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APSAC ALERT

Vol. 16, No. 1

Preventing Child Maltreatment Fatalities

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ABSTRACT

The number of identified fatal child abuse cases in the U.S. has been steadily increasing, with neglect causing or contributing to most of these deaths. This summary focuses on publications since 2015 to identify themes on what we have learned about risk factors, strategies, and the role of public policy for child maltreatment fatality prevention. While any parent or caretaker of any background may be capable of harming or killing a child, we identify child and family factors that may be amenable to intervention. Policies addressing socioeconomic factors, poverty, housing instability, and access to healthcare can reduce the likelihood of child maltreatment and fatalities. Child death review, abusive head trauma prevention, home visiting and economic supports stand out as evidence-based strategies, while health-based interventions and changes in the child welfare, investigation and prosecution systems show promise as tertiary prevention efforts.

Keywords: abusive head trauma, child death review, economic supports, home visiting, fatality prevention



Preventing child maltreatment fatalities

In 1995, the U.S. Advisory Board on Child Abuse and Neglect found: 1) a lack of knowledge over the scope and nature of child abuse and neglect fatalities; 2) the need for better investigation and prosecution and for major efforts to improve and train front-line professionals; 3) the encouraging emergence of child death review teams; and 4) the need for more aggressive efforts to protect children and facilitate community-based family services and primary prevention efforts to help families live safe and healthy lives (U.S. Advisory Board on Child Abuse and Neglect, 1995). Thirty years later, the Commission to Eliminate Child Abuse and Neglect Fatalities (CECANF, 2016) prioritized identifying children and families most at risk for maltreatment by having states undertake a retrospective review of child abuse and neglect fatalities to identify family and systemic circumstances that led to child maltreatment deaths. This article summarizes a more extensive discussion in the *APSAC Advisor* (Palusci & Bishop, 2025).

Rates are increasing and it's more than abuse

The number of identified fatal child maltreatment (CM) cases in the U.S. has been steadily increasing. Estimates rose from 1,670 (2.25 per 100,000) in 2015 to 2,000 (2.73 per 100,000) in 2023 (US DHHS, 2025). Almost half (44%) of victims were under the age of one year and most (72.2%) were under the age of four years. In 2023, the rate of fatalities for children under one year was 24.11/100,000. While the highest risk for child fatalities overall is before six months of age, the highest risk for homicide on a single day is on the day of birth (74.0 per 100,000 person-years), at least 5.4 times higher than the rate at any other time period during life. In addition to Abusive Head Trauma (AHT), Palusci and Covington (2014) and Palusci, Schnitzer and Collier (2023) noted the importance of neglect causing or contributing to a death. A substantially higher proportion of adolescent deaths are due to neglect or medical neglect. While deaths from physical injuries

are more recognizable, neglect deaths are often missed because they may be misclassified as being from natural or accidental causes.

Risk factors overlap with other forms of child maltreatment

Most perpetrators are caregivers of their victims (Berg et al., 2024). In 2022, nearly 80 percent of child fatalities involved parents acting alone, together, or with other individuals (US DHHS, 2023). Many CM fatalities have similar risk factors as child maltreatment cases in general (Fortson et al., 2016). These factors include parental lack of education, substance abuse, domestic violence, mental health issues, and socioeconomic stress (Adachi et al., 2024; Batra, Palusci, & Berg, 2023; Watson et al., 2024). Douglas and Lee (2019) noted that, contrary to popular belief, official statistics show that women are more often the perpetrators of abuse and neglect-related deaths, even though child welfare professionals largely attribute these deaths to men. However, it is important to realize that most parents with these risk factors do not kill their children and that it is often a combination of factors and their context is more important.

Mental illness and substance use disorder are common issues as are suicidal or other violent behavior (Powell et al., 2024). Commonly in these cases, the parents no longer want the child, often due to cultural reasons; cultural traditions and values might outweigh the human instinct to protect one's children. With rising use of opioids, more parents struggling with addiction may have impaired judgment and reduced capacity to provide care, or they may become violent toward their children when intoxicated (Barrett et al., 2023). Mental health issues, including depression, anxiety, and post-traumatic stress disorder (Pierce et al., 2017), are also linked to child maltreatment. Violence in the home and parental criminal history also stand out as important risk factors (Batra et al., 2024; Garstang et al., 2021).

The proportion of young child deaths related to firearms is increasing, with the presence of guns in the home being more strongly related to deaths of older children (Berg et al., 2024; Michaels & Letson,

2021). Perpetrator history of suicidal behavior, rape of the intimate partner, a non-biological child of the perpetrator living in the home, and job stress increased the odds of child homicide (Lyons et al., 2021). Although comprising only a small percentage of child deaths, perpetrators of homicide-suicides and filicide-suicides have prior patterns of risk to self, risk of violence to the intimate partner, anger, access to firearms, and prior criminal history (Theodorou et al., 2024). Emerging evidence suggests that by stemming the early development of familial violent behavior, one can also reduce many other types of violence (Fortson et al., 2016).

Socioeconomic stress is another major risk factor. Pierce and colleagues (2017) found that psychosocial risk factors were present in 100% of CM fatalities. Lack of social support and isolation from extended family or community networks can exacerbate stress in parents and increase the risk of maltreatment (Farrell et al., 2017). Research indicates that caregivers who lack social support are more likely to resort to violent behavior due to frustration and stress (Fortson et al., 2016). Unsafe neighborhoods and poor housing conditions exacerbate the vulnerability of children, often leaving them without access to protective services or social supports. Societal neglect, when measured by child mortality rates, is considered by bodies such as UNICEF to be indicative of how a nation meets the needs of its children.

Certain characteristics of children themselves can increase the risk for fatal maltreatment. These include age, gender, race, ethnicity, special needs, disabilities, and behavioral issues. Infants and young children, particularly those under the age of one, have the highest risk for maltreatment fatalities (U.S. DHHS, 2025). Infants and children with disabilities and special needs have heightened risk of maltreatment, including fatalities (Adachi et al., 2024). Parents of children with chronic medical conditions and disabilities often face additional stress and challenges, which can lead to physical neglect, medical neglect or physical abuse (Garstang et al., 2021; Scurich, 2025). Medical neglect, including noncompliance with medical care and failure to provide medicines and vaccinations,

caused 24% of the fatalities overall reported during child death reviews, with a rising proportion as children got older.

Most studies of prevention strategies have looked at effects on child abuse and neglect in general

Prevention and intervention strategies to reduce fatal child maltreatment range in their focus, from individuals, families, and relationships to the broader community and society. Effective prevention strategies have been identified at the primary, secondary and tertiary levels. Primary prevention addresses the population in general and aims to reduce the incidence of maltreatment before it occurs, while secondary prevention targets high-risk families to mitigate the severity of abuse before it leads to fatal outcomes. Tertiary prevention or risk reduction at the family or community level occurs after the fact but can decrease the risk for future CM deaths. All of these levels of prevention play a role in CM prevention in general, and some have been studied specifically for CM fatality. Prevention is not the responsibility of any single agency, profession, or program, but is framed as the responsibility of all to create a society less conducive to child maltreatment. In this paradigm, individual skill development, community and provider education, coalition building, organizational change, and policy innovations are all part of the prevention solution (American Professional Society on the Abuse of Children, 2010).

Roygardner and colleagues (2021) identified three lines of AHT prevention research that focused on: 1) strategies which teach parents how to respond to newborn crying and the dangers of shaking babies; 2) community and public health factors; and 3) professional education and practice. Most studies were observational, although a small number were more sophisticated, using prospective designs or randomized controlled trials. They highlighted the effectiveness of primary prevention education programs such as *Period of PURPLE Crying*® (Barr et al., 2018), and raising earned income tax credits for families (Klevens et al., 2017).

Given its significance, efforts are beginning to focus on identifying a common context and understanding of fatal neglect, through reviewing definitional issues and comparing reporting practice across a number of review teams (Scott et al., 2020). A consistent context for identifying and reporting neglect-related deaths may improve identification of both these deaths and the risk factors associated with them. This can inform prevention programs, policies, and procedures. Medical neglect is particularly common and concerning for medically fragile children (Alwash & Palusci, 2022). Sanders (2022) suggested modifying the child fatality and critical incident review process to focus on systemic issues that allow these neglect tragedies to occur.

Child death review is the systematic multidisciplinary discussion of factors contributing or causing a child's death (Batra et al., 2024; Palusci, 2024). The focus of most child death reviews has broadened from fatal child abuse and neglect alone to deaths from a variety of causes, including accidental and medical causes as well as homicides and suicides. The American Academy of Pediatrics offered recent guidance (Batra et al., 2024) that suggests that pediatricians are necessary members of teams because they provide medical expertise and context around a child's death, and they emphasized that results from team meetings should inform public policy at all levels of government. The U.S. Health Resources and Services Administration has funded a National Center for Fatality Review and Prevention to provide support to teams, including a standardized data collection system that is used to study a variety of causes of death in addition to child maltreatment (Collier et al., 2024; Warren et al., 2024).

Evidence also suggests that home visiting programs can reduce the risk of child maltreatment and potential fatality (Casey Family Programs, 2022). These programs provide expectant and new parents with education on child development, parenting skills, and access to social services. For parents already involved with child welfare, participation in Healthy Families America reduced recurrence of maltreatment by one-third, as measured by substantiated reports of maltreatment and hospitalizations for abuse (Casey Family Programs,

2022). Sanders (2022) stressed the importance of making sure that every child under age 1 year who is reported to CPS is referred to and prioritized for a high-quality home visiting program.

Medical factors can increase the risk for child abuse fatality and strategies implemented in health care systems have the potential to prevent a broad range of injuries. Specific medical risk factors addressed depend on the context in which the study is conducted (e.g., emergency departments, inpatient units, or medical examiners offices) and other child, family, and community factors. Maltreatment injuries increase the risk of death substantially (Yu et al., 2018). Traumatic brain injury (95%) and bruising (90%) are the most common injuries in fatalities, and 64% have sentinel injuries (e.g., prior unexplained bruising). A male was caring for the child at the time of the final event in 70% of these fatalities. Examining prior patterns of serious injuries such as head trauma, abdominal trauma, poisoning, and malnutrition could enable earlier identification (Palusci et al., 2023). Schneiderman and colleagues (2021) suggested that targeted support services for parents and improved communication between the child protection system and the pediatric health care community are needed, especially when infants who may be medically fragile remain at home after an allegation of abuse or neglect. However, while promising, health-based interventions have not been specifically evaluated for their ability to prevent child maltreatment fatalities.

The U.S. Preventive Services Task Force found limited and inconsistent evidence on the benefits of primary care interventions, including linkage with home visitation programs, to prevent child maltreatment and found no evidence related to the harms of such interventions. They concluded that the evidence is insufficient to assess the balance of benefits and harms of primary care interventions to prevent child maltreatment (U.S. Preventive Services Task Force, 2018). They later also found that interventions focusing primarily on preventing child maltreatment in general did not demonstrate consistent benefit or that information was insufficient (Hart et al., 2024). Despite this, there are several potential strategies aimed at

preventing child maltreatment in health care while minimizing the risk of exposing families to known biases in reporting and diagnosis, such as the Safe Environment for Every Kid (SEEK) model. A key factor is the pediatrician’s multi-tiered role in supporting relational health, from assessing for maltreatment risks and protective factors to targeted interventions addressing identified needs and building on strengths (Lane et al., 2021; Stirling, 2024).

Enhanced child protective services activities

Potential child protective services (CPS) practice improvements have been suggested, including the need to promote the involvement of managers, supervisors, and line staff in regular review and monitoring of child protection work to ensure timely, comprehensive investigations of maltreatment reports, appropriate safety and risk decisions, and provision of appropriate and adequate services (Barth et al., 2015). Other recommendations include referrals for therapy, parenting programs and other support to families that have experienced maltreatment. Also needed are strategies, appropriate policy, and funding changes to extend the support for children with known risks. Promising new approaches look at cases by their service needs rather than by legal CM classifications with a focus on strengthening multidisciplinary approaches, involving law enforcement, health care providers, and social services (Barth et al., 2015).

Enhanced criminal investigation and prosecution.

Most child homicides are familial in nature and associated with investigational complexities such as lack of signs of violence at the crime scene (Sundwall et al., 2024). This can lead to different investigational approaches which can affect the accuracy of findings. From the pediatric clinician and medical examiner perspectives, the best way to elucidate the circumstances in which the child’s death occurred is to ensure a consistent and comprehensive investigation with coordination and interagency collaboration (Palusci et al., 2019). These investigations require the synthesis

of exhaustive law enforcement and medical investigations and often present difficulties for non-medical investigators. Few resources may be devoted to investigating and prosecuting child maltreatment fatalities. Law enforcement professionals and prosecutors need advanced training on the complex medical and legal issues that often accompany these fatality investigations, particularly involving babies and toddlers. Particularly challenging are fatalities involving abusive head trauma, opioid cases, and child torture. A recent technical report from the American Academy of Pediatrics highlights the medical complexities of abusive head trauma that need to be taken into account during investigation (Narang et al., 2025), and increased opioid use has led to increased child maltreatment and CPS involvement (Crowley et al., 2019). To address the complexities in these cases, specialized investigation teams for deaths in children younger than four years should be the gold standard.

Federal efforts

The U.S. Department of Justice’s Office of Victims of Crime began a demonstration initiative called *Child Safety Forward* to develop multidisciplinary strategies to prevent severe or near-death injuries as a result of child abuse or neglect (Templeman, 2019). Through a competitive grant process, they selected sites based on their ability to support a collaborative, community-based approach to reducing child maltreatment fatalities. The three core strategies applied by the technical assistance team were encouraging a learning culture that promotes psychological safety, being adaptive and agile in how support was provided, and being responsive to the specific needs and preferences of each site. This effort provides what has been sorely lacking in previous attempts to reduce child fatalities—the identification and evaluation of evidence-based practices. The final evaluation report concluded that there is more work ahead to create a 21st-century child and family well-being system (Social Current, 2023) that protects children’s safety. *Child Safety Forward* provided promising pathways and glimpses of what’s possible, but it was not enough to create a system that will keep all children and families safe and healthy. Lessons from *Child Safety Forward* emphasized the importance of continuing

to challenge systems from the inside, and they recommended further experimentation (Social Current, 2023).

Public policy is Critical in Shaping Both Prevention and the Allocation of Resources

A number of federal statutes and other state and local policies have the potential to affect CM fatality rates. The Comprehensive Addiction & Recovery Act (2016) amended the Child Abuse Prevention and Treatment Act (CAPTA) with the goals of improving detection and treatment of infants who are exposed to substances prenatally. The Family First Prevention Services Act (2018) aimed to promote family preservation and reunification efforts, offering a comprehensive approach to child welfare that includes mental health and substance abuse treatment for parents, prioritizing prevention services, and reducing the need for foster care placements (CWIG, 2018). “Safe Haven” laws ensure that infants who would have otherwise been abandoned by their parents are instead relinquished to persons who can provide the immediate care needed for their safety and wellbeing (CWIG, 2017). During 1999-2008, more than 3,500 newborns were surrendered, most of whom would have otherwise died (CWIG, 2017).

Policies that focus on reducing parental stress, such as paid family leave, affordable childcare, and economic support for low-income families, can mitigate some of the social determinants that contribute to child maltreatment fatalities. Research suggests that policies that address the root causes of stress and hardship for families—such as poverty, housing instability, and unemployment—are crucial to preventing maltreatment fatalities (Dammann et al., 2024). The National Academy of Sciences proposed a child allowance for families, expansion of the earned income tax credit, increased funding of the Supplemental Nutrition Assistance Program, and an increase in the federal minimum wage (National Academies of Sciences, Engineering and Medicine, 2019). The American Academy of Pediatrics (Dammann et al., 2024) has recommended that access to job-protected paid

leave should be inclusive of all types of employees and businesses of all sizes, including government employees, contractors, self-employed individuals, domestic agricultural workers, part-time employees, gig economy workers, and those with multiple employers, and should be provided equally for both parents, including non-birthing parents.

Sanders (2022) made a number of recommendations to improve the child welfare system to reduce CM fatalities. These include 1) connecting families quickly to supportive services by handling screened-out hotline calls differently for infants and toddlers, 2) real-time information-sharing between child welfare and law enforcement with the goal of better understanding the supports a family may need and improving caseworker safety, 3) requiring multi-disciplinary teaming on infant cases with professionals from other disciplines, such as a public health nurse or a psychologist, so that critical information is not missed, 4) engaging the primary care physician earlier and differently than we are today and expanding the community-based resources that can complement a physician’s care, and 5) becoming more data-informed to identify family and systemic circumstances that led to the fatalities. Targeted support services for parents and improved communication between the child protection system and the pediatric health care community is needed, especially when infants who may be medically fragile remain at home after an allegation of abuse or neglect.

Conclusions—What Have We Learned?

While there appear to be several promising focused strategies, child maltreatment fatalities are complex, multifactorial problems that require a multi-pronged approach to prevention (Douglas & Lee, 2020). But while they often attract the attention of the public and popular press, tragic and preventable deaths of children from maltreatment continue unabated, undercounted, and under-investigated. The number of identified fatal child abuse cases in the U.S. has been steadily increasing since a “Call to Action” was issued by the U.S. Commission to Eliminate Child Abuse and Neglect Fatalities (Berger, et al., 2015). Neglect has been found to cause or contribute to

most of these deaths. There are a number of potential risk factors which overlap with risk factors for other forms of child maltreatment, and certain child and family characteristics further increase the risk. Compared to child maltreatment in general, young child age, male gender, non-White race, special needs and disability, and behavioral issues are more strongly associated with fatality. Most perpetrators are caregivers of their victims, and official statistics show that women are more often the perpetrators of infant abuse and neglect-related deaths. Mental illness and substance use increase risk, especially when there are available firearms, prior interpersonal violence, other violence in the home, and parental criminal history. But any caretaker is capable of inflicting injury or death.

Block (2017) noted that finding a way to provide parenting education to folks who are increasingly worried about rent payments, food, finding a job, recovering from addictions, and other challenges is a daunting task. Addressing the social determinates of health is more than a health system's or individual physician's responsibility. Unless the United States begins to emphasize prevention and finds ways to create resiliency among both parents and children, our current situation will not change.

However, there is unlikely to be a single intervention that can prevent all forms of child fatalities. Intervention initiatives must be tailored to target specific types of maltreatment. When specific patterns of CM fatalities are better understood, limited resources can be allocated for maximum benefit, and prevention strategies can be focused on areas identified as most in need. Home visiting, economic supports, access to medical care, and parent education interventions addressing gun safety and the dangers of shaking and corporal punishment have growing evidence supporting their effectiveness. Continued investment in evidence-based prevention programs, better investigations, cross-sector collaboration, and societal commitment to supporting families is essential in moving toward a future where child maltreatment fatalities no longer occur. We need to amplify our Call to Action to reduce child abuse and neglect fatalities as a U.S. policy priority if we are to address our "nation's shame," starting with timely data, public accountability, national leadership, and candid discussions about child safety and the best systems responses (U.S. Advisory Board on Child Abuse and Neglect, 1995).



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