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MARCH 27, 2025

**To: Members of the Kansas House of Representatives serving on the Roundtable
Discussion Regarding Child In Need of Care/Police Protective Custody.**

Honorable Representatives/Committee Members:

The following are my comments to the Committee relating to the discussion of Police Protective Custody and whether the current statute needs modification. I provide these comments against the following background of experience: I have been an attorney for over 35 years and a prosecutor for at least 25 years. As a trial attorney, I was assigned to the Violent Crimes Division within our office, specifically handling violent crimes against women and crimes involving abuse/neglect of children. I have tried well over 100 jury trials and met with countless victims of child abuse and neglect and their family members. I was a charter member of the Child Advocacy Center for Sedgwick County, Kansas and its Board President from 2008-2010. I am currently the Deputy District Attorney in charge of supervision our Child in Need of Care Division/Juvenile Offender Division.

As I understand the meeting and discussion for today, there is some type of generalization or opinion that "too many children are taken into police protective custody" the objective being whether we should modify the statute on police protective custody to achieve a different outcome, ie, fewer children being taken in to police protective custody. In order to test the soundness of that thesis, some discussion is necessary. I think we can all agree, in a perfect world no child should experience removal from home. We all agree that is a traumatic experience. But. I think if we look at the reality, sadly - many childrens' lives and safety are at risk at home. Sometimes the "risk" is a temporary situation and other times it is long - term and systemic within a particular family.

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For an excellent discussion on the law of police protective custody and its implementation from a law enforcement perspective, please see the excellent written testimony and written presentation of Ed Klumpp dated November 13, 2024 and March 17, 2025.

So, how many children in Police Protective Custody is “Too Many?”

This thesis on its face is very subjective. First, many factors drive this number including but not limited to statutory directives, socio-economic factors, risk factors including; criminality (sexual abuse, physical abuse, domestic violence) poly-substance abuse, alcohol abuse and mental illness. It is impossible to determine the ebb and flow of these factors that put a child at risk. In short professionals in this area are reacting to events as they occur or have already occurred. And, to keep children safe, we must have the ability to act.

The notion that too many children are taken into police protective custody is not supported by evidence. There have been many scholarly articles written which observe that [c]hild abuse and neglect is greatly underreported. “Under reporting of suspected child abuse has long been a problem, and while every state, the District of Columbia, and the U.S. Territories mandate reporting by certain individuals and most require training for those reporters, the problem remains. *See Ex.A.* “The recognition of child abuse in its multiple forms – physical abuse, sexual abuse, emotional abuse, and neglect – came to the fore in the twentieth century and remains a considerable social and public health problem throughout the world as well as in the United States.” *Ex. A.* Another study notes, “Underreporting child abuse has become an epidemic,” and observes that “while numbers of abuse and neglect are on the rise in the United States, the number of reported incidents by health care providers is on the decline.” *Ex. B, pg. 2.* This particular study indicates the reporting of child abuse cases among primary care providers shows that 21% of suspected cases are not reported. *Ex. B, pg. 2.*

What is driving the Too Many Kids in PPC thesis?

Here, I take the dangerous risk of an assumption. I assume what may be driving this generalization are statistics provided by prosecutors which clearly indicate a significant number of children placed into police protective custody are returned home – therefore leading to the conclusion they never should have been removed in the first place. Reliance on this statistic in support of the assumption the child (ren) should never have been taken into ppc is misplaced. You must understand a few things about PPC. First, PPC occurs in “real-time” often in the middle of the night or on the weekend. The incidents which trigger this action are often the result of a police call to a residence where a crime is occurring, or has just occurred and children are present. The possibilities here are endless – parents and adults may not be present where infants and children are. Parents and adults may be present but intoxicated or under the influence of drugs. The children may be the victim of a crime perpetrated by a parent. A parent or responsible, sober adult family member may not be able to be identified or located. The condition at the location where the child (ren) are found may be dangerous. So, law enforcement, in the middle of the night or on the weekend must make a decision to keep a child safe while the matter can be sorted out. In short PPC is a response to a situation that is “immediate” and with the benefit of little or no background or information on a safe short – term immediate placement alternative for the child. Once the process starts, social workers get involved and the ongoing safety for the child is accessed, and in the majority of these cases willing family

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members are identified or steps are taken to ensure the safety of child and he/she is either returned home or to a responsible family member. Even though the child was released, THIS IS AN INDICATION PPC WAS SUCCESSFUL. Moreover, it must be noted on occasion it is DCF, who determines the child has been harmed or is immediate risk of harm and it is DCF that contacts law enforcement to request. PPC. Once a child is placed into PPC, DCF initiates an investigation into the facts and into viable placement options – once this occurs a determination is made as to whether a CINC case will be filed, whether a family will be linked to services in lieu of filing a CINC petition or whether the facts do not support a finding of abuse/neglect. While this is occurring, continued placement alternatives are being considered as well.

Will Modifying the PPC statute result in fewer Children being placed in PPC? And, of so, is it a good idea to do it this way?

The short answer is “yes” this legislature can word the PPC statute in such a manner that results in fewer children being placed into PPC. However if that is the mechanism you choose to reduce “numbers in PPC” you will be making it more difficult for law enforcement to do their job and you will be putting the children of our state at a greater risk of harm, injury or death. There are many people in our state who are of the opinion we are not doing enough to protect children who live in dangerous home environments, with abusive and neglectful parents and who generally experience abuse and neglect on a daily basis. See *Ex. C.* for a recent example and note in the over 400 comments to the KAKE article on Facebook the overwhelming number of constituents are of the opinion that DCF specifically does not do enough to keep children safe once a report is made. If we modify the PPC statute to make it more difficult to protect a child; we are taking a step in the wrong direction.

What should we be doing to reduce the number of children taken into PPC?

Changing the statute to make it more difficult to place a child into PPC does not mean that we have somehow succeeded in keeping children safe or created a better world for them – it simply a mechanism to hide the fact abuse/neglect is occurring. If we are sincerely interested in reducing the number of children taken into PPC, we must address the issue in an intellectually honest manner and *reduce the number of children who are abused and neglected or who are at immediate risk of being abused and neglected.* We have had this discussion since at least 2000- without much traction. Since that time Judge James Burgess (retired), myself, many other judges, GALs, and prosecutors have discussed with legislators the need to invest in PREVENTION programs. Programs which are designed to help identified, at-risk families obtain key services to ensure they are raising healthy kids. Funds should be identified and used to enhance accessibility to Latchkey, early childhood development programs, healthy babies, prenatal checkups and nurse practitioner, pregnant mom programs.

Lastly, the legislature should leverage its funding to DCF in such a manner that they are required to have LCSW staff available throughout the state 24/7-365 to assist law enforcement and provide access to their data base on families when law enforcement is assessing whether to utilize PPC. The vast majority of these calls occur after DCF personnel has gone home for the day and on days of inclement weather, they are not in the office as the clock ticks on a case.

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Respectfully Submitted,

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XXR New York: Child Abuse and Maltreatment/Neglect for Mandated Reporters

If you have a problem reaching us by phone, you may have an old number. The new one is 707-459-3475.

1. The Grave Problem of Child Abuse

Underreporting of suspected child abuse has long been a problem, and while every state, the District of Columbia, and the U.S. Territories mandate reporting by certain individuals (US DHHS, 2018; CDC, 2014, 2014a; Peterson et al., 2014), and most require training for those reporters, the problem remains. Reasons cited for not reporting include confusion or misunderstanding about how and what to report and lack of knowledge about the signs of mistreatment, but research has demonstrated that the reasons are often more complex and can involve personal concerns, system concerns, social constraints, and conflicting loyalties (Guttman, 2015; Hudson, 2017; Krase, 2018; Wolfe, 2012).

Research has also found that the more training mandated reporters receive the more confident they feel in making good decisions about their duties to report suspected child maltreatment (Lusk, 2014; Wolfe, 2012). While most states have penalties for failure to report, they are often minor and/or rarely imposed (Hudson, 2017; Krase, 2018; Steffen, 2016; Wolfe, 2012).

The recognition of child abuse in its multiple forms—physical abuse, sexual abuse, emotional abuse, and neglect—came to the fore in the twentieth century and remains a considerable social and public health problem throughout the world as well as in the United States. The national estimate of children who received a **child protective services (CPS)** investigation response or alternative response increased 9.5% from 2012 (3,172,000) to 2016 (3,472,000).

The number and rate of victims have fluctuated during the past 5 years but the national estimate over that period shows an increase of 3% in the number of victims, from 656,000 in 2012 to 676,000 in 2016. Of these 2016 victims, it is estimated that 1,750 children died of abuse and neglect (DHHS, 2018). Over that same period, New York has experienced a 3.8% decline in the number of children receiving an investigation or alternative response, a 4.8% decline in the number of child victims, and a slight decrease in the number of child fatalities, which although they had risen in 2013 and 2014 were lower in 2016 than in 2012 (DHHS, 2018).



That said, any amount of child abuse and neglect is too much. And, as noted above, it is believed that these numbers likely underestimate how many children are affected by maltreatment because many cases go unreported or undetected. A non-CPS study has estimated that 25% of U.S. children experience some form of child maltreatment in their lifetimes (CDC, 2017; 2014).

A Centers for Disease Control and Prevention (CDC) study found that the total lifetime estimated financial costs associated with just one year of confirmed cases of child maltreatment (physical abuse, sexual abuse, psychological abuse and neglect) is approximately \$124 billion (CDC, 2014b). In addition, survivors of child abuse can be left with physical and emotional scars that last a lifetime. Children who have experienced abuse and neglect are at increased risk of adverse health outcomes and risky health behaviors in adolescence and adulthood. Child maltreatment has been linked to higher rates of alcoholism, drug abuse, depression, smoking, multiple sexual partners, suicide, and chronic disease (CDC, 2014b).

The most recent data for New York State (calendar year 2016) show that for every 1000 children in the state 43.8 were named as an alleged victim of abuse/maltreatment in at least one CPS report, and for 14.5 of every 1000 children the allegations were substantiated. There were totals of 191,769 alleged victims and 63,578 substantiated victims (NYOCFS, 2017a).

Statistics from the U.S. Department of Health and Human Services (HHS) show that, nationwide, neglect represents the largest percentage of cases of child maltreatment, and the same holds true in New York State.

Types of Maltreatment, 2016		
Type of maltreatment	United States	New York State
Neglect	74.8%	95.4%
Physical Abuse	18.2%	9.6%
Sexual Abuse	8.5%	3.2%
Psychological maltreatment	5.6%	0.7%
Medical neglect	2.1%	5.9%
Other types	6.9%	27.8%

Source: DHHS, 2018.

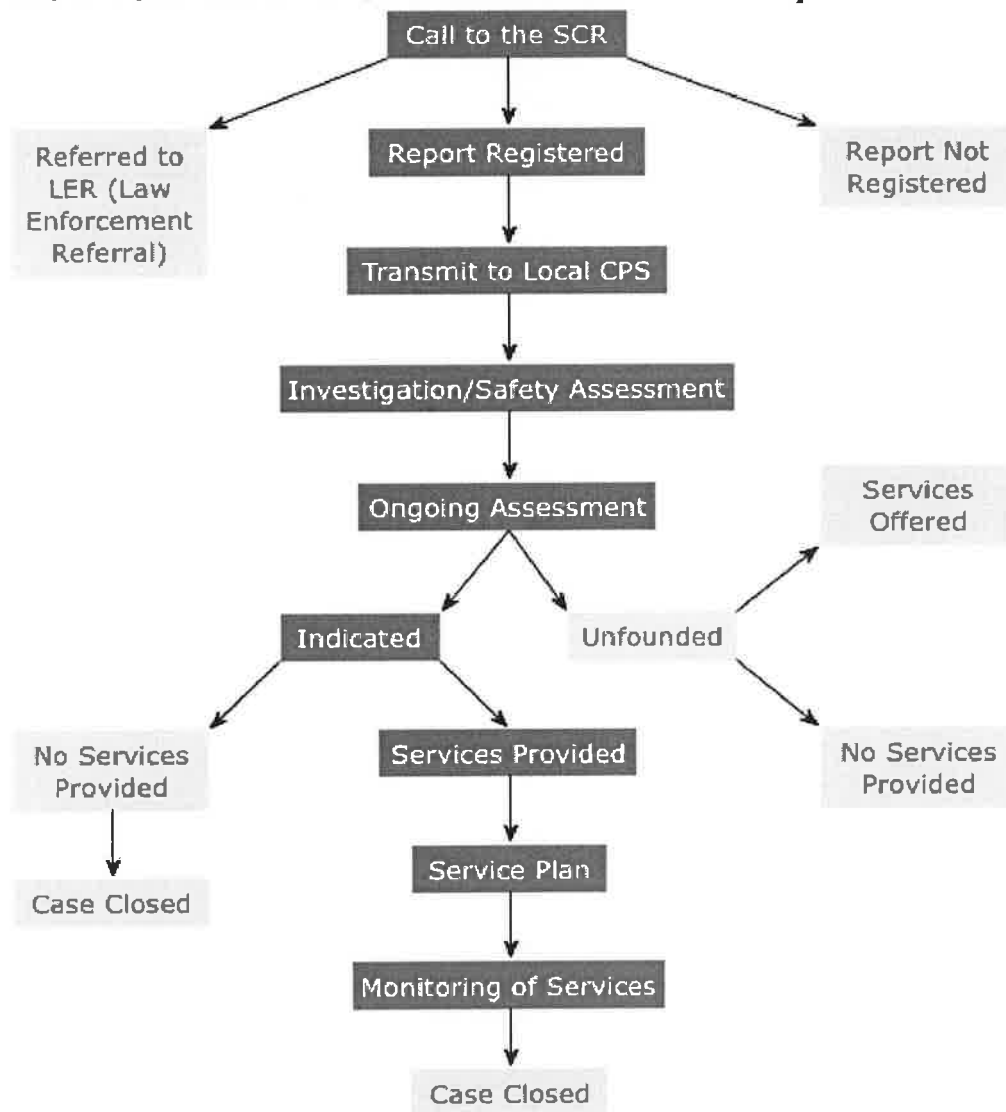
Federal legislation provides guidance to states by identifying a minimum set of acts or behaviors that define child abuse and neglect. The Federal Child Abuse Prevention and Treatment Act (CAPTA) (42 U.S.C.A. § 5106g), as amended by the CAPTA Reauthorization Act of 2010, defines **child abuse and neglect** as, at minimum:

- Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or
- An act or failure to act which presents an imminent risk of serious harm.

This definition of child abuse and neglect refers specifically to parents and other caregivers. A "child" under this definition generally means a person who is younger than age 18 or who is not an emancipated minor.

While CAPTA provides definitions for sexual abuse and the special cases of neglect related to withholding or failing to provide medically indicated treatment, it does not provide specific definitions for other types of maltreatment such as physical abuse, neglect, or emotional abuse. Although federal legislation sets minimum standards for states that accept CAPTA funding, each state provides its own definitions of maltreatment within civil and criminal statutes (DHHS, 2018).

New York State Child Protective Services System



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Breaking Silence: Underreported Child Abuse in the Healthcare Setting

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Running head: BREAKING SILENCE



BREAKING SILENCE: UNDERREPORTED CHILD ABUSE IN THE HEALTHCARE SETTING

Kimberly Eads BSN, RN

Indiana Wesleyan University

Abstract

As child abuse in the nation is on the rise, reporting by healthcare providers is on the decline. This paper is a review of current statistics related to child abuse and proposed resolutions to decrease the level of underreported child abuse in the healthcare setting. This article brings to light possible reporting barriers and solutions to overcome those barriers.

Keywords: Child Abuse, Underreporting, Healthcare Providers, Barriers, Education

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Breaking Silence: Underreported Child Abuse in the Healthcare Setting

Imagine that you are a five year old child being brought into the emergency room after just having your arm broken by your mother's angry boyfriend. After examination and x-rays you feel relieved

when the doctor walks into the room. “Finally someone to save me,” you say to yourself.

However, after a brief stint of questions and applying a cast, you are released back to your mother and her boyfriend. Many cases like these happen every day. Healthcare providers examine and care for abused children they suspect are abused and let them leave with their abusers. When is it our moral duty more than our job to report abused children? When do you set aside your own restraints and ask yourself what would I do if this was my child? This paper will review research showing the epidemic of underreported child abuse in the healthcare setting.

Findings and Review

Roughly five children die every day in the United States at the hands of an abuser (Child Help, 2012). In 2008, 3.3 million reports of child abuse and neglect were filed (Centers for Disease Control and Prevention, 2010). As these numbers are on the rise, the number of reported incidences among healthcare providers is on the decline. A study reviewing the reporting of child abuse cases among primary care providers shows that 21% of suspected cases are not reported (Preidt, 2011). This leads one to question why is suspected child abuse underreported among healthcare professionals and how do we reverse those numbers?

Underreporting child abuse has become an epidemic. As healthcare providers that are supposed to be a “safe haven” for children, we are doing a poor job of protecting them. We cannot allow a lack of knowledge and initiative to be influencing factors that prevent us from

doing what is morally right. How can we as clinicians reverse this trend and move towards accurate, appropriate, and timely reporting?

A Closer Look at Startling Numbers

A closer look at a study of clinician reported child abuse in a population of 1683 suspected cases shows that only 95 of those cases were reported to Child Protective Services (CPS) (Flaherty, Sege, Griffith, Price, Wasserman, Niramol, Harris, Norton, Lu Angelilli, & Binns, 2008). That is a startling six percent! Of those 1683 cases, 27% of injuries considered likely and very likely related to child abuse were not reported and 76% of injuries considered possibly caused by abuse were not reported (Flaherty et. al, 2008).

With child abuse on the rise and the need for visits to healthcare providers inevitable, it is surprising that healthcare providers do not make the list of top reporters of child abuse in the country (Plitz & Wachtel, 2009). It is in the opinion of the author that healthcare providers should be at the top of the list. With the amount of training and education received by healthcare providers, there should be no gap in the amount of suspected and reported cases. As healthcare providers, what can we do to change the underreporting of suspected abuse? Three things: (1) raising awareness among healthcare providers and the nation, (2) providing education including private initiatives to increase knowledge, and (3) increasing the confidence in current CPS abilities to assess and intervene as needed.

Proposed Changes

Raising Awareness

In fighting the war on child abuse, the first step is to raise awareness of child abuse. John Maxwell writes on the Law of Connection that, “When you connect with individuals you gain the attention of crowds” (Maxwell, 2007, p. 437). People need to see what child abuse looks like in order to connect with the cause and take the initiative in reporting suspected abuse. When a connection can be made with individuals and perceptions become reality, child abuse outcomes can be dramatically changed. If abuse impacts the lives of children daily, shouldn’t we do something to impact the awareness of it daily? Our country is in desperate need of a nationwide campaign to raise awareness. Not just healthcare providers, but people from all backgrounds. Signs with faces of abused children need to be plastered across the highways and hallways of all public areas to make it a reality to more people. Child abuse is not a far off nightmare; it is a reality for approximately one in every five children (Centers for Disease Control and Prevention, 2010).

Education

Perhaps the lack of reporting is related not to a lack of knowledge, but a lack of understanding of the intricacies surrounding child abuse. In a study that interviewed Primary Care Providers (PCPs) about reporting child abuse, findings suggest that, PCPs require better training in the diagnosis and management of child abuse (Preidt, 2011). Additionally, barriers for other healthcare professionals such as nurses include limited education in recognizing the signs and symptoms of abuse (Plitz & Wachtel, 2009). Hospitals need to implement a new system to combat the lack of knowledge and understanding surrounding underreporting. Orientation training followed up by annual review training is one of many steps that can be implemented to ensure providers and adjunct staffs are

up to par on the clinical presentation of child abuse. A lack of knowledge can only be combated through education. In providing staff and PCPs with the information necessary to make clinical judgments regarding child abuse, the number of unreported events stands to decrease dramatically.

Increasing Confidence of Healthcare Providers

Finally, increasing the confidence that care providers have in the CPS system is a key step in ensuring overall comfort in reporting suspected abuse. How does it happen that there is a lack of confidence in the agency in charge of following up and resolving issues surrounding reports of child abuse? If we do not have confidence in CPS, how can we feel confident in reporting potentially life threatening issues to them? In an integrated review of literature to identify barriers to reporting, it was identified that one reason was due to, “low opinion of CPS” (Plitz & Wachtel, 2009). A suggested theory is that there is a lack of follow up on the part of CPS to the person reporting the event. When suspected abuse is reported, the reporter should receive a confirmation showing the actions taken and that their claims were seriously investigated. Simple information such as the date the report was investigated, the outcome of the report, and any follow-up that may be needed would be a key step in showing the legitimacy of the reporting process. Not providing proof to the reporter decreases overall confidence in the system and its’ capabilities.

Much Needed Funding

Children must be provided with a safe and promising future to ensure the stability of generations to come. Making progress towards increasing the level of reporting requires funding. Insufficient funding is halting the move towards success and reversal of negative trends. Currently there is the CAPTA (the Child Abuse Prevention and Treatment Act) initiative that is committed to preventing child maltreatment (Prevent Child Abuse America, 2010).

Prevent Child Abuse America has urged Congress to fully fund CAPTA but it, “Has not been funded adequately to meet the demand for community-based prevention programs” (Prevent Child Abuse America, 2010). Initiatives cannot be implemented to change trends in decreased reporting if the government does not help by providing funding to educate the nation.

Pros and Cons

In moving to increase levels of reporting, it is recognized that there are pros and cons surrounding this situation. Recognition is the first step to changing. The hope is that this article would help people recognize the need to protect our children and motivate healthcare providers to realize the desperate need to change this pattern of decreased reporting. Some of the pros include decreasing child abuse, increasing positive outcomes for children, and increasing provider confidence in the recognition and treatment of abuse victims. However, one of the major cons is realizing the level of commitment required to making this change happen may cause healthcare providers to shy away choosing not to act due to comfort in complacency. Additional cons include, taking funding away from other necessary programs, causing internal conflict with abuse reporters, and causing conflict with care providers and patients. However, acting on one’s internal drive to do what is morally right has the potential to produce an outcome that can change the face of child abuse in our nation.

Conclusion

As society ages, the need for the next generation to be fully developed and able to move forward with the nation’s progress is vital to the continuation of society. If we do not protect the welfare of the next generation how can we ensure its’ vitality? Healthcare professionals who vow to care for the sick and wounded are letting the most vulnerable in our population remain at risk for serious

complications including decreased ability to cope in situations to more grim complications including severe debilitation and even death (Child Welfare Information Gateway, 2008). Duty is defined as, "An action or act that must occur because of a moral or legal obligation" (Porche, 2012, p. 218). As healthcare providers it is our duty to represent the ethical code of conduct that requires us to provide care to and report incidences of child abuse for individuals that cannot speak for themselves. Reporting suspected child abuse is not only a vow to do what is ethically right, it is a moral responsibility.

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New details on alleged abuse, neglect of a Wichita boy before his shooting death spans years

Nick Nelson
Mar 26, 2025



WICHITA, Kan. (KAKE) - New details are emerging from the Kansas Department of Children and Families, which says it's been out to investigate allegations of abuse and neglect in the case of Davion Gunter dating back seven years.

Just last week, the 7-year-old died from a gunshot wound to the chest in a southeast Wichita home.

Police arrested 25-year-old Tasha Dillard in connection with the boy's death on several charges, including first-degree murder.

Responding to a Kansas Open Records Act request from KAKE News, DCF provided a timeline of previous reports of abuse and neglect it investigated.

In December 2017, then nine-month-old Davion was taken to the hospital with a skull fracture after an allegation of physical abuse. DCF says the allegation was unsubstantiated, and the injuries were consistent with falling off a bed.

In January of 2021, Davion, now three, was taken to the hospital with a leg injury following the firing of a gun. DCF does not specify if the injury was caused by the gunshot. But again, DCF found there was no violations of a Lack of Supervision by Davion's mother.



Another allegation of physical abuse from his mother was reported to DCF in September of that year, after he received cuts on his lower lip. Again, DCF found no evidence of abuse.

After the first report in 2017, DCF recommended family preservation services, but the family declined as they were already participating in the Healthy Babies program.

After the second report in 2021, Davion's mother accepted family preservation services, and a safety plan was completed.

The woman charged in Davion's killing is not his biological mother.

At the scene, officers found seven other children, whom they took into protective care.

Investigators aren't saying if Davion was in foster care at the time of his death.

Nick Nelson

Multimedia Journalist

3/27/25 kg

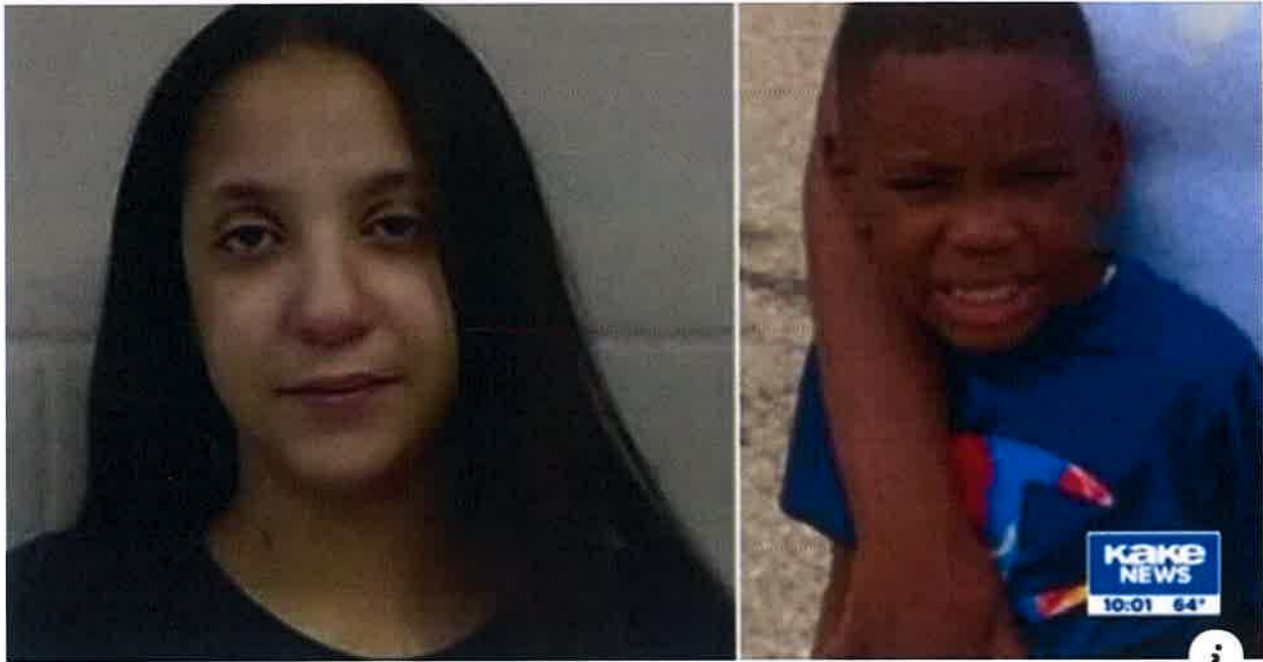


KAKE News

10h · 🌐

...

After a 7-year-old boy was fatally shot inside a Wichita home last week, DCF says it has been investigating abuse allegations involving Davion Gunter for nearly his entire life. [Nick Nelson KAKE](#) has the details.



KAKE.COM

New details on alleged abuse, neglect of a Wichita boy before his shooting death spans years

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Kelli Isaacson

The child welfare system is no help to families....Workers who complete abuse investigations are no longer required to be licensed social workers either....

1h Like Reply Edited



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Kelli Isaacson

The child welfare system is no help to families....Workers who complete abuse investigations are no longer required to be licensed social workers either....

1h Like Reply Edited



Jean Hebenstreich Stvartak

They've been investigating allegations of abuse his entire life?? Sounds like they didn't do anything because they did nothing to protect him. Once again the system failed a child. Heart breaking.
May he rest in peace.

6h Like Reply Edited

119



Aubrey Cardin

they have failed way to many times... look at all these stories all over the country right now involving dcf...what's going on? sweet boy deserved so much more then what this life gave him.

6h Like Reply

21



Kenzie Miles · [Follow](#)

Once again Kansas DCF failed another child. Those are way too heavy of accidents to not be suspicious! So sad

10h Like Reply

76



Michelle Kroeker

This makes me sick! How has DCF been investigating his family for his entire life and they never removed him from the situation. That poor baby didn't stand a chance. RIP sweetheart.

10h Like Reply

92

[View all 11 replies](#)



Dennis Sandra Sauer

This little boy was not being protected by Dcfhe was being abused and it was easier for them to iust let it keen hannening than to make a difference and net him out of



Write a comment...





Dennis Sandra Sauer

This little boy was not being protected by Dcfhe was being abused and it was easier for them to just let it keep happening than to make a difference and get him out of there! They need investigated!

1h Like Reply

5

[View 1 reply](#)



Kylie Rae

DCFS is currently failing even more kids as we type. Kids in custody and kids who need to be taken into custody. Failures all around.

10h Like Reply

55

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Deborah Grow

If DCF had been investigating this for almost his entire life, it does not look like they did a very good job if they left him in that home. The system failed this young man and that is awful!!!

6h Like Reply

7



Dorothy Shaner

Dcf is to busy picking who the want to use there job title for power on i am living walking proof of what dcf is doing not just to familys but individual kids as well this is vary sad .. dcf needs cut off they are not helping anyone just getting kids in more dangerous situations.

4h Like Reply Edited

8



Marianna Victoria

He deserved to have a better and longer life.

10h Like Reply

20

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Jj Davis

10h Like Reply

20 🗨️ 🧐 🙄

View 1 reply

Jj Davis

So dcf can take kids who don't need taken but when a kid whose life is in danger they turn a blind eye to it! Things never change smh it's so sad and if he was in foster care at the time how is it that they didn't investigate the home he was in or place him in a different home this could of been avoided if they just did they jobs right

1h Like Reply

3 🗨️ 🧐 🙄

Shantell Wosylus

The thing that don't make sense to me is how dcf would investigate a false accusation but when it came to this little boy his cry's for help were ignored and his safety his entire life. Nobody failed him but the system .

7h Like Reply

8 🗨️

Phonesadeth Chanel Sumner

For all we know, she's taking the fall for someone..... that's even more sad. If this isn't the bio mom, there is more to the story, and judging this one is all yall can do, the truth isn't going to come over via THIS source.

9h Like Reply Edited

6 🗨️

View all 13 replies

Christine Marie

Poor baby everyone that was supposed to keep him safe failed him 🙄 RIP

10h Like Reply

15 🗨️ 🧐 🙄

MaKenzie Nicole Frisbie

Such a sad life he lived, and the system failed him 🙄💔 heart breaking!

10h Like Reply

14 🗨️ 🧐 🙄

Tracie Shultz

This is heartbreaking. Poor sweet boy .

10h Like Reply

6 🗨️ 🧐 🙄

10h Like Reply

14  



Tracie Shultz

This is heartbreaking. Poor sweet boy .

10h Like Reply

6  



Cait Eisenhauer

Once again, multiple people and multiple systems failed a child 'in the system'. DCF should be completely dismantled and an actual program/system needs to be implemented and in place where change is actually possible for these kids and families that need it.

3h Like Reply

4  



Carissa Hedrick

Sorry but dcf is a joke. Take kids from parents who shouldn't have their children taken. Then take reports and close them. There's parents out here that kids tell about the abuse and being left unsupervised and some and nothing happens. Sickening. Dcf seems to only care when it's a death sadly. Sickening

10h Like Reply

40  

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Susan Bearfoot Smith

DCF should be held accountable!

10h Like Reply

14 

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Tiffany Scritchfield

The system fails kids all the time. Not just DCF, but judges too. There's also this idea that it's best for the kids if parents have shared custody, allowing both parents equal time with them and some of these parents have track records of abuse, but they're still awarded long periods of time with the kids. When claims are made, it needs to be taken a little more seriously and mandatory for an appointed person to step up on behalf of the kids to speak with them and ask questions before allowing an abusive or dangerous parent to have shared custody.



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4h Like Reply Edited

6



Karla Knight

Then why did it take so long. DCF, you have to do better. I know it's not yhe people working, it's the rules & regulations.

9h Like Reply

7

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Laroyce Herod

All of the child protection agencies need to be investigated at this point, to many kids are being abused and killed! They turn a blind eye until the child dies, now they bring out all the old allegations to the light just to convict the killer, had they did their due diligence this child would still be alive!

1h Like Reply



Top fan

Brett Wallace

So why didn't they get him out of that home?

10h Like Reply

12

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Chris Garnica

Unsubstantiated does not mean no evidence found. It means the alleged perpetrators won't be placed on the abuse/neglect registry preventing them from being licensed daycare provider or foster parent. If they have a previous substantiation, there's no need



Chris Garnica

Unsubstantiated does not mean no evidence found. It means the alleged perpetrators won't be placed on the abuse/neglect registry preventing them from being licensed daycare provider or foster parent. If they have a previous substantiation, there's no need to do it again.

DCF is always in a tough spot, but cutting funding to social programs has its consequences.

1h Like Reply



Tiffany Willhaus

But yet he's been in the house his ENTIRE life! This system is DISGUSTING!

1h Like Reply



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Kimberley Lee'thornton

This is a black child and the system failed if I was his parent or grandparent I was Sue DCF like never before you can never bring this child back but he don't have to suffer from the hands of abusive people he is now in the arms of King Jesus this is sad and this hurts my heart and that lady that killed him should never and I mean never see the break of day she will get hers in prison

7h Like Reply Edited



Melani Claude

So sad for this little guy. 🥺. He had a very rough life.

2h Like Reply



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Rhonda Fowler

Do yall realize that its not up to dcf to remove a child or find the parents guilty of abuse or neglect. literally dcf investigates, their findings then go to the prosecutors office, then to a judge. it is ultimately the judge and prosecutor that has the final say.

10h Like Reply



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Rhonda Fowler

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10h Like Reply

14

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Mabel Pfannenstiel

Sounds like he could have been saved but the DCF let him down, and yet they say that they do what's best for the kids not in this case

10h Like Reply Edited

14



Tiffany Degenhardt

DCF is a fkn joke all they care about is money in hand they DO NOT care about kids or their safety! So sad and pathetic!!!

10h Like Reply

11

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Glyn Niece

Multiple people and systems failed this child. He lost his life over failed systems which is so sad

10h Like Reply

6



Kyla Hargraves

That poor child had been shot twice by the age of 7 and sadly he didn't survive the second time! Now to find out DCF was supposedly investigating the family all this time! The system failed that sweet soul, my heart is breaking. That family should never see freedom again.

10h Like Reply

7



Crystal Foster