CHIP TASK FORCE

CHILD HOMICIDE IDENTIFICATION AND PREVENTION

PREFACE

This report is dedicated to the memory of the fifty-five children who were murdered in Cumberland County in the twenty years from 1985 through 2004.

Every one of the fifty-five children who were killed by the parents or caretakers could have been saved; every death was preventable. This report provides the opportunity to mobilize individuals, agencies, churches and other resources across our County.

While the safety and wellbeing of children is first the responsibility of parents, family wellbeing is a community responsibility that can only be met by comprehensive and coordinated strategies.

The CHIP Task Force appreciates the assistance provided by Kay Sanford, Director of the Epidemiology Unit of the NC Division of Public Health Injury and Violence Prevention Branch, and Brant Goode, a Center for Disease Control and Prevention epidemiologist liaison assigned to the NC Division of Public Health Epidemiology Section. Ms. Sanford and Mr. Goode assisted the CHIP Task Force with data analysis and made recommendations for continued exploration of risk factors associated with child homicides.

and

Dr. Robin Jenkins, Director of Cumberland County CommuniCare, assisted in the development of the collection instrument, provided guidance, and evaluated our initial report.

The CHIP Task Force

Col. Al Aycock
Dr. J. C. Basnight
Dr. Sharon Cooper
Mary Deyampert-McCall
Denise Giles
Debbie Jenkins
Billy King
Dr. Howard Loughlin
Wayne Raynor
Bill Scarlett
Kara Hodges
Maxine Anders

January 5, 2007

CHIP TASK FORCE

CHILD HOMICIDE IDENTIFICATION AND PREVENTION

INITIAL REPORT

North Carolina General Statutes §108A-9 (2) establish the duties and responsibilities of the County Board of Social Services.

"To advise county and municipal authorities in developing policies and plans to improve the social conditions of the community;…"

The Cumberland County Board of Social Services is legally mandated by North Carolina statute to study the community's social conditions and to take steps to address conditions that may adversely affect the health of its families. The Institute of Government, Chapel Hill, NC, issues guidance to Boards of Social Services describing this duty.

Cumberland County has large numbers of children reported to and substantiated by the Department of Social Services (DSS) as abused and/or neglected each year. For the fiscal year ending June 30, 2006, 8,450 children were reported to DSS as abused and/or neglected. This represents a duplicate count of reported children (abuse and neglect can be reported by more than one person or for more than one incident in any calendar year). Twenty-four percent (24%) or 2013 of these 8,450 children were substantiated as being abused and/or neglected. Homicide is the most severe manifestation of child abuse or neglect. Cumberland County had the highest rate of children murdered by parents or caretakers in North Carolina from 1985 through 2000. The study by the North Carolina Child Advocacy Institute published in September 2004 determined that Cumberland County had twice the rate of children who died as a result of abuse and/or neglect. Cumberland County had 4.6 child homicides per 100,000 children per year compared to North Carolina's rate of 2.2 children per 100,000. This problem continues.

While the Department of Social Services and the Cumberland County Board of Social Services is strengthening its response to families, it is evident that the problem extends beyond our Department and our resources. Child homicides at the hands of their parents or other caretakers are a community problem that requires a community response. Therefore, it is imperative that a united leadership provide the basis for strengthening existing resources and developing community interventions to prevent child homicides.

PURPOSE

The Board of Social Services, at its meeting January 26, 2005, voted unanimously to create the Child Homicide Identification and Prevention (CHIP) Task Force. The action grew out of the Department of Social Services' and Cumberland County Board of Social Services' long standing concerns regarding the large numbers of children reported and substantiated for abuse and/or neglect and children dying from abuse and neglect. In response, the Cumberland County Board of Social Services established the CHIP Task Force to examine the problem.

The creation and establishment of the CHIP Task Force was formalized on March 8, 2005. Community partners joined together to study child homicides by parents or other caretakers to address the conditions that adversely affect the health and safety of families and children in Cumberland County to eliminate child homicides in our community.

The Department of Social Services' Board Chairman was selected to lead the CHIP Task Force. The Task Force was directed to:

(a) examine existing relevant data;
(b) obtain additional data regarding child homicides committed by parents or caretakers in Cumberland County; and
(c) provide a report to the Board of Social Services, Board of County Commissioners and the Cumberland County community that identifies actions to address the problem.

The work of the CHIP Task Force was concentrated in two major areas of inquiry. The first major area of inquiry involved the examination and assessment of Cumberland County's demographics in order to better understand the context in which our families live and in which child maltreatment occurs, and to determine if and how Cumberland County is different from other counties in North Carolina as a possible explanation of how these differences could be contributing factors to our county's higher than expected rate of child abuse and neglect homicides.

The second major area of inquiry involved the collection of data from multiple sources concerning the fifty-five children who were the victims of homicide by a parent or caretaker from 1985 through 2004 in Cumberland County. The data included information about the victim, the person or persons who committed the homicide, the parents, and family.

TASK FORCE MEMBERS

The composition of the CHIP Task Force reflects broad diverse representation from our community:

Ft. Bragg	Col. Al Aycock, Garrison Commander
Work First Planning Committee	Dr. J. C. Basnight, Vice-President FTCC
Forensic Pediatrician	Dr. Sharon Cooper, Ft. Bragg Womack Army Medical Center
Social Services Board	Mary Deyampert-McCall, Chair
Family Advisory Board	Denise Giles
Child Protection Fatality Prevention Team	Debbie Jenkins, Chair
Commissioners	Billy King, Chairman
Child Advocacy Center	Dr. Howard Loughlin (Child Medical Examiner)
Health Department	Wayne Raynor, Director
Department of Social Services	Bill Scarlett, Director
District Attorney	Kara Hodges, Assistant District Attorney
School Social Worker	Maxine Anders, past member of DSS Board and retired School Social Worker

TASK FORCE OBJECTIVES

The CHIP Task Force objectives included:

- Identifying characteristics of the parent or caretaker
- Identifying characteristics of the child
- Identifying characteristics of the family
- Identifying characteristics of the community
- Identifying families and children at high risk
- Recommending and developing actions
- Targeting services to high risk families

The Task Force met fifteen (15) times beginning with the first meeting on March 8, 2005. Members have served with dedication, commitment, passion and devotion for the betterment of our families and community.

FIRST MAJOR AREA OF INQUIRY

EXAMINATION OF DEMOGRAPHIC AND OTHER SOCIO-ECONOMIC DATA

The CHIP Task Force reviewed current socio-economic-demographic information concerning Cumberland County. Data collected and analyzed included demographics (such as socio-economic factors, rates of unemployment, poverty, mobility, stability of living arrangement, education level, age, race, sex); rates of abuse and neglect; rates of child abuse and neglect substantiations; percentage of the population that is military, etc. This information was compared to similar size communities in North Carolina, our State as a whole, and, in a few instances, national data. The data help to explain the context in which child maltreatment occurs. Our goal is to better understand our community, to determine how our community is different from other North Carolina communities and to consider how these differences might contribute to or protect our children from homicide, the severest form of child abuse and neglect.

1. **Cumberland County has a diverse population with over 80 different cultures.**
(Metro Visions 2005)

   The way we raise and discipline our children – or the way we judge the appropriateness of the way others raise and discipline their children - is often deeply rooted in the norms and customs of the cultures in which we were raised. In contrast to the demographic makeup of most counties in North Carolina, Cumberland County's population reflects a rich diversity of races, ethnicities and cultures, thus potentially complicating the development and implementation of universally acceptable prevention strategies that reduce the amount of child abuse and neglect that results in homicide.

2. **Cumberland County has a large military population.**

   Adults aged 18 through 64 in Cumberland County:

   - 204,495 adults aged 18 through 64 reside in Cumberland County (100%)
     - → 132,475 are civilian (65%)
     - → 36,572 are current military (18%)
       - Many active military are single adults living in barracks or private living arrangements
       - The other largest counties (Wake, Mecklenburg, Guilford, Forsyth, and Durham) have less than 1% adults who are active military.
     - → 35,448 are former military (17%)

   Significant differences of opinion exist concerning the relationship between military service and child maltreatment. Some studies indicate a link between military service and child maltreatment. Other studies indicate that military families have added protection through military involvement; examples are health insurance, housing, and stable income. Other studies show mixed findings; for example, one study shows lower rates of child maltreatment by military families except following returns from deployment. The findings of these studies are inconclusive.

3. **Economically, Cumberland County has a large service economy**. **Service occupations generally provide less income.**

Percentage of Employed Civilians Over 16 with Service Occupations

Cumberland	16.7%
Durham	13.4%
Forsyth	13.9%
Guilford	12.6%
Mecklenburg	12.0%
Wake	11.0%

(2000 Census Bureau)

✷Comparisons are made to Durham, Forsyth, Guilford, Mecklenburg and Wake counties throughout this document because they are the other five other largest counties in North Carolina.

4. Cumberland County is the most populous of the forty-one counties in eastern North Carolina.

The population of a county is an important factor in assessing the amount of child homicides in any one time period which is why it is important to not only look at the number of deaths, but the death rates that take into consideration the number of deaths compared to the number of deaths that could have occurred. Because Cumberland County has the highest population in eastern North Carolina, it is not unexpected that the number of child homicides is higher than in adjacent counties. However, what is notable is that the homicide rate of children under age 18 is also higher than in any of the counties in eastern North Carolina or for the state, overall.

(Eastern North Carolina Digital Library East Carolina University)
(2000 US Census Bureau)

5. Families separated from extended family, friends, and other familiar support are at higher risk for child maltreatment than families that have a social network that can support them in times of stress.

Parents and caretakers who lack the support of family, friends and community are more likely to mistreat children. Cumberland County has an unusually mobile population. When compared to the five other largest counties in North Carolina (Wake, Mecklenburg, Guilford, Forsyth, Durham), our families are 50% more likely to have lived in another state 5 years earlier; 2 ½ times more likely when compared to all U. S. citizens.

- 23% of our population lived in a different state 5 years earlier
- 28% lived in a different county

(2000 US Census Bureau)

6. Cumberland County has an unusually high young adult population.

Young adults are more likely than older adults to have young families (therefore creating a greater population base in which child maltreatment could occur).

Young Adults Between the ages of 18 & 29

	NORTH CAROLINA	CUMBERLAND COUNTY
Total Population	8,049,313	302,963
Young Adults between the age of 18 and 29	1,439,047	68,686

- Young Adults Under the Age of 30

  - While Cumberland County has 3.8% of North Carolina's population
  - Cumberland County had 4.8% of young adults between 18 and 29
  - Cumberland County has 26% more young adults between 18 and 29 than would be expected of a county our size

(U. S. Census)
(Office of State Planning)

7. Cumberland County has many families in which single mothers and their children are living in poverty.

Poverty is a recognized risk factor for child maltreatment and for homicide.

- Cumberland County has 37% more single mother families living in poverty than would be expected for a county of our size.

Families in Poverty with Female
Head of Household
(with related children under age 18)

	NORTH CAROLINA	CUMBERLAND COUNTY
Total Population	8,049,313	302,963
Families in poverty with female head of house	90,854	4,690

(2000 US Census Bureau)

While Cumberland County has 3.8% of the State's total population, Cumberland County has 5.2% of the North Carolina families in poverty with female heads of households and children under the age of 18.

8. The income of families with children with a female head of household in Cumberland County is less when compared to the other five largest counties in North Carolina (Wake, Durham, Mecklenburg, Guilford, Forsyth).

Low income and female (single) head of household has often been identified as a risk factor for many poor public health outcomes. The average income in 2000 for families in Cumberland County was $17,712. The average income of female head of household families with children under 18 is less than the average reported for each of the state's five other counties with the highest populations, as well as 28.4% less than the average income ($22,744) in these five counties combined (Wake, Durham, Mecklenburg, Guilford, Forsyth).

	Female Head of Household Families with Own Children under 18
Durham	$21,655
Forsyth	$20,456
Guilford	$20,970
Mecklenburg	$25,339
Wake	$25,300
Average	$22,744

(2000 US Census Bureau)

9. The average income of all families with children in Cumberland County is less than the income of families in the five other largest counties (Durham, Forsyth, Guilford, Mecklenburg, and Wake).

The average income in Cumberland County lags behind the average income for North Carolina and for the other five largest counties in the state. The average annual family income was $54,679 in the five largest counties in North Carolina. The average family income was $38,114 in Cumberland County, or 43.5% less in Cumberland County than the average of Durham, Forsyth, Guilford, Mecklenburg and Wake counties. Annual income is not only a marker of general public health risk, but helps to explain the inability of some families to obtain such family support services as day care or temporary caretakers for very young children. Average income is also a major factor to be considered when designing affordable intervention programs to reduce child maltreatment.

	Families with Own Children under 18
Durham	$48,251
Forsyth	$50,029
Guilford	$50,219
Mecklenburg	$58,417
Wake	$66,479
Average	$54,679

(2000 US Census Bureau)

10. Cumberland County families lack access to affordable, safe child care.

Insufficient funding for subsidized day care is a problem in Cumberland County and in many other North Carolina counties. The North Carolina Division of Child Development estimates 15,827 children in Cumberland County are eligible and in need of child day care services subsidized by State and Federal funds; however, approximately only one-third of these children receive subsidized child day care services.

(NC Child Development Center SFY '06-'07 Subsidized Child Care Allocation Chart)

11. Cumberland County's average unemployment rate of 5.13 consistently exceeds the average unemployment rate of the other five large counties (Durham, Forsyth, Guilford, Mecklenburg, and Wake) from 1990 through 2004. Cumberland's rate is 25% higher than the average of the other large counties.

Unemployment (and under employment) is a well-known marker of poverty and therefore a surrogate indicator of high risk for poor public health outcomes, particularly concerning child wellbeing.

	AVERAGE
Durham	3.37
Forsyth	3.95
Guilford	4.21
Mecklenburg	3.83
Wake	2.87
Average	3.85

(U.S. Department of Labor – Bureau of Statistics)

SECOND MAJOR AREA FOR INQUIRY

THE COLLECTION AND ANALYSIS OF ALL AVAILABLE RECORDS OF THE CHILD VICTIM AND THEIR FAMILIES

The CHIP Task Force developed a standardized risk assessment tool (Attachment A) to gather specific information regarding each child homicide that occurred from 1985 through 2004. A draft instrument was created and edited by CHIP Task Force members, as well as by members of the Cumberland County Child Protection Fatality Prevention Team. The tool identifies risk and protective factors that the Task Force believes are correlated with positive and negative outcomes for children and families. The Fatality Prevention Team and members of the Task Force agreed to use this tool in reviewing all available records on each child who was murdered by a parent or caretaker, the child's family and the person accused of killing the child (subsequently referred to as the perpetrator). In this report, the use of the terms "(child) maltreatment" and "child abuse and/or neglect" are used interchangeably.

CHILD AND FAMILY RECORDS EXAMINED

Fifty-five children were the victims of homicides in Cumberland County by parents or caretakers from 1985 through 2004. Many sources of information were reviewed and abstracted to help build a more detailed description of the victims, perpetrators, circumstances and weapons involved in each murder of a child between birth through age 17.

- ✓ Cumberland County Emergency Medical Services
- ✓ Cumberland County Mental Health
- ✓ Cumberland County Head Start
- ✓ Southern Regional Area Health Education Center
- ✓ District Attorney Office
- ✓ Cumberland County Schools
- ✓ Guardian Ad Litem
- ✓ Cumberland County Health Department
- ✓ Cumberland County Sheriff's Department
- ✓ Cumberland County Department of Social Services
- ✓ The Fayetteville Observer
- ✓ Child Medical Examiner Records
- ✓ Death Certificates

All available records were examined by review teams comprised of members of the Child Protection/Fatality Prevention Team and CHIP Task Force. The risk assessment tool was completed on each of the 55 children. Significantly more data was available and abstracted from the records of children whose homicide occurred in more recent years; data were missing for many older cases. The absence of significant amounts of data limited some findings and conclusions. However, the CHIP Task Force believes that the data are sufficient to provide our community with recommendations and to provide the basis for future planning. Each finding in the next section includes information that identifies the number of cases in which the multiple data sources contained no information. This information is provided for the reader to assess the strength of the finding.

FINDINGS

THE CHILDREN:

- **Total number of children killed by a parent or caretaker in Cumberland County, NC from 1985 through 2004**

→ 55 children from 55 separate families were killed during this 20 year period

- **Age of the 55 children who died from maltreatment:**

→ The median age at death was 17 months

→ Child homicides decreased as the child's age increased
- 40% of the children were less than six months of age at death;
- 65.5% were less than two years old

→ The median age for females was younger than males who were murdered:
- 13 months for females
- 20 months for males

AGE IN MONTHS	FREQUENCY	%	CUMULATIVE%
0 - 6	22	40.0%	40.0%
7 - 12	2	3.6%	43.6%
13 - 18	5	9.1%	52.7%
19 - 24	7	12.7%	65.5%
25 - 30	2	3.6%	69.1%
31 - 36	3	5.5%	74.5%
36 - 48	4	7.3%	81.8%
49 or more	10	18.2%	100%
TOTAL	55	100%	

→ Children under age one were at the greatest risk of death from a parent or caretaker compared to other children under age 18 who were murdered.

- **Race of the 55 children who died from child abuse or neglect:**

→ The current racial profile of all Cumberland County Children:
- 38% African American
- 45% White
- 17% Other

(May 2006 Action for Children Data Card)

→ Half of the 55 child victims who were killed from 1985 through 2004 were African American
- 50.9% African American
- 43.6% white
- 5.5% unknown

→ While the racial make-up of our total population of children has varied over time, current data suggest a significant over-representation of African American children among the child victims.

→ Data relating to ethnicity (i.e., Hispanic vs. Non-Hispanic alone or by race) were missing in fifty-four of the fifty-five records.

→ Ethnicity is now more routinely reported on death certificates (although its validity has not been evaluated) and may be available in future analyses.

➢ **Gender of the 55 children:**

→ Male children were almost twice as likely to be the victims of child homicides compared to female children
- 65.5% male
- 34.5% female

➢ **Manner of injury for the 55 child homicide victims:**

→ Over three-quarters (77%) of the fatal injuries were the result of blunt force or shaking

TYPE OF INJURY	COUNT	%
Blunt Force*	30	55
Shaking	12	22
Firearm	3	5
Neglect	2	4
Strangulation/Suffocation	2	4
Unknown	2	4
Abortion	1	2
Burn	1	2
Drown	1	2
Sharp instrument	1	2

*Blunt force is an injury where the child was struck by/against with a personal weapon (hands, feet, fists) or an object(s) lacking a sharp edge.

➢ **Prior Allegations of Abuse and/or Neglect**:

→ Of the 55 families whose records were reviewed, there was no information in the records of 20 children who were murdered confirming the existence or the absence of child maltreatment

→ Of the 35 families where information was in the records, 13 verified no previous allegations

→ Of the 22 families where there were previous allegations, 12 were substantiated for abuse and/or neglect

<table>
<tr><td rowspan="3">55 families</td><td>20 families
No information regarding prior abuse/neglect allegations</td><td></td><td></td></tr>
<tr><td rowspan="2">35 families
Information was available regarding prior abuse/neglect allegations</td><td>13 families had no previous reports</td><td></td></tr>
<tr><td>22 families had previous reports</td><td>12 families had substantiated allegations</td></tr>
</table>

➢ **Siblings:**

→ 41 of the 55 children whose records were reviewed contained information about siblings
- 27 records reported one or more siblings
- 14 records indicated no siblings

→ 14 records had no information about siblings

FINDINGS

THE PARENTS AND OTHER CARETAKERS:

"Caretaker" is defined in North Carolina General Statutes (NCGS 7B-101) (3) as: "Any person other than a parent, guardian, or custodian who has the responsibility for the health and welfare of a juvenile in a residential setting. A person responsible for a juvenile's health and welfare means a step-parent, foster parent, an adult member of the juvenile's household, an adult relative entrusted with the juvenile's care, any person such as a house parent or cottage parent who has primary responsibility for supervising a juvenile's health and welfare in a residential child care facility or residential educational facility, or any employee or volunteer of a division, institution, or school operated by the Department of Health and Human Services. "Caretaker" also means any person who has the responsibility for the care of a juvenile in a child care facility as defined in Article 7 of Chapter 110 of the General Statues and includes any person who has the approval of the care provider to assume responsibility for the juveniles under the care of the care provider."

- In 53% of the children's records, the mother was identified as the primary person responsible for the child's health and welfare; the father was identified in 7% of the records reviewed; and, both parents were identified in 25% of the records.

Primary Caretaker	**Frequency**	**%**
Mother	29	53
Parents	14	25
Father	4	7
Mother & Step-Father	3	5
Father & Girlfriend	1	2
Great Grandmother	1	2
Mother & Boyfriend	1	2
Unknown	2	4
TOTAL	55	100

→ The records of 33% of the child victims indicated the child's family had recently moved.
(Note: Recent is not defined. Move is defined as any change of address.)

Recently Moved	18	33%
Did not move recently	6	11%
Unknown	31	56%

FINDINGS

THE PERPETRATORS:

- Perpetrators are individuals identified as accused of committing the child homicide (differs from judicial findings of guilt).
- There was more than one perpetrator in some child homicides.

  → The records of the 55 children identified 63 perpetrators.

- Individuals who committed the child homicides were age thirty or less in 74% of the records reviewed.
- 54 out of the 55 children whose records were reviewed contained information identifying the gender of the perpetrator; 65% of the perpetrators were male.

Gender	Number	%
Male	41	65
Female	21	33
Unknown	1	2
TOTAL	63	100

- A biological parent was identified as the individual committing the homicides in 60% of the records reviewed.

	FEMALE		MALE		UNKNOWN		TOTAL	
	#	%	#	%	#	%	#	%
Biological Parents	17	27%	21	33%	0	0%	38	60%
Step-parent	0	0%	4	6%	0	0%	4	6%
Girl/boy friend of parent	1	2%	14	22%	0	0%	15	24%
Other	0	0%	2	3%	0	0%	2	3%
Caregiver	3	5%	0	0%	0	0%	2	5%
Unknown	0	0%	0	0%	1	2%	1	2%
TOTAL	21	34%	41	64%	1	2%	63	100%

- Of the 63 adults identified as perpetrators:
  - → 19 adults (30.2%) were civilian
  - → For 18 adults (28.6%) the records did not provide employment information
  - → In six instances (9.5%) the records revealed former military service; however, the length of military service was not identified
  - → In 20 instances (31.7%) the perpetrator was in the military at the time of the homicide; however, the length of military service was not identified

RECOMMENDATIONS

The CHIP Task Force gathered, analyzed, and discussed significant amounts of information concerning the number of deaths and the risk factors associated with child homicides by parents or caretakers in the time period from 1985 through 2004. However, because child maltreatment deaths continue to occur in Cumberland County and documentation of child homicides has improved greatly over the past 20 years, the CHIP Task Force has concluded, supported by the NC Division of Public Health Injury and Violence Prevention Branch, that more information and continued work is necessary to better understand the causes and circumstances surrounding child homicides in order to better develop, implement and evaluate more effective community-based responses to reduce and eliminate child homicides in Cumberland County.

1. Establish a CHIP Council:

   The problem and the solutions are so important that the body elected by the citizens of Cumberland County to protect the safety and to ensure the wellbeing of its people should be directly involved. The CHIP Task Force recommends that our Cumberland County Board of County Commissioners establish a permanent Council chaired by a member of the Board of County Commissioners to continue the work of the Child Homicide Identification and Prevention Task Force.

   The Council should include civilian and military professionals who have respect and standing in the community to increase the chances of positive outcomes for children and their families. The first function of the Council should be to oversee the implementation of the CHIP Task Force recommendations.

2. There are many possible explanations for the higher number of child homicides in Cumberland County including an over-representation of single parent households, poverty, unemployment, high mobility, cultural and racial factors, a younger population, and military population factors. Continue exploring the risk factors associated with child homicides committed by parents and caretakers. A report should be made annually to the Board of County Commissioners.

   A. Use the data collection instrument developed by the CHIP Task Force with consideration given to:
      - Adding additional data fields that document the co-existence of domestic violence;
      - Adding additional information concerning military deployments;
      - Documenting “near homicides”;
      - Capturing degrees of family stress;
      - Identifying levels of family support;
      - Developing where appropriate assessment scales for current or new data elements;
      - Add any key missing information to the new review instrument.

   B. Identify a group of individuals in and beyond our community with the skills and expertise to determine what valid conclusions can be drawn from the data about risk factors associated with child homicides committed by parent or caretakers in Cumberland County. Individuals from our academic centers should be included. The State Division of Public Health including the state Child Fatality Prevention Team at the Office of the State Medical Examiner, the Child Fatality Task Force, the Centers for Disease Control and Prevention and other resources should continue their involvement with data analysis. This group of individuals would serve in an advisory capacity to the Council.

   C. Data should be collected on each child homicide as soon after the fatality as possible using the amended data collection instrument. This task should be delegated to the Cumberland County Child Protection/Fatality Prevention Team who will provide the data to the CHIP Council. The Child Protection/Fatality Prevention Team should ensure a seamless review of all child homicides both civilian and military.

3. Increase preventive efforts through public awareness.

The data that addresses the uniqueness of Cumberland County and information concerning the 55 children who have died as a result of homicides by parents or caretakers from 1985 through 2004 should result in increased efforts to prevent other children from dying. Prevention should become the focus.

The CHIP Task Force commends all of the existing efforts being made in Cumberland County to provide services and support to our families. Churches, other faith based organizations, private agencies, public agencies, neighborhood groups and others provide services and support ranging from prevention to treatment of child maltreatment. Prevention efforts must be increased.

A. Our community should be informed about how we are different; different in wonderful ways with incredible opportunities and also significant challenges, e.g. over-representation of young children, young parents, mobile families, single parents, families living in poverty, etc.

Educate our community about the preventability of young child victims dying of violent trauma through the use of:

- Billboards;
- Public service announcements;
- Newspaper inserts;
- Saturate our community with short effective communications:
  - "Children are Fragile"
  - "Handle with Care"
  - "Never, Never Shake a Baby"
  - "Never slap, kick or hit a baby

Educate the professional community about child abuse and neglect

- Provide training for clergy, day care professionals, law enforcement, judges, medical care providers, etc., to recognize and report the signs and symptoms of child abuse and neglect.
- Provide training for our judges and medical care providers regarding risk factors for severe child abuse.

B. The report identifies factors that increase risks for children and their families. Target those families and provide specific information about how they can act to reduce the risks and provide information about available resources.

- Provide a universal parental education program in pre-natal classes and postpartum/well baby visits for both parents on abusive head injury, crying infants, and babysitting selections;
- Provide focused parental education and anger management training as a universal option for both mothers and fathers;
- Target geographic areas (neighborhoods) in Cumberland with an over-representation of child maltreatment and provide information concerning risk factors and prevention strategies;
- Target prevention information to sites where high risk individuals in our community are served, e.g. domestic violence offender programs, the public health department clinics, mental health services, Department of Social Services (Medicaid eligibility services for pregnant women, child day care, child protective services, domestic violence center, Economic Independence Programs), probation offices, and the courthouse.

4. Identify effective preventive actions that have been successful in this and other communities. Choose actions that can be effectively carried out, i.e. not cost prohibitive and will be accepted and sustained by the community. These preventive actions are in addition to the universal and specific provision of information and education in the community already identified.

A. Provide a safe site for brief respite child care that is available twenty-four hours each day, seven days a week on Fort Bragg and in Cumberland County. The respite child care will be directed to families who have specific risk factors for child maltreatment. (This respite may be provided through existing child day care centers.) The respite may be provided by appointment or without appointment in urgent situations. For example, appointments would be made by families in need of a two-hour break to shop for groceries; urgent respite without appointment for parents who fear acting out toward children in ways that may harm them.
B. Establish Shaken Baby Syndrome Prevention and Blunt Trauma education programs in local hospitals for all families prior to discharge for the birth of an infant.

C. Provide increased community support for parents with mental health and substance abuse concerns.

D. Increase home visitation and enhanced post-partum and medical care services coordination for families with special needs infants and toddlers and other high risk families.

E. Continuously monitor actions to identify success stories and highlight these through local media.

F. Establish an advisory panel of family members who will advise the Council regarding the effective implementation of preventive actions that will be accepted by high risk families.

G. Families throughout our community are already providing informal help and support to families in their neighborhoods. Determine what (additional) resources are required by these families to increase the informal help they provide to families and how other families can provide this informal help and support.

5. Crimes against children should receive equal punishment compared to similar crimes against adults, e.g. child homicides vs. adult homicides. Prosecution of child homicides will be strengthened through first responder and law enforcement training.

6. Cumberland County's legislative delegation has been very responsive to our community's need for increased child day care funding to subsidize families who need day care for their children. Cumberland County has a disproportionate number of children requiring day care associated with child protective services and child welfare. Additional funds are needed.

7. Continue collaborating with Fort Bragg to assess if there are possible association(s) between child maltreatment and military enlistment, deployment, return from deployment, and discharge. Increase the implementation and evaluation of current and newly designed strategies to prevent child abuse and neglect of military personnel living on and off the base.

8. The goal that the Chip Task Force recommends to the Boards of Social Services and County Commissioners and to our entire community is that we begin taking actions today that will end child homicides by their parents or caretakers in Cumberland County. Our goal must be NO child; we cannot settle for anything less.

This work will take decades to complete but begins today. The existing support of families that is on-going in many sectors of our community must continue. Those interventions that are most effective must continue to be identified and increased. Missing interventions must be identified and provided. The people in our community who are already committed to strengthening our families will help us.

Success will require champions and successors to these champions because it will take a long time. Patience is required; however, one child saved will provide the energy to continue this work.