

# STATE OF WYOMING

## CHILD MAJOR INJURY AND FATALITY REVIEW TEAM

### NINTH ANNUAL REPORT

March 2008  
*For calendar year 2007*

*Wyoming*  
CHILD MAJOR INJURY AND FATALITY REVIEW TEAM

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## **Vision Statement**

To eliminate child major injuries and fatalities in Wyoming.

## **Mission Statement**

We seek to improve Wyoming communities' responses to major injuries and fatalities in cases of child maltreatment. We will actively advocate for child victims of maltreatment and make recommendations for change through prevention, intervention, training, education, legislation, and public policy.

## **Objectives**

1. Ensure the accurate identification and uniform, consistent reporting of the cause and manner of every child major injury or child death due to abuse/neglect;
2. Identify significant factors, predictors, and trends in child major injuries or child deaths;
3. Identify and advocate for needed changes in legislation, policy, and practices in child safety and well being to prevent child major injuries or child deaths;
4. Increase public awareness and advocacy for the issues that affect the health, safety, and well being of children by providing recommendations for change through prevention, intervention, training, education, legislation, and public policy;
5. Identify specific barriers and system issues involved in the child major injuries or child deaths;
6. Improve communication and linkages among local and state agencies and enhance coordination of efforts;
7. Identify preventable social and family circumstances which contribute to child major injuries and child deaths, and
8. Heighten community awareness through education and prevention strategies.

## **History of Child Death Review**

### **National**

In 1995, The United States Advisory Board on Child Abuse and/or Neglect concluded child abuse and/or neglect fatalities and near fatalities could not be significantly reduced or prevented without more complete information about why these deaths and injuries occur. It was widely acknowledged that many child abuse and/or neglect deaths were under reported and/or misclassified. Professionals, scholars, and officials around the nation agreed that a system of comprehensive Child Death Review (CDR) teams could make a difference.

Though these reviews initially centered on fatalities and other serious injuries due to child abuse and/or neglect, there has been a national movement to enhance the role of the CDR teams to review all preventable child deaths and major injuries. Wyoming now includes near fatalities as part of its review process.

### **Wyoming**

The Wyoming Child Major Injury and Fatality Review Team (WCMIFRT) was established by the Department of Family Services (DFS) in December, 1997 under the authority provided in the Child Protective Services Act, W.S.14-3-201 through 14-3-215. It was originally established with the purpose of reviewing child deaths due to abuse and/or neglect, but was expanded to include major injuries in 1999. The purpose of this team is to provide a systemic view of issues facing Wyoming and to provide a well-rounded review of the system issues surrounding the cases. Child major injury and fatality cases are submitted for review to the team by the local DFS offices as per procedure outlined in its policies and procedures. The team meets quarterly to review cases and fulfill its mission to improve the response to major injuries and fatalities in cases of child maltreatment in Wyoming, to actively advocate for child victims of maltreatment and to provide recommendations for system change through prevention, intervention, training, education, legislation, and public policy. These recommendations are compiled and published in an annual report. This document represents the ninth annual report published by this team.

The Wyoming Child Major Injury and Fatality Review Team continues to advocate for the review of all child deaths and child major injuries throughout the state in a systemic method. The ability to review all cases would provide more detailed data regarding child death and major injuries throughout the state. The team has involved the National Center for Child Death Review<sup>1</sup> to assist in establishing a more methodical approach to case review and analysis which has enabled the team to stay focused on system issues, formulate more effective recommendations, and more efficiently track data related to the cases.

In the year 2007, the Wyoming Child Major Injury and Fatality Review Team<sup>2</sup> has undergone significant changes with the Wyoming Citizen Review Panel<sup>3</sup> taking over the administration of the WCMIFRT in October of 2006 through a one year contract with the Department of Family Services (DFS). This contract was renewed in October 2007. WCMIFRT accomplishments

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<sup>1</sup> Information on the National Center for Child Death Review: <http://www.childdeathreview.org/>.

<sup>2</sup> Information on the Wyoming Child Major Injury and Fatality Review Team can be found at <http://wycrp.org/page5.html>.

<sup>3</sup> Information on the Wyoming Citizen Review Panel can be found at <http://wycrp.org>.

include new leadership, revised bylaws, and the development of policy and procedure to review child major injuries and fatalities. We are also pursuing legislation to change the team from being under any one state department to being a stand alone committee responsible for review of major injuries and fatalities of children, reporting to the governor for authority. This is designed to improve accountability of and collaboration between state agencies, coordination with and between local communities, and enhance overall communication statewide regarding the tragedy of child major injuries and fatalities.

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## General Information:

Currently, the only child major injury and child fatality cases that are reviewed by the WCMIFRT are those where abuse and/or neglect is suspected, or children who are in the custody of the Department of Family Services. These cases are referred to the state team from the local DFS office, prepared and then reviewed by the full team. In some cases, a local child protection team will have reviewed the case prior to it being passed on to the state team; all cases reviewed by the WCMIFRT must be adjudicated prior to review if criminal charges are part of the case.

Although, the WCMIFRT has undergone major reorganization and restructuring in the past year, there is still work to be done. Legislation is still being pursued to expand the review capabilities of the team to all child major injuries and child deaths in the state. The proposed legislation would place the authority of the state team under the governor's office while also creating local teams within each judicial jurisdiction instead of based on the Child Protection Teams' districts. The local teams will be charged with reviewing cases in their jurisdiction and providing summary data and recommendations to the state team. The state team will continue to review all abuse/neglect cases and retain the option to perform individual case review as the data discloses.

Other accomplishments include:

- The review and revision of the bylaws;
- the addition of over 15 new members from various professions:
  - Medical;
  - Legal;
  - abuse prevention, and
  - victim services, just to name a few.
- Data entry of case information into the national data repository for child fatalities and child near fatalities;
- the revision of the procedures followed in case review, and
- the acquisition of the Wyoming Citizen Review Panel as administrators of the team.

Work continues on the revision of the policies and procedures as more is learned in case review and information acquisition. We are also working on the refinement of a review tool to assist case reviewers in compiling information in a methodical manner and keep the case reviews more consistent.

In early 2007 the WCMIFRT began consulting with the National Center for Child Death Review<sup>4</sup> and entering Wyoming data into the national data repository for child fatalities and near fatalities; currently, two people are trained on data entry. Identifying information of the child involved in the major injury or fatality is not collected or entered into this database; information to determine trends in Wyoming and across the nation is entered and stored in this system. A variety of reports can be generated as the database grows. A national representative<sup>5</sup> was contacted from the National Center for Child Death Review to come to Wyoming and assist the WCMIFRT with:

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<sup>4</sup> Information about the National Center for Child Death Review can be found at:  
<http://www.childdeathreview.org/>

<sup>5</sup> The WCMIFRT is very grateful and appreciative of Terri Covington with the National Center for Child Death Review for her assistance.

- a. Organizational development;
- b. Sustainability;
- c. Objective case reviews of child major injuries and fatalities;
- d. Reporting investigation findings;
- e. Creating realistic and achievable recommendations, and
- f. Adding direction and accountability to the WCMIFRT work.

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## **Observed Trends in Child Major Injuries, Fatalities, and Risk Factors:**

The Wyoming Child Major Injury and Fatality Review Team as observed the following trends in its recommendations since 2000:

- Shaken Baby Syndrome continues to be a cause of major injuries and fatalities in cases of abuse and/or neglect in Wyoming. The WCMIFRT has made many recommendations concerning Shaken Baby Syndrome, emphasizing the importance of education. Included in these recommendations has been to provide education to young men and women and emergency medical providers on the effects as well as symptoms of Shaken Baby Syndrome. It is the Team's hope to foster development of innovative strategies preventing deaths and devastating major injuries that occur as a result of this syndrome.
- Through the years, the team has recognized the linkages between substance abuse and domestic violence in child abuse cases. In addition, the team continues to observe an increase in young perpetrators who are the biological parents and perpetrators with low education levels. Over the years the caregivers substantiated on for abuse and/or neglect have gotten younger. Many of these individuals have struggled educationally and have not been provided a healthy support system.

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## Cases Presented:

During the year 2007, 5 cases were reviewed, 4 major injuries and 1 fatality.

1. An 11-month old female was taken to the emergency room with 2<sup>nd</sup> degree asymmetrical burns to the bottoms of both feet while at the home of a relative and mother was not present. X-rays were taken and a head fracture was found. No prior abuse was found in the investigation. The child was removed from the home. Mother had a history of substance abuse and was a victim of physical and sexual abuse and neglect as a child. The mother's boyfriend had a record of substance abuse, criminal record, and was drug impaired at time of incident
2. A 3-month old male was taken to the hospital and diagnosed with shaken baby syndrome. The baby was removed from the home. The father had a history of alcohol abuse and was a victim of physical and emotional abuse and neglect as a child.
3. A 9-year old female was acting out at school and after repeated interviews with the school counselor and investigators; it was determined that she had been sexually abused by her stepfather during the prior 2 years. Despite multiple occasions of the child reporting the abuse, there was a misunderstanding that it was her father performing the abuse instead of the stepfather. The stepfather was sexually abused as a child but there is no record of any substance abuse. The step father was arrested and child was removed from the home.
4. A 13-month male was taken to hospital emergency room when the mother's boyfriend was watching the child and called the mother because the child was not doing well. The boyfriend reported to the mother that the baby fell off the couch. X-rays were taken and a skull fracture was found. The boyfriend later admitted that the baby was crying and he became frustrated and threw baby to the floor. The child hit his head on the leg of a computer chair. The boyfriend was charged with child abuse and assault.
5. A 4-year old male was found unconscious on a nearby ranch under a stack of fence panels. The child was in the care of the babysitter, who was asleep and alcohol impaired at the time of the incident. The child wandered out of the house unsupervised and headed to a nearby ranch where he was later found by the rancher under a stack of fence panels that he had climbed on and subsequently, the panels fell on and crushed him. There was no autopsy performed, no x-rays taken to confirm exact cause of death or determine if other forms of abuse were suffered. The father had a history of prior child deaths in the family and abuse of this child. There had been 5 child protective services referrals and one substantiated case in the past. The father had a history as a victim of child neglect, substance abuse with alcohol and methamphetamine, and a criminal history for assault, robbery, and drugs. The babysitter also had a history of alcohol and street drug abuse and a criminal history with drugs.

## **2007 Action Items:**

During 2007, the WCMIFRT reviewed prior recommendations as well as the recommendations from the current year's cases to compile the current action items for completion this year. The focus is to review training, systems, and processes that in place currently to build upon what is working and improve collaboration between agencies to make better use of resources already in place as well as set groundwork for increased penalties for infractions against our children. The 2007 action items include:

1. The WCMIFRT recommends establishment of protocol statewide among the coroner community regarding classification and procedures where coroners perform the investigation; e.g. x-rays and toxicology with child victims.
2. The WCMIFRT encourages the medical community and law enforcement to perform x-rays on any/all children that present with suspicious injuries.
3. The WCMIFRT encourages the Department of Family Services to develop an assessment tool to be used to identify high risk cases based on domestic violence, young parents, substance abuse, children with disabilities, bonding issued, etc. and refer such cases for services. We also encourage collaboration between the Department of Family Services, Department of Health and law enforcement to implement the assessment/referral tool.
4. Prevent Child Abuse Wyoming, Department of Health, Department of Family Services, and the Department of Education are encouraged to collaborate to review current training availability and requirements for recognizing abuse and neglect, especially sexual abuse. This review should involve physicians, mental health, teachers, school counselors, child care providers, community human service providers, nurses, law enforcement, and emergency medical technicians. The review will identify best practices, gaps, requirements, opportunities, and communication.
5. We encourage the Department of Health, Victim Services, Prevent Child Abuse Wyoming, and the Department of Family Services to collaborate to review, develop, and implement training on the dynamics of domestic violence and its impact on children and child safety; the relationship between substance abuse and domestic violence/child abuse; and the correlation between adult survivors of child abuse and substance abuse and/or becoming perpetrators of abuse.
6. Prevent Child Abuse Wyoming, the Department of Family Services, and the Department of Health are encouraged to collaborate to develop and implement an aggressive statewide education campaign on preventing Shaken Baby Syndrome and Don't Shake the Baby, targeting males. Areas include DAD 101, TANF agencies, schools, hospitals, public health agencies, etc. It would be desirable to have this completed by end of August 2008 for implementation in the fall of 2008.
7. The Department of Health, Prevent Child Abuse Wyoming, and Department of Family Services should collaborate to review existing training opportunities and requirements in recognizing Shaken Baby Syndrome for Emergency Room doctors and nurses, public health agencies, coroners, emergency room technicians, physicians, and others that see infants. The review will include reporting protocol, standards, and exceptions. This should

be completed by October 3 to be reported to the full team at the October meeting for further action.

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