Child Abuse Fatalities 2015-2022

Focus on Caregiver and Household Circumstances

Illinois Violent Death Reporting System (IVDRS)

Published 02/2026

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INTRODUCTION

Child abuse and neglect involve physical, emotional, or sexual abuse and neglect caused by persons in a custodial role (parent, guardian, religious leader, caretaker, coach, teacher, etc.) to a child under the age of 18. It is all too common in the United States, with at least one in seven children experiencing one or more of these harms annually. The consequences of child abuse and neglect are severe and long-lasting. Death—an extreme outcome of child abuse and neglect—is not uncommon in the United States, where in 2021, 1,820 children died from abuse and/or neglect.

In this data brief, we explore facts surrounding a sub-group of child abuse deaths in Illinois. We examine deaths among children aged 10 years and under that involved physical violence perpetrated by a caregiver and which resulted in fatal injuries with a date of death between January 1, 2015, and December 31, 2022.

We excluded cases due to neglect or inadequate supervision to more narrowly focus on incidents where violent force was used. We also excluded cases where a child was killed at birth—all cases where a mother was giving birth in secret, outside of medical settings. The purpose behind this examination is to better understand patterns among these deaths and to use information gained for prevention of future deaths.

Data for this data brief come from the Illinois Violent Death Reporting System (IVDRS). IVDRS is part of the National Violent Death Reporting System (NVDRS) operated by the Centers for Disease Control and Prevention. It is a public health surveillance system and records all violent deaths in Illinois, including homicide, suicide, legal intervention, unintentional firearm, and undetermined deaths. Data are from death certificates, coroner/medical examiner, law enforcement, autopsy, and toxicology reports. It is one of the most comprehensive data sets available for these kinds of deaths.

Note: Coroner participation in IVDRS is voluntary, and not all Illinois counties contributed data during the study time frame. As such, the percentage of Illinois violent deaths captured by IVDRS has grown over time—from 61.1% in 2015 to 97.6% in 2023—making later years of data more complete.

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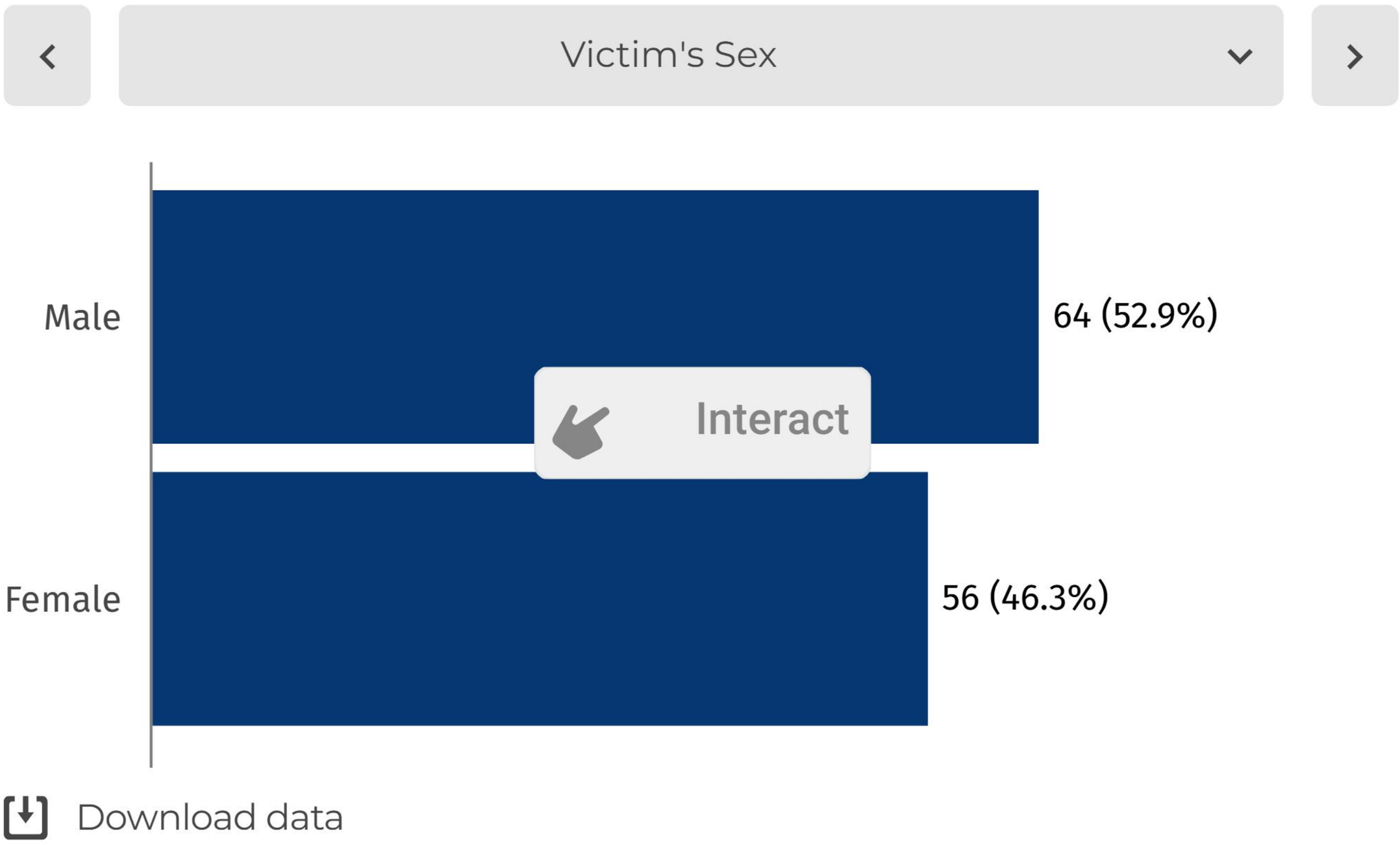
DEMOGRAPHICS

Scope of the Data (2015–2022)
Between 2015 and 2022, IVDRS recorded 186 child fatalities among children aged ≤10 years. Of these, 121 (65.1%) met the case definition used for this report, which excluded cases involving neglect and inadequate supervision.

Sex of Victims
Among victims included in the study, just over half were male (64; 52.9%), while female victims accounted for 56 (46.3%). This slight male predominance mirrors national trends for child abuse deaths among younger age groups.

Race/Ethnicity of Victims
Nearly half of the victims were non-Hispanic Black (60; 49.6%), followed by non-Hispanic White (36; 29.8%) and Hispanic (24; 19.8%). Race/ethnicity data for victims identifying as two or more races, non-Hispanic, were not reported or were suppressed due to low counts.

Age of Victims
Looking at age specifically, the highest burden of fatalities occurred among the youngest children. Ages 1–3 years accounted for 73 (60.4%) cases, ages 4–6 years for 29 (24.0%) cases, and ages 7 years and older for 19 (15.7%) cases. This concentration of fatalities in the youngest age group underscores the vulnerability of infants and toddlers and highlights the critical window for early intervention and prevention efforts.



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Poverty Level of Injury Location

Socioeconomic Context

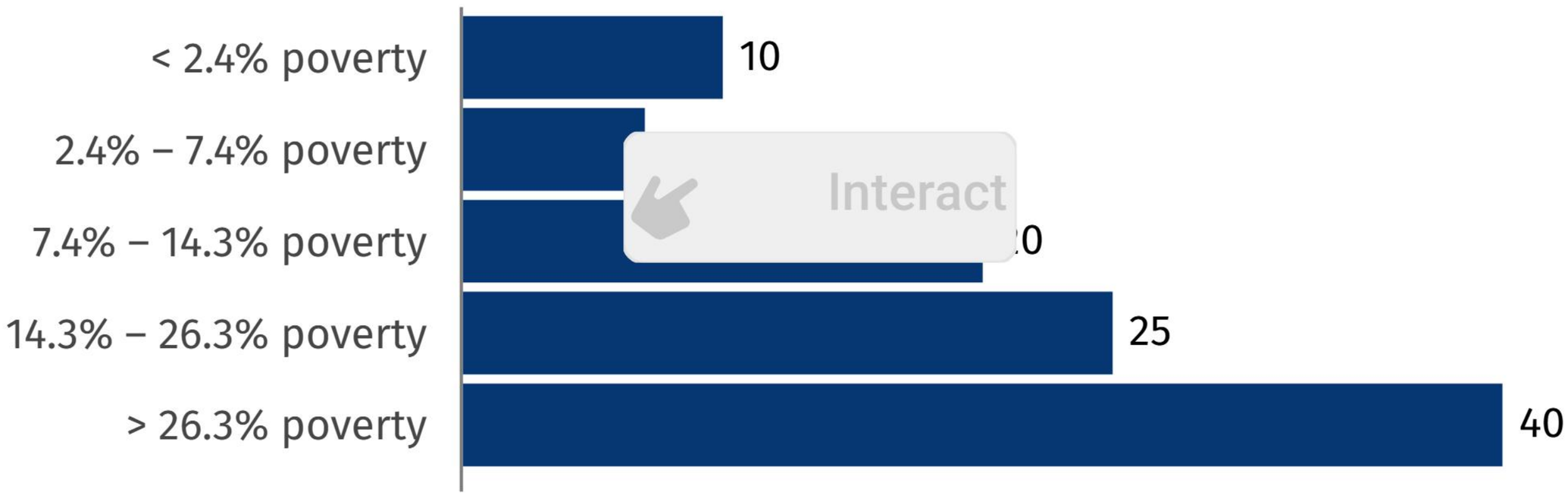
Child abuse fatalities identified statewide were distributed across all census tract poverty levels. Of the 102 deaths included in this analysis, the largest share occurred in census tracts where more than 26.3% of residents live below the federal poverty line (40 deaths, 39.2%). Fewer deaths were recorded in lower-poverty tracts, including 10 deaths (9.8%) in tracts with poverty levels below 2.4% and 7 deaths (6.9%) in tracts with poverty levels between 2.4% and 7.4%. The remaining deaths occurred in tracts with poverty levels between 7.4% and 26.3%. Geographic detail beyond statewide totals is not shown due to small cell counts, but high-level county groupings are available if needed.

Figure 1. County Grouping of Identified Child Abuse Deaths, Illinois, 2015–2022

County Grouping	Counties
Counties with more than 5 child abuse deaths	Cook, Peoria, Rock Island
Counties with fewer than 5 child abuse	St. Clair, Macoupin, Macon, Champaign, Vermilion, Fulton, Tazewell, Sangamon, McLean, Jo Daviess,

Table: Statewide Distribution of Child Abuse Deaths by Poverty Level of Injury Location (2015–2022)

Number of Deaths (n) | Percent of Deaths (%)



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Counties are grouped to protect confidentiality and avoid suppression of small cell counts. Exact counts are not displayed for counties with fewer than five deaths.

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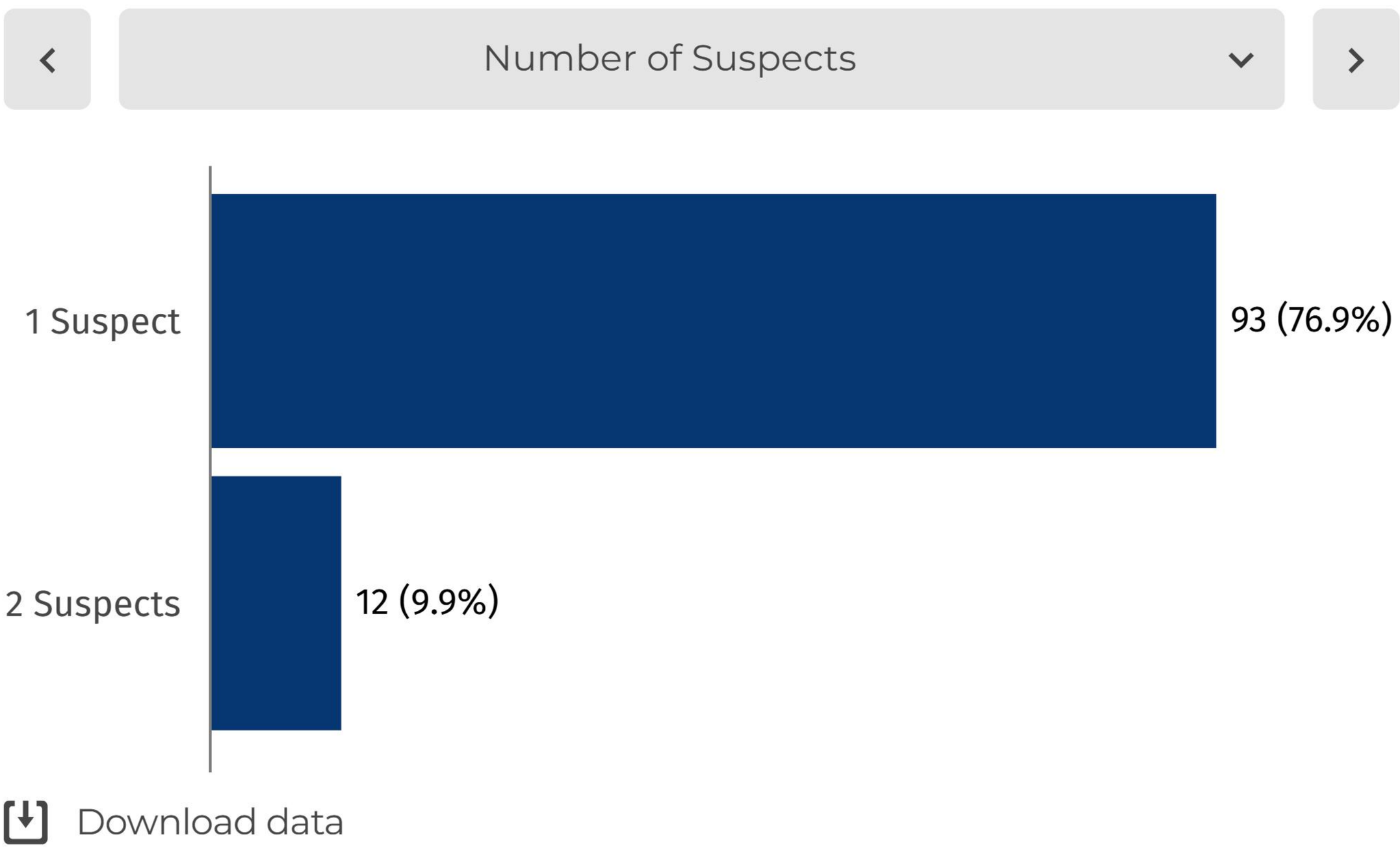
SUSPECT DEMOGRAPHICS

Number of Suspects
One way child abuse deaths differ from other violent deaths is that more information is typically available for suspects. Over half (57%) of child abuse deaths had suspect information available. Of the cases with suspect information, 93 (76.9%) involved one suspect and 12 (9.9%) involved two suspects.

Sex of Suspects
Among suspects with known sex, 51 (42.1%) were male and 32 (26.4%) were female. Sex was unknown in 23 (19.0%) of the incidents where a suspect was identified.

Age of Suspects
Suspects with known age information were concentrated in younger age groups: 15–24 years (34; 28.1%), 25–34 years (20; 16.5%), and 35–44 years (6; 5.0%). A total of six suspects were between 45–64 years. For nearly half of the suspects, age information was missing (55; 45.5%), limiting a full age profile but suggesting the majority of known suspects were young adults.

Relationship of Suspect to Victim
The relationship of the suspect to the victim was documented in 105 cases. The suspect was most often a biological parent (55; 45.5%), followed by a mother's boyfriend (12; 9.9%), a babysitter (7; 5.8%), or a step-parent (3; 2.5%). In a small number of cases, the suspect was another family member (5; 4.1%). In 18 cases (14.9%), the relationship was unknown.



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CIRCUMSTANCES

Prior Contact with Authorities
In 10 cases (8.3%), the child had prior Child Protective Services (CPS) reports. In five cases (4.1%), the household was previously known to authorities, and in six (5.0%), the victim was personally known. These figures show that a small but notable portion of victims had prior system contact.

Caregiver at Time of Injury
Nearly one-third of victims (28.2%) were not in the care of a parent at the time of injury. Caregivers included parents' romantic partners, extended family members (e.g., cousins, aunts, grandparents), and babysitters. In 9 of these 26 cases, parents were reported to be working while the child was under another caregiver's supervision.

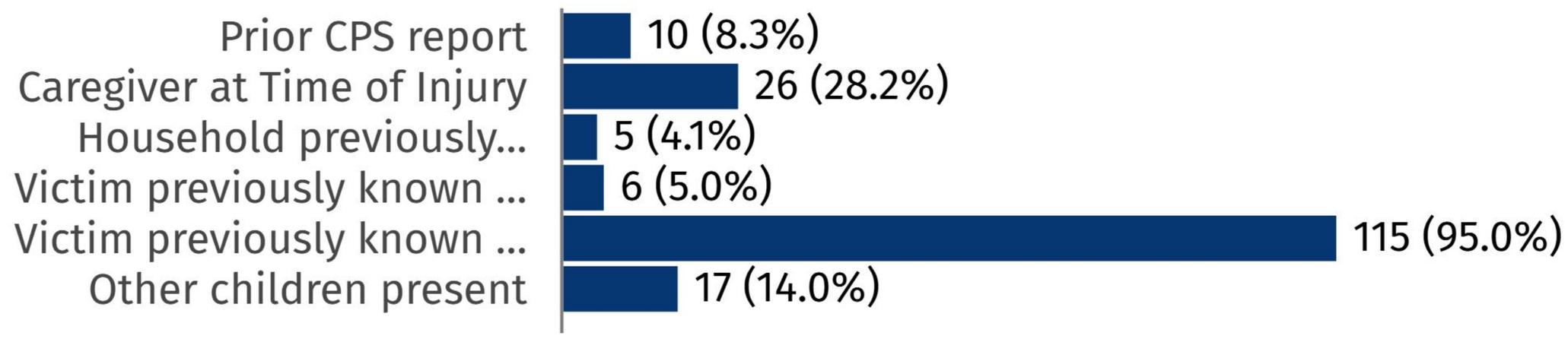
Presence of Others During the Incident
In 17 cases (14.0%), another child was present during the incident, indicating that some fatal injuries occurred in the presence of siblings or other children.

Events Preceding or Coinciding with the Fatal Injury
Events preceding or coinciding with the fatal injury were documented in 44% of cases. The most common child behavior noted before the incident was crying or fussiness (45.4%). Other explanations included falls (45.6%), misbehavior (7.0%), and choking (5.2%). In 31.6% of cases, explanations were unclear or conflicting, reflecting the complex circumstances surrounding these events.

Cause of Fatal Injury
The leading cause was blunt force trauma (45.9%), followed by multiple injuries (16.9%). Other causes included gunshot wounds (6.4%), suffocation (4.8%), burns (4.8%), and shaking (4.8%). Most deaths resulted from blunt force or multiple traumas.

Child Medical History
Only 22 cases (11.8%) included documented medical history. Among these, qualitative reviews most often noted premature birth, asthma, developmental delays, or genetic syndromes such as Turner syndrome or cerebral palsy.

Family & Household Context



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CONCLUSION

We examined incidents in which children under the age of 10 died from violent force inflicted by a caregiver. IVDRS data from 2015–2022 documented 121 child abuse fatalities meeting our study criteria. A portion of the information available for these cases was incomplete, making it difficult to provide a full account of the circumstances surrounding each death.

With the data we have, we identified disparities among young children who die by child abuse from violent injuries. A larger proportion of victims were non-Hispanic Black and male. Those suspected of inflicting fatal injuries tended to be young adults—nearly half (45%) were aged 15–34 years. A range of caregivers were identified as abusers, but most often those identified were biological parents or step-parents, followed by the victim's mother's boyfriend. Babysitters were involved in seven cases (5.8%).

A subset of victims lived in households that were either known to the police or had been the subject of prior CPS reports. These interactions may be able to be used to trigger opportunities for increased training, supervision, and respite care.

Child abuse deaths are a serious matter, and the more we understand how these deaths occur, the better we can prevent them.

RESOURCES

National Resources

- CDC – Child Abuse & Neglect Prevention
  cdc.gov/violenceprevention/childabuseandneglect
  Risk factors, protective factors, and evidence-based prevention tools.
- CDC – Adverse Childhood Experiences (ACEs)
  cdc.gov/violenceprevention/aces
  Resources for reducing long-term impacts of childhood trauma.
- National Child Abuse Hotline ☎ 1-800-4-A-CHILD (1-800-422-4453)
  childhelphotline.org
  24/7 confidential support and referrals.

Illinois Resources

- Illinois DCFS – Child Abuse Hotline ☎ 1-800-25-ABUSE (1-800-252-2873)
  dcfs.illinois.gov
  24-hour hotline for reporting suspected abuse or neglect.
- Child Welfare Information Gateway
  childwelfare.gov/topics/preventing
  Training materials and prevention resources for caregivers and agencies.

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View: Chart 1, option: Victim's Sex

Victim's Sex



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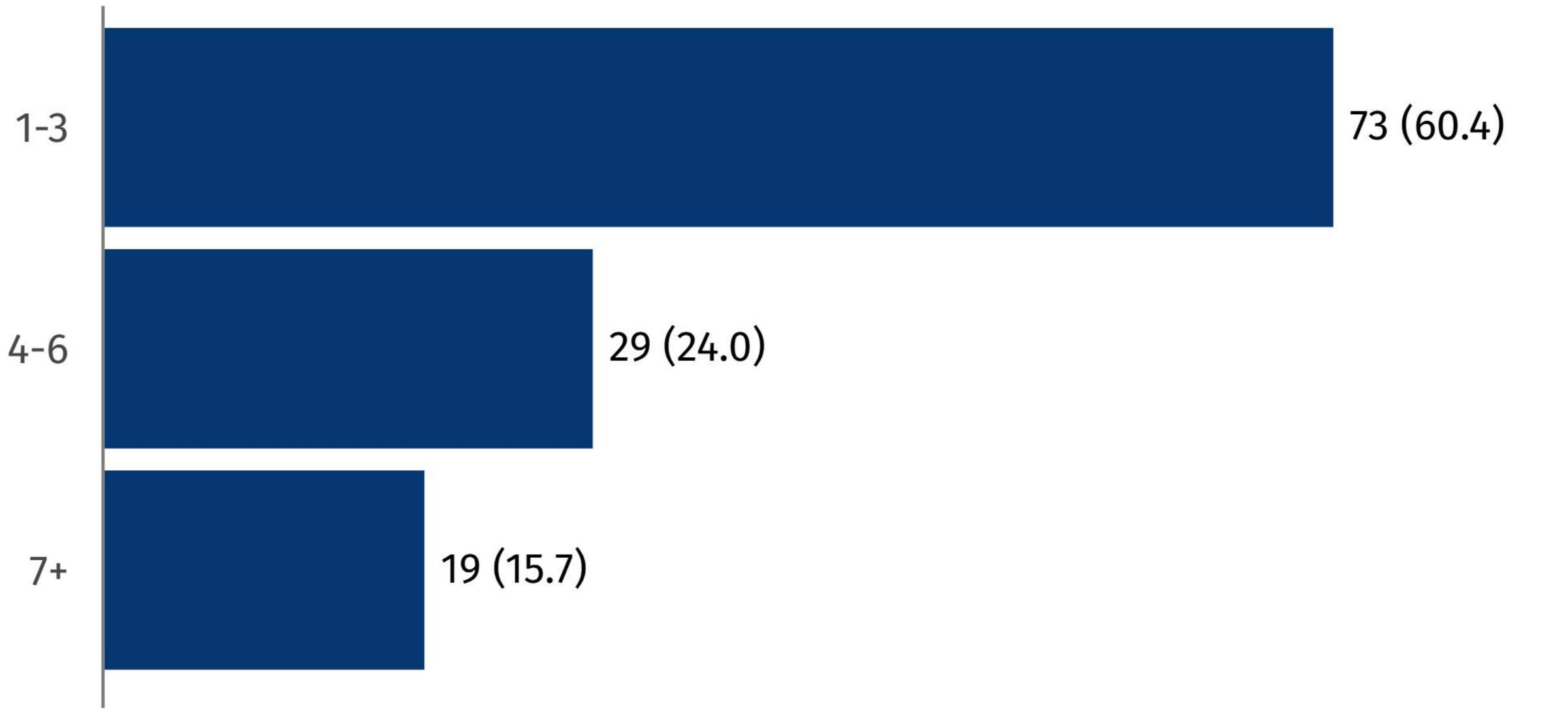
View: Chart 1, option: Victim's Age

Victim's Age



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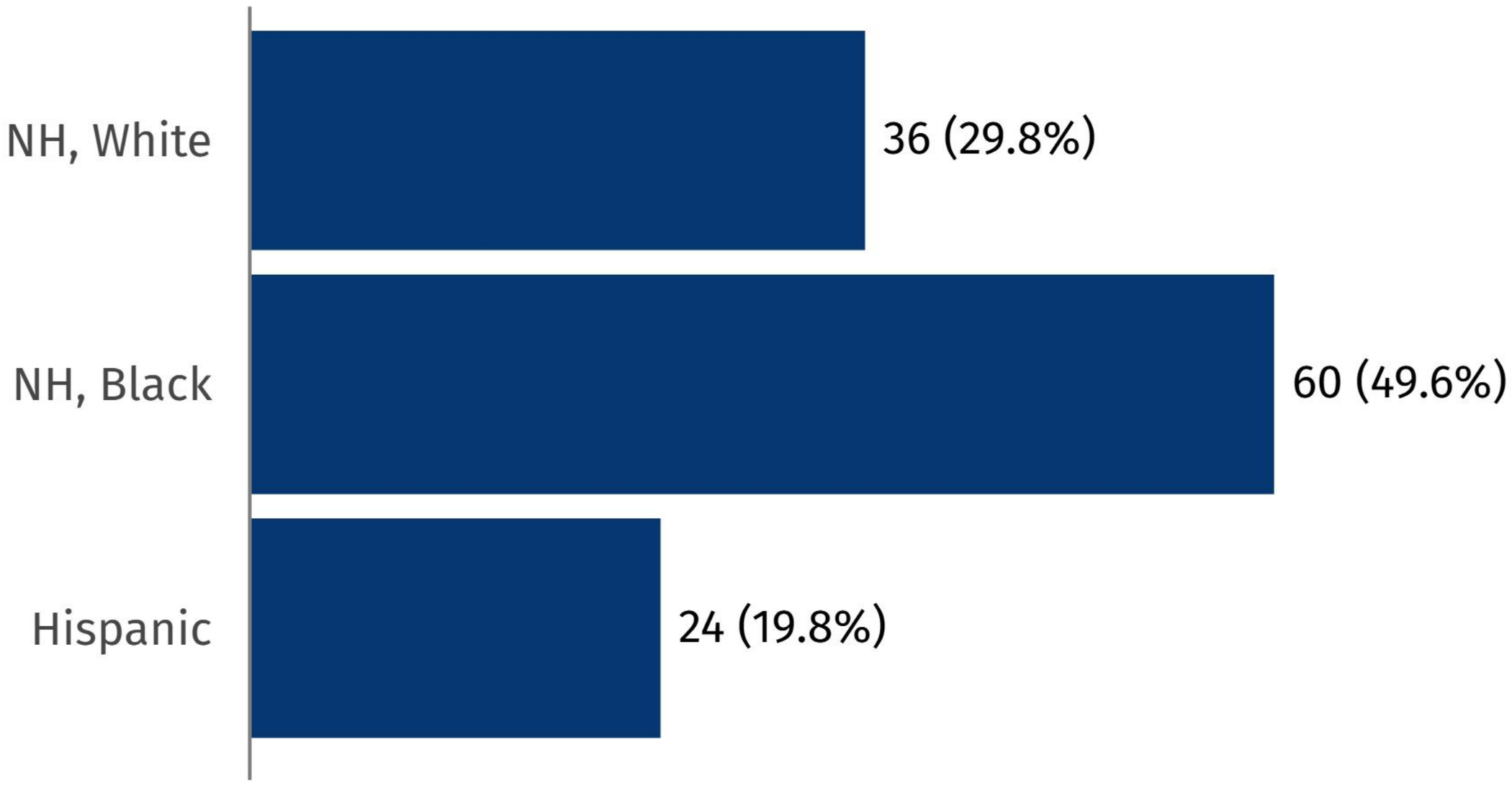
View: Chart 1, option: Victim's Race/Ethnicity

Victim's Race/Ethnicity



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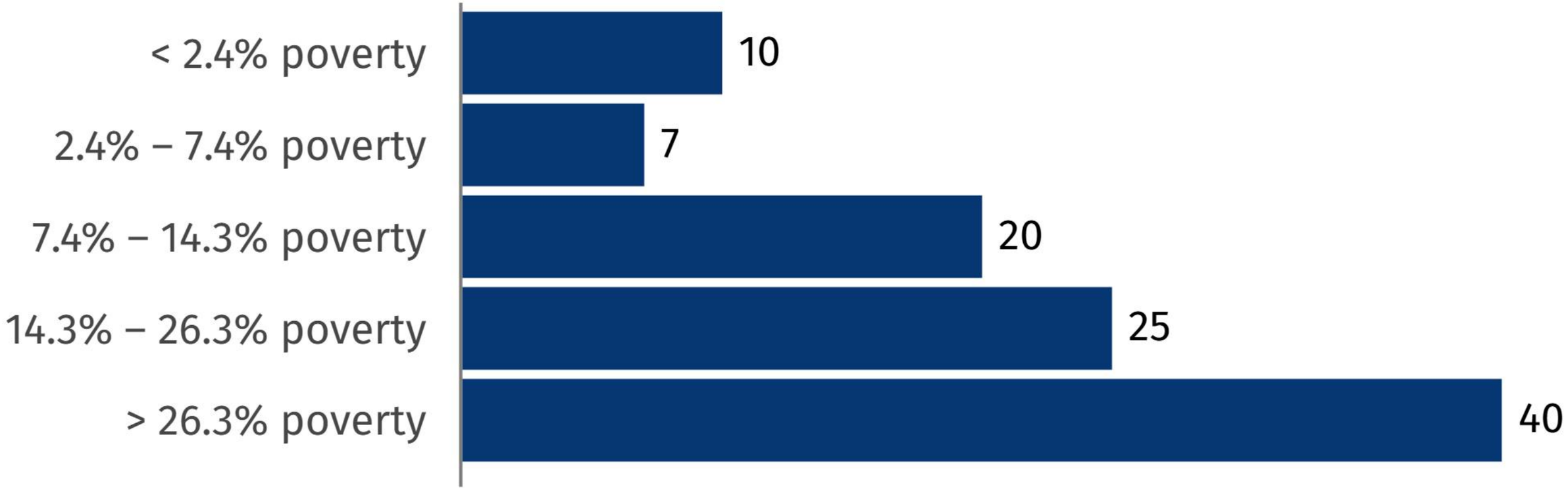
View: Chart 2, tab: Number of Deaths (n)

Number of Deaths (n) | Percent of Deaths (%)



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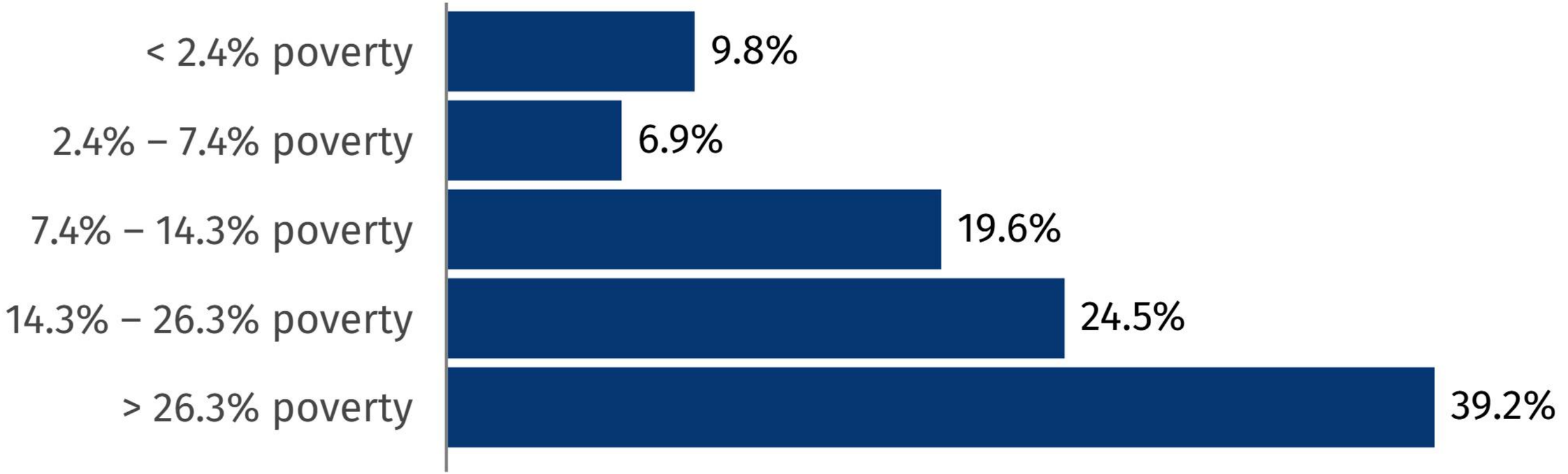
Number of Deaths (n) | Percent of Deaths (%)



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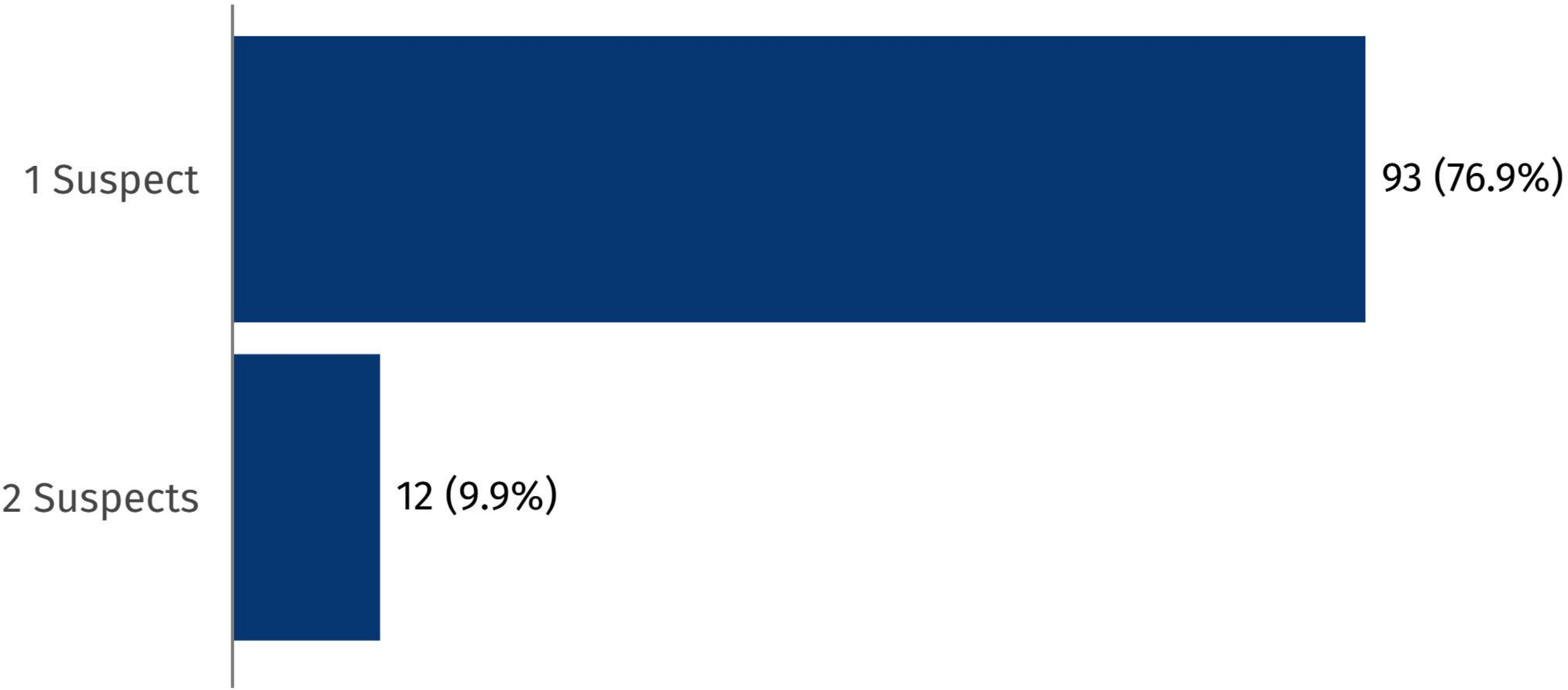
View: Chart 3, option: Number of Suspects

Number of Suspects



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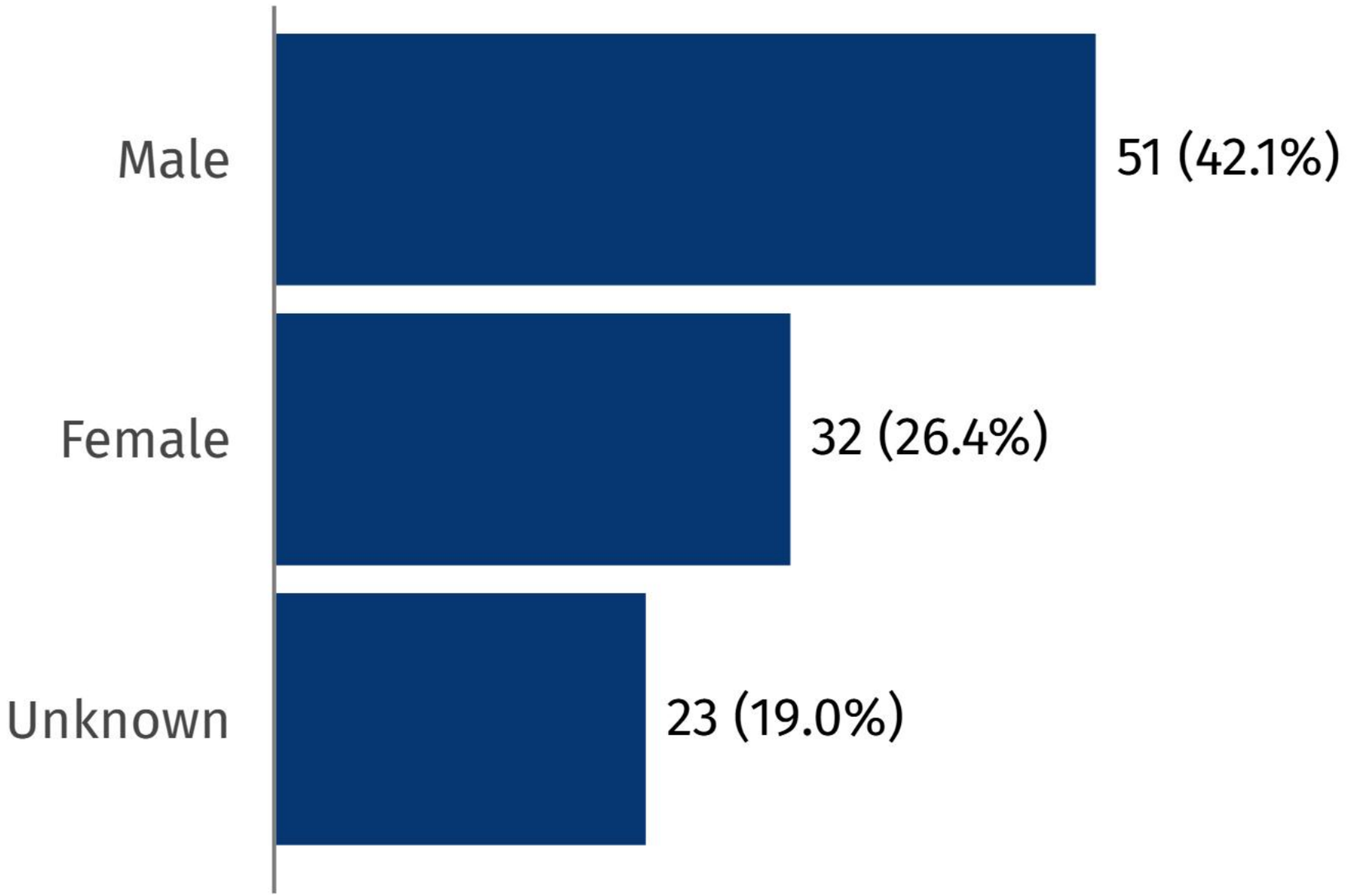
View: Chart 3, option: Sex (Suspect 1)

Sex (Suspect 1)



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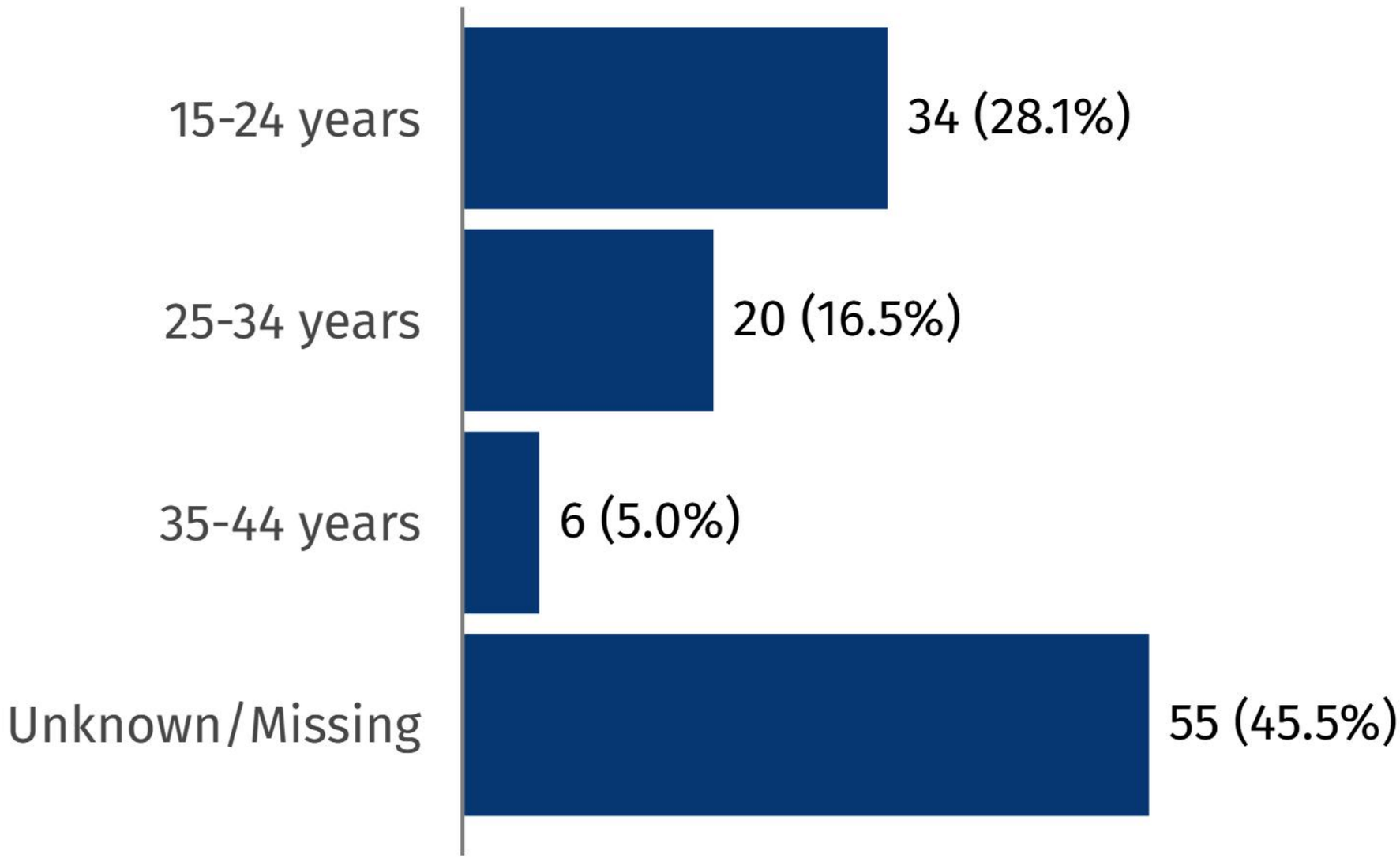
View: Chart 3, option: Age

Age



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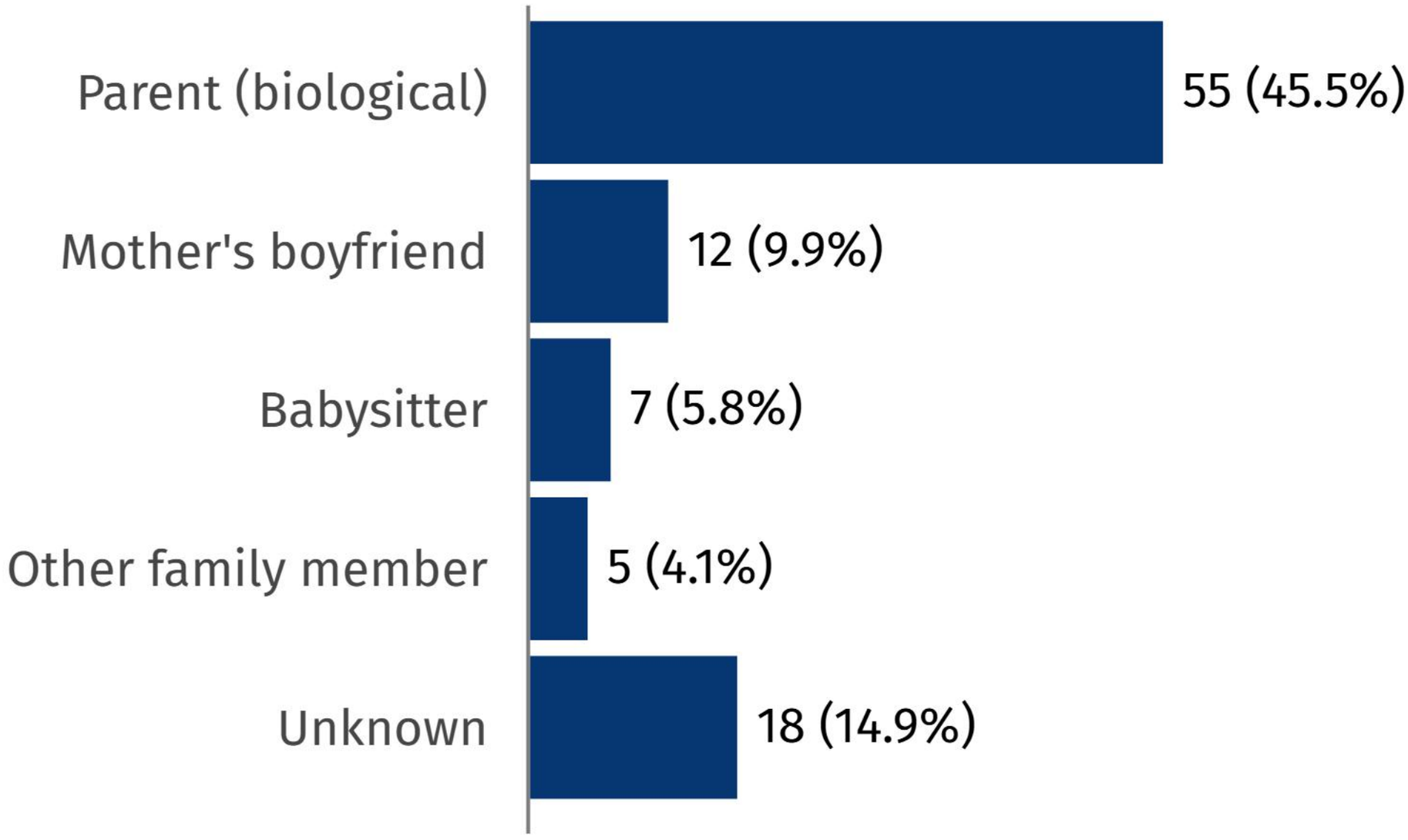
View: Chart 3, option: Suspect's Relationship to Victim

Suspect's Relationship to Victim



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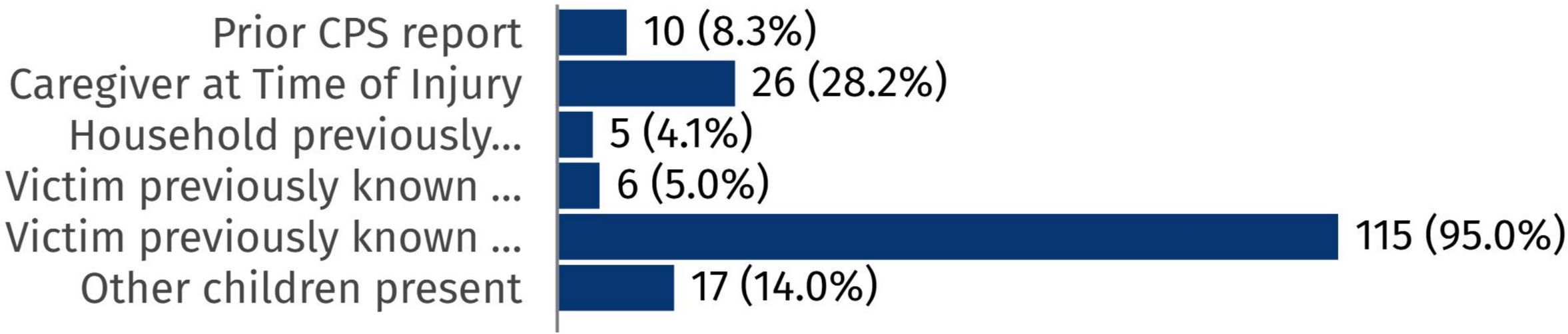
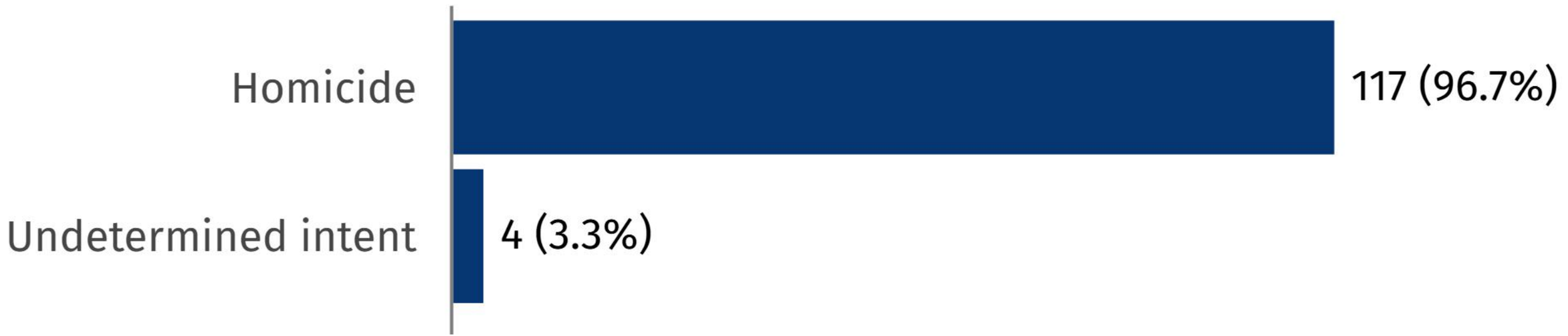
View: Chart 4, option: Family & Household Context

Family & Household Context



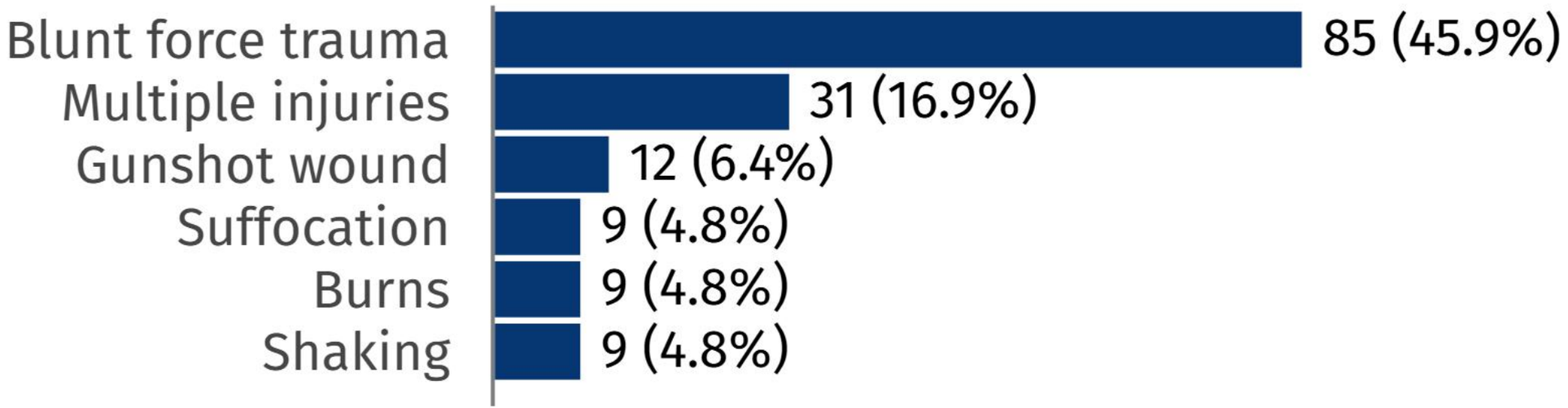
View: Chart 4, option: Manner of Death

Manner of Death



View: Chart 4, option: Injury & Death

Injury & Death

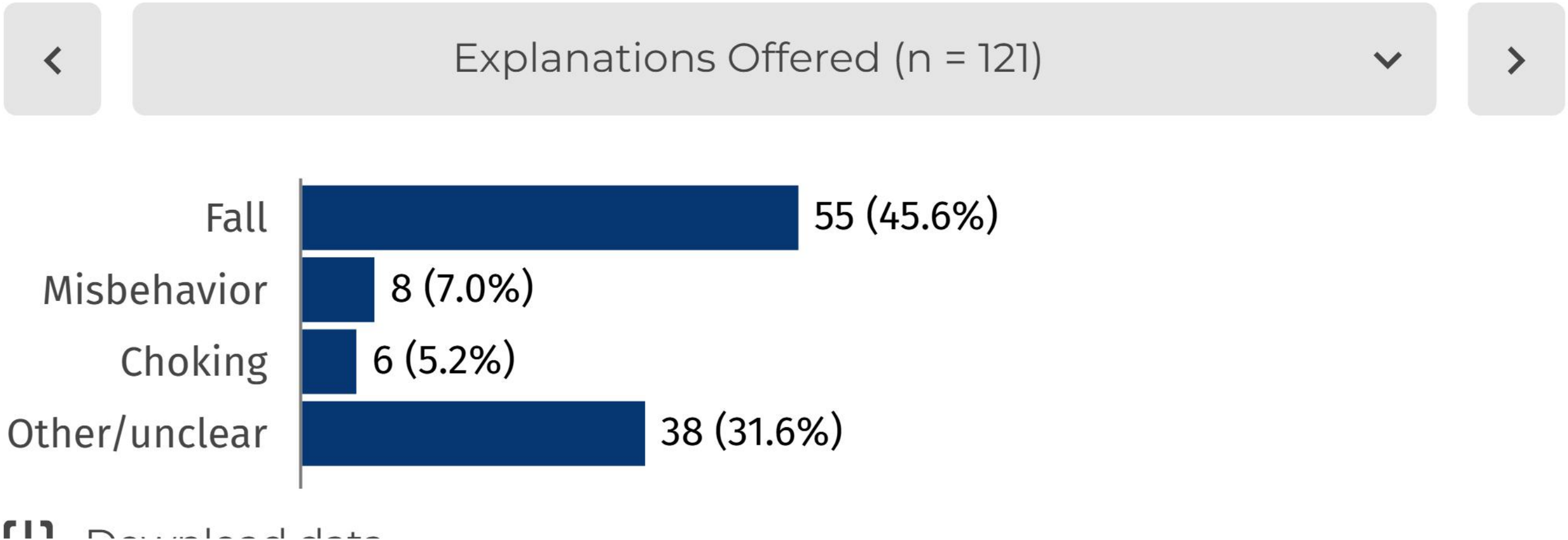


View: Chart 4, option: Behavior Preceding Injury (n = 54 documented)

Behavior Preceding Injury (n = 54 documented)



View: Chart 4, option: Explanations Offered (n = 121)



View: Chart 4, option: Child Medical History

Child Medical History

