- Los Angeles County larger than 11 other states
California’s population

California

21 States

L.A.
California’s Child Death Review System

- Voluntary County Child Death Review Teams (CDRTs)
- State Child Death Review Council
- Regional Coordinators
- Statewide data sources
- Fatal Child Abuse and Neglect Surveillance (FCANS) Program
Local Child Death Review Teams

- If a county decides to have a CDRT, they
  - Have some legal confidentiality protections
  - Must provide CAN data to the FCANS Program
  - Must make their findings public

- Nearly every county (58) has a team, but they vary in operation, focus, and effectiveness
  - Some teams seldom meet (e.g., Alpine County, preschool population ~ 51
  - Some teams stop and re-start functioning
  - Some teams review only selected cases (e.g., Los Angeles, preschool population ~ 750,000
Critical Role of CDRTs

- Investigate, protect & prosecute CAN deaths
- Identify, collect & disseminate systematic data on causes and circumstance of child deaths
- Analyze failures in systems that protect children to prevent future deaths
- Reconcile data from multiple sources (FCANS Audit) for public health surveillance
- Make recommendations on systems improvements, interventions, and prevention of CAN and other childhood injuries and preventable deaths.
Local Child Death Review Teams

- Membership varies
  - Typically includes coroner, law enforcement, prosecutor, hospital/medical, child welfare, child abuse prevention, fire, emergency response, injury prevention, public health, education, etc.

- Selection criteria vary
  - Typically includes at least all “Coroner” cases less than 18 years of age

- Focus varies
  - Typically includes both investigation and prevention

- Reporting varies
  - Increasing number with written reports
California State Child Death Review Council

- Mission to reduce CAN and other preventable deaths
  - Support/facilitate local CDRTs (does not review cases)
  - Coordinate training for CDRTs
  - Centralize data sharing and collection
  - Policy body (e.g., legislation, recommendations, reports)

- Includes major state and local players under auspices of the Attorney General
  - State agencies
  - Regional CDRT Coordinators
  - Professional and agency associations
  - Individual community based organizations

- In transition given current budget crisis
Regional CDRT Coordinators

- Under SCDRC guidance, a network of 8 Regional CDRT Coordinators was established
  - Created in 2004
  - Funded by Office of Emergency Services 3 yr grants
  - 4th yr extension with funds from 3 state agencies
  - Regional CDRT Coordinators serve on State Council
  - Provide coordination and support to local CDRTs in their regions

In transition given current budget crisis
Fatal Child Abuse and Neglect Surveillance (FCANS) Program

- State Department of Public Health
  - Create & maintain a surveillance system (FCANS) to identify & track child maltreatment deaths using multiple data sources
  - Support CDRTs data collection efforts
  - Report to State Council and contribute to state reports

- In transition given current budget crisis
California’s Experience
Developing Consistent Child Maltreatment Definitions for Child Death Review Teams

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Social Construction of Child Maltreatment

Definitions of child maltreatment (CM) represent social judgments
- Negotiated settlements between a society’s diverse cultures and current scientific knowledge
  - Community minimal standard of care articulated through social-moral-legal processes
  - Knowledge as expressed by “professional experts”

Distinctions between unintentional injuries and child neglect are social constructions
Legal Framework for Child Maltreatment

Legal and statutory concepts of CM reflect conflicting social and political values

- State power to use coercive interventions and expend societal resources
  - Protect the “best interests” of the child
- Parental rights to family privacy and autonomy
  - U.S. preference for familial or marketplace provision (“family bubble”)
- Principle or standard of “minimum intrusion”
  - Demonstrable injury or harm
  - Endangerment – potential for immediate and predictable injury or harm
Federal Child Maltreatment Definitions

- Each state has its own legal definitions of child abuse and neglect based on minimum standards set by Federal law


- Federal standards & data sources
  - National Child Abuse and Neglect Data System (http://www.acf.hhs.gov/programs/cb/pubs/cm07/index.htm)
Different Standards for Child Maltreatment

- **Standard of care model**
  - Adult sexual contact with a child is considered sexual abuse regardless of intent or outcome (child-focused)
  - Violates a widely accepted community standard - minimum standard of care

- **Standard of consequences model**
  - Corporal punishment is “acceptable” in the U.S
  - Physical abuse is judged based on being “too harmful” – an assessment of risk
Different Standards for Child Maltreatment

- Standard for neglect
  - Balance of assessments of risk (degree of harm) and of social acceptability (minimum standard of care)
  - Use of infant safety seats in cars in the U.S.
    - Prevents 2/3 of injuries & 90% of deaths
    - Laws, awareness, & social norms
    - “Neglect” regardless of motivation or consequence (e.g., most unprotected children are not injured)
  - Current news story case
    - Parent’s refusal to allow medical treatment for child with cancer
Tracking Child Maltreatment Deaths: Challenges

- No consensus in the field on what CM is
  - No shared guidelines/consistent standards for CM
  - Different agency definitions based on legal mandates, agency policies and guidelines
  - Individuals bring personalities and beliefs
  - Overt decision to override written definitions

→ Results in different reported rates of child abuse and neglect deaths and non-comparability of findings across agencies, geographic locations, and over time
### Creating Consistent Child Abuse and Neglect (CAN) Definitions for Use by Child Death Review Teams
#### Framework for Multiple Disciplines

<table>
<thead>
<tr>
<th>Continuum of CAN Deaths</th>
<th>Definite CAN</th>
<th>Probable</th>
<th>Possible</th>
<th>Not CAN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Professions</strong></td>
<td></td>
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<tr>
<td><strong>Standard of Certainty for Criminal Prosecution</strong></td>
<td>Reasonable doubt: Beyond a reasonable doubt</td>
<td>Not guilty</td>
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<td>Not CAN</td>
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<tr>
<td>District Attorney</td>
<td>Murder 1st Degree Criminal Negligence</td>
<td>Manslaughter 2nd Degree</td>
<td>Child Abuse</td>
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<td>Law Enforcement</td>
<td>Child Endangerment Physical (Sexual) Abandonment</td>
<td>Child Neglect</td>
<td>Severe (failure to...)</td>
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<td>Medical Examiner/Coroner</td>
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<td></td>
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<tr>
<td><strong>Standard of Certainty for Dependency Action</strong></td>
<td>Preponderance of evidence: Substantiated</td>
<td>Inconclusive</td>
<td>Unfounded</td>
<td>Not CAN</td>
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<tr>
<td>Child Welfare</td>
<td>Child Abuse</td>
<td>Child Endangerment Physical Sexual Abandonment Psychological Child Neglect Severe (failure to...)</td>
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<tr>
<td><strong>Standard of Certainty for Other Professions</strong></td>
<td>Professional knowledge: Reasonable certainty</td>
<td>Reasonable suspicion</td>
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<td>Not CAN</td>
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<tr>
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<td>Child Abuse</td>
<td>Child Endangerment Physical Sexual Abandonment Psychological Child Neglect Severe (failure to...)</td>
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<td>Public Health</td>
<td>Chronic pattern of inadequate supervision</td>
<td>Acute severe lapse in supervision</td>
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<tr>
<td>Child Advocacy</td>
<td>Momentary lapse of attention</td>
<td></td>
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<tr>
<td>Education</td>
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<tr>
<td>Mental Health</td>
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Child Maltreatment Classification Project

- Widespread recognition of need for consistent CM case definitions for CDRTs
- Centers for Disease Control and Prevention grants (through RTI International) to California, Oregon and Michigan
- Statewide process underway to create a consistent CAN classification system and guidelines for its use by CDRTs
California Child Maltreatment Classification Project

- Classification system, guidelines, & training tools developed for CDRTs
- Field tested - Central California, Greater Bay Area, & Coastal Tri-counties Regional CDRT meetings
- Reviewed by Expert Advisory Panel
- Further refined and tested based on review
- Endorsed by State Council
- Implemented formal study with volunteer CDRTs to test pre & post inter-rater team reliability
Flow Chart for CAN Classification and Prevention Recommendations

CDRT PROCESS FOR CLASSIFYING CHILD MALTREATMENT AND PREVENTABLE DEATHS

Step 1: Was this a caregiver CAN death?
Assess:
1) Causal link
2) Caregiver agent
3) Child's age
4) CAN behavior

Step 2: Was this a non-caregiver child abuse homicide?

Step 3: Was the death preventable?
Consider all possible levels:
1) Individual
2) Family
3) Organization
4) Community
5) Society

Yes
Step 4: What practical and feasible recommendation(s) can be made to prevent such deaths in the future?

Public Health Surveillance:

Caregiver CAN death (Agency determination)

Caregiver CAN death (CDRT determination)

Not caregiver CAN death (CDRT determination)

Possible caregiver CAN death (CDRT determination)

Insufficient information (CDRT determination)

Preventable death

Not preventable/ Uncertain

Recommendation(s)

__________________________
__________________________
__________________________

__________________________
__________________________

__________________________
Step 1 - Classification of Caregiver CAN Deaths

Framework for Creating a Consistent CAN Definition for CDRTs

Components of CAN Operational Definition

- Agent
- Action
- Causal Linkage
- Recipient
- Types of Consequence
- Impacts

Parent(s) → Commission → Direct causal chain
Caregiver(s) → Omission → Contribution

Child 0-17 → Actual harm → Death
The operational definition of Caregiver CM Death is:

- The death of a child under the age of 18 directly or indirectly caused by a caregiver’s act(s) of commission or omission that are judged by a CDRT as CAN, weighing risk of harm and level of social acceptability.

That means FOUR conditions need to be met:

- Causal link
- Caregiver agent
- Child’s age/live birth
- CAN behavior
Assessment of Conditions

Possible outcomes for each condition:

- Yes/Probable
  - A preponderance of evidence exists; judgment is sufficiently clear
- Possible/Suggestive
  - Available evidence is limited but reasonably suggestive; or judgment of these conditions (especially CM behavior) is not sufficiently clear
- Insufficient Information
- No
  - Evidence exists and judgment is made that a condition was not met
Are These Caregiver Neglect Deaths?

Four conditions must be met:
- Causal link; Caregiver agent; Child’s age/live birth; AND
- Neglect behavior - Judgment based on weighing risk of harm and level of social acceptability

- Risk assessment
  - Likelihood of moderate to severe harm
  - Foreseeability of moderate to severe harm

- Social assessment
  - Societal norms
  - Cultural, religious, and other mitigating factors
  - Caregiver good faith effort
Condition 1 - Causal link

- a specific act (or acts) of commission or omission that caused (i.e., directly) and/or substantially contributed to (i.e., indirectly caused) the death of the child

- Direct cause = necessary and sufficient
- Indirect cause = necessary but not sufficient
Case Scenario 1B – Causal Link

- 2 year old Jamal
- Pool drowning
Conditions

Condition 2 - Caregiver agent is a person who EITHER:

- at the time of the maltreatment is in a primary custodial role or has been explicitly or implicitly assigned a temporary custodial role; OR

- was at some point in the past in a primary or explicitly/implicitly assigned temporary custodial role and, based on reasonable assessment of the quality of the relationship with the child at that time, is still considered to be in that role.
Case Scenario 2E – Caregiver Agent

- 9 year old Bobby
- Neighbor
Condition 3 – Child’s age

- Child had been born alive and was between 0 and 17 years of age at the time of death
Case Scenario 3A – Child’s Age/Live Birth

- Abandoned baby
- Not born alive
Condition 4 – Child maltreatment behavior

- Judgment based on weighing risk of harm and level of social acceptability

  - Risk assessment
    - Likelihood of moderate to severe harm
    - Foreseeability of moderate to severe harm

  - Social assessment
    - Societal norms
    - Cultural, religious, and other exceptions and mitigating factors
    - Caregiver good faith effort
Case Scenario 4A – CAN Behavior

- 8 month old Maria
- Bathtub drowning
Case Scenario 5A – Full Scenario

- Baby Jane
- Perinatal substance abuse
- Cocaine/Marijuana
Next Steps

- Ten CDRTs have received pre-test and training intervention
- Formal post-tests are in process
- Initial findings are mixed
  - Recognition of multiple perspectives and social construction of CM definitions
  - Recognition of importance of standard case definitions
  - Structured approach to identifying child maltreatment deaths, especially neglect-related deaths
  - Guidelines still require significant team judgments
  - More training on how to apply criteria systematically in making these judgments
Evidence-based Substantiation
Definitions of Maltreatment

- Parallel effort at US Air Force Family Advocacy Program
  - Process much further along
  - Multiple studies by Richard Heyman & Amy Smith Slep, Stony Brook University, SUNY

- Lessons learned
  - Chairs couldn’t/didn’t steer process adequately
  - Assessment process not comprehensive enough
  - Team traditions often antithetical to evidence-driven process
    - Personalities & biases
    - Treatment needs of families
  - Training of team members limited

- Need more structured decision making process with agency and team buy-in
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    - Supported CA programmatic efforts since 2001

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