PREVENTING CHILD ABUSE FATALITIES: MOVING FORWARD

—by Deborah Daro and Randell Alexander

Until the last century, children tended to die before attaining adulthood. With improvements in sanitation and better food supplies, life expectancy and the likelihood that children would become adults dramatically improved. A strong argument could be made that child abuse and other causes of child death could only be addressed when the great plagues and epidemics of the past were brought under control, and children were more highly valued. Along with the anticipation that children would live has come a greater emphasis on measures to prevent and treat life-threatening conditions.

All causes of death can be arrayed along a spectrum of preventability. Whereas leukemia may be difficult to avoid, child abuse deaths are inherently preventable, even if prevention is difficult. In third world countries, infant diarrhea diseases are a leading cause of death. A simple oral dehydration solution, costing pennies, can dramatically reduce the rate of such deaths. In the United States, car accidents were considered largely unavoidable until the advent of car restraint legislation which has reduced child fatalities by about one-third. In some localities, it is now considered child neglect if children are hurt in car accidents and their injuries would have been less serious had they been properly restrained. What is preventable, and how difficult it is to prevent, changes over time. Advances in genetics, changes in lifestyles (e.g., use of firearms), and other factors will continue to alter our approach to prevention of child deaths.

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A public health approach to all child deaths may prove useful, if all causes of death are considered in a rational epidemiological fashion. Congenital defects and SIDS are major risks of the newborn and early infancy period. Child abuse, car accidents, and other accidents are major contributors to childhood deaths. Suicide, homicide, and automobile accidents are the major risks of teenagers (and may sometimes have child abuse as an underlying antecedent). Prevention of child fatalities should begin with common causes.

Child Abuse

Repeated evaluations of child abuse prevention and treatment programs suggest that the most successful of efforts are ones that are intensive, comprehensive, and flexible (Daro, 1993a). These three characteristics—intensity, comprehensiveness and flexibility—also need to be developed within child welfare practice.

Federal efforts. While child welfare systems are primarily a matter of local initiative and subject to local legislative forces, action is needed at all levels of government and within all communities (Kamerman and Kahn, 1990). Specifically, federal agencies interacting with local child welfare systems should adopt the following guidelines:

- Increase resources for child welfare to put foster care and family support on equal footing.
- Reward states for the development of interagency and interdisciplinary teams to respond to critical child welfare problems, including child fatalities.
- Encourage state experimentation in the area of reporting and case planning to examine the effects of early intervention systems on child abuse reporting rates and fatalities.
- Design a data collection system that will insure that the information gathered across states with respect to child abuse reports and child abuse fatalities are consistent and comparable.
- Encourage all states to evaluate their innovations and to disseminate their findings.

State and local efforts. In addition to these federal efforts, reforms in local child welfare policies and procedures, criminal justice systems, health care systems, and professional education efforts are equally central. Quality training and quality supervision must be the watchwords of child welfare staffing plans in the coming decade. Intervention systems will only be as effective as the front-line staff. Beyond expanding the revenues available to those agencies responsible for a child's safety, concerted efforts need to be placed in increasing public awareness of the problem and motivating greater community-based support for at-risk families.

Since there is no vaccine to guarantee that all families will protect their children, every community must be made aware of its responsibility to protect children from all forms of maltreatment. The identification of all questionable deaths of children will only come when there is an awareness that fatal child abuse or neglect is a possibility. Most people, including many professionals, are not willing to believe or even suspect that parents would willfully or even unintentionally kill their children. Community education campaigns should stress the importance of even a single abusive incident, emphasizing the need to report and become involved.

While a comprehensive approach to prevention involves a large number of efforts, it makes sense to start with just a few. In 1991, after a year of study of how the United States should respond to the national child abuse emergency, the U.S. Advisory Board on Child Abuse and Neglect declared that while there are dozens of important things to do, a logical place to start is with new

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parents, helping them get off to a good start before abuse patterns begin (U S Advisory Board, 1991). With new parents, especially first time parents, the opportunity exists to encourage and, if necessary, to teach good parenting practices before bad patterns are established.

Recognizing the potential of home visitation for new parents, in January, 1992, the National Committee to Prevent Child Abuse, in partnership with the Ronald McDonald Children's Charities (RMCC) launched Healthy Families America (HFA). Building upon two decades of research and the experiences of the Hawaii Healthy Start program, Healthy Families America is an initiative to prevent child abuse and other poor childhood outcomes by establishing a universal, voluntary home visitor system for all new parents through state level organizations. At present, activities are underway in all 50 states, and 58 pilot programs are operating in 18 states. The early success of HFA is encouraging and suggests a willingness on the part of policymakers and the general public to support new parents. The challenge facing the field is to capitalize on this support as discussed in an earlier issue of *The APSAC Advisor* (Daro, 1993b).

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Other Child Fatalities

Are any accidents truly accidental? One can grimly and accurately predict which types of cars cause more child deaths and which street corners are most dangerous. Swimming pool death rates decrease with effective zoning laws requiring fences, but not with public education. Prevention of "accidental" injuries requires an assessment of whether there is a knowledge, skills, or motivation deficit before designing specific interventions. The first step is the identification of the cause of death and factors that contribute to it.

National efforts. Continued federal efforts should include increased passive passenger safety requirements for automobiles, funding for perinatal fatality research and prenatal programs, even greater incentives/sanctions regarding motorcycle helmet use, and greater efforts in achieving universal immunizations for children. New federal initiatives could include elimination of religious exemptions and making significant federal appropriations to states contingent upon state acceptance, increased research on firearms and implementation of procedures to greatly reduce youth access, greater aggressiveness by the Consumer Product Safety Commission to eliminate unsafe products and hold manufacturers more accountable, funding of fellowships and research in the area of family violence and child abuse, and aid for development of state child death review teams. The Centers for Disease Control and Prevention should be charged with maintaining an accurate data base of child deaths and making it available to legitimate researchers.

For several years, the American Medical Association has advocated that all patients be quizzed about violence in the home and that medical schools develop curricula about family violence. It is time for other professions to join in such a major initiative. APSAC's Child Fatality Task Force is one effort in this direction. The American Academy of Pediatrics has had a very successful educational program about injury prevention (IIPP) that is available to every pediatrician. Continued research is needed on birth defects (e.g., the March of Dimes funds many studies), substance abuse, domestic violence, and SIDS. Media could be much more helpful in demonstrating appropriate nonpunitive discipline techniques.

State and local efforts. Every community should develop a state child death review team, end religious exemptions, require motorcycle helmet use, tighten laws exempting children from immunizations, and develop creative laws designed to reduce teen drinking and driving. Death certificates should be amended to reflect underlying contributing causes (e.g., some suicides are committed by children who are abused). Some states still have a coroner system with non-medical personnel determining the cause of death (e.g., the local funeral director). Switching to a medical examiner system would help to correctly determine the cause of death. However, there are a limited number of forensic pathologists and some adjustments in health care planning, and action by the National Association of Medical Examiners, will be necessary to implement such a goal. Building codes, zoning regulations, bicycle regulations, and analysis of traffic/pedestrian patterns are substantial efforts that can be accomplished at the state and local level.

Summary

Child fatalities can be prevented in many ways. Professionals and communities should address both abuse related and non-abuse related causes of child death, and each approach should be carefully evaluated for its effectiveness.

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