

PERSPECTIVES OF THE U.S. ADVISORY BOARD ON CHILD ABUSE AND NEGLECT

—by Deanne Tilton
Durfee, Chairperson

Child abuse fatalities represent the ultimate failure of our child protection and community systems.

In 1990, the U.S. Advisory Board on Child Abuse and Neglect declared the maltreatment of children to be a national emergency. The Board presented 31 critical steps in response to the tragic reality that each year, hundreds of thousands of our nation's children are "starved and abandoned, severely burned and beaten, raped and sodomized, berated and belittled." They are also killed.

On April 3, 1992, the Board held public hearings in Los Angeles County in what was to become the first of many subsequent hearings, meetings, and workshops focusing on the needless deaths of children through caretaker abuse and preventable accidents. Later that year, in re-authorizing the Child Abuse Prevention and Treatment Act, Congress mandated the Board to report back in two years on how our nation might develop a more reliable national data collection system on child abuse fatalities, how we might promote a better federal response to this tragedy, and what steps should be taken to prevent child maltreatment fatalities.

Members of the Board have organized hearings and workshops, producing compelling testimony, in Denver, Pittsburgh, Chicago, Salem (Oregon), New York City, St. Louis, Dallas, and Washington, D.C.

The number of proven child abuse fatalities in this country is small when compared to the numbers of substantiated child abuse cases. But child abuse fatalities represent the ultimate failure of our child protection and community systems. The death of any child from abuse is only a heartbeat away from the serious injuries, permanent disabilities and near-fatal experiences that thousands of children survive each year. It is clear that the children who are most

vulnerable to serious and fatal child abuse are those least visible to our communities and to our educational and protective service systems. A socially isolated parent may be the only adult to witness the short and tragic life of a young pre-school age victim.

Children who die from accidental causes cannot be totally separated from those who die from inflicted injuries. While it is not the intention of the Board to cause further pain to those caretakers of children who somehow find a bucket of water to drown in, a balcony to fall from, or a bottle of toxic cleanser to ingest, these tragic occurrences also can teach us about the vulnerabilities of children unnecessarily damaged and killed. Our response to both accidental and inflicted child fatalities provides an opportunity for grim, yet profoundly important, lessons in the response to child abuse prevention and treatment.

We cannot always predict or prevent fatal abuse. We can, however, improve our recognition, communication, and accountability to reduce potentially fatal risks to children, most of whom are too young to walk, talk, feed themselves, or resist a bottle of pills, an unfenced pool, or an unprepared or violent caretaker. The lessons we learn from our Board's in-depth study of fatal child abuse will hopefully provide valuable assistance in our nation's efforts to protect children, hold ourselves accountable for what we do in the name of child protection, reduce family isolation, and promote expertise, collaboration and support services that represent children's hope for a healthy future and, indeed, survival.

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Introduction

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Nearly one million children were maltreated in America in 1992, but fewer than 2,000 were killed (McCurdy and Daro, 1993). Leukemia and several other childhood diseases have a much higher mortality rate. But because deaths from accidents and child maltreatment are so tangible and dramatic, they have received much public attention. We must capitalize on this attention, using it to increase our understanding of child maltreatment, while understanding that strategies for reducing child fatalities are not the whole answer. While they may prove helpful in reducing some child abuse, they are not likely to affect rates of sexual abuse and psychological maltreatment, which also demand our attention.

At the present time, child death review teams are often considered to be the preferred process for monitoring all child deaths, detecting patterns, and proposing solutions. The preferred prevention program may be intensive home visitation, such as National Committee to Prevent Child Abuse's Healthy Family program (U.S. Advisory Board on Child Abuse and Neglect, 1993). Each effort must be evaluated critically to determine what successes can be achieved and which refinements prove use-

ful. Universal application of such programs to all children may substantially reduce child fatalities and improve the health and well-being of children and families.

A forthcoming report by the U.S. Advisory Board on Child Abuse and Neglect (early 1995) will contain additional recommendations for professional organizations, the government, and the community. If these entities continue to collaborate in the generation and dissemination of knowledge—a collaboration exemplified by this Special Issue of *The APSAC Advisor*—an actual reduction of child fatalities by the end of the century is a realizable goal.

References

- McCurdy, K. and Daro, D. (1994). *Current trends in child abuse reporting and fatalities: The results of the 1993 50 state survey*. The National Center on Child Abuse Prevention and Research, Working paper #808. Chicago: National Committee to Prevent Child Abuse.
- U.S. Advisory Board on Child Abuse and Neglect Hearing in Washington DC, May 26, 1993.
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