



STATE OF DELAWARE
Child Death, Near Death and Stillbirth Commission
900 King Street
Wilmington, DE 19801-3341

CAPTA¹ REPORT

In the Matter of
Sophia Lynch
Minor Child²

9-03-2010-00004

March 26, 2010

¹ The federal Child Abuse Prevention and Treatment Act require the disclosure of facts and circumstances related to a child's near death or death. 42 U.S.C § 5106 a(b)(2)(A)(x). See also, 31 Del.C. § 323 (a).

² To protect the confidentiality of the family, case workers, and other child protection professionals, pseudonyms have been assigned.

Background and Acknowledgements

The Child Death, Near Death and Stillbirth Commission (“CDNDSC”) was statutorily created in 1995 after a pilot project showed the effectiveness of such a review process for preventing future child deaths. The mission of CDNDSC is to safeguard the health and safety of all Delaware children as set forth in 31 Del.C., Ch., 3.

Multi-disciplinary Review Panels meet monthly and conduct a retrospective review of the history and circumstances surrounding each child’s death or near death and determine whether system recommendations are necessary to prevent future deaths or near deaths. The process brings professionals and experts from a variety of disciplines together to conduct in-depth case reviews, create multi-faceted recommendations to improve systems and encourage interagency collaboration to end the mortality of children in Delaware.

Summary of Incident

The case regarding 13 year old Sophia Lynch was reviewed as a near death incident. The near death of this child was due to physical neglect from a lack of supervision by an appropriate adult caregiver. The near death stemmed from the child consuming alcohol, Xanax, and marijuana which led to the child having suicidal ideation and being admitted to a psychiatric facility for seventy-two hour observation and evaluation. At the time of the incident, the child was residing in the care of her biological parents. It is important to note that the relationship between the child and mother was combative and therefore the child often spent time at the residence of her uncle’s paramour.

On the day of the incident, the Division of Family Services (“DFS”) received a routine referral alleging physical neglect of the child by the uncle’s paramour. The report indicated that the uncle’s paramour had allowed the child to consume alcohol, Xanax, and marijuana. The child was brought to the hospital via ambulance. While at the hospital, the child admitted to a history of self-mutilation. The child had cut herself two weeks prior to this incident. On exam, the child was noted to be initially non-communicative and uncooperative, having a depressed affect and no lacerations or mutilation was apparent. The child was seen by a psychiatric nurse to whom she revealed multiple life stressors, including parental discord, loss of family home, poor school performance, social isolation, and bisexuality and gender issues. Since the child disclosed that she planned to kill herself by overdosing on her mother’s medication, the incident was determined to be a suicide attempt and the child was transferred to a psychiatric facility for further evaluation. During this evaluation it was noted that the child was socially withdrawn, presented with impulsive behavior, poor hygiene, disturbed sleep, and frequent panic attacks.

The child’s mother has a history of bipolar disorder and has also attempted suicide by means of cutting. The child’s father also suffers from a history of depression. The child also revealed that both her mother and uncle’s paramour suffer from addictions to alcohol and other drugs, such as cocaine. The child is severely obese with a low self-

esteem and has several body piercings and tattoos. The child further disclosed that domestic violence was prevalent in the household, her family was virtually homeless and residing with the maternal grandparents, and she was often physically abused by her older brother. Prior to this near death incident, the only medical concern regarding the child's well-being was her obesity. At the child's last physical exam, two years prior to the near death incident, the child's primary care physician noted that the child appeared to be doing well in school and was interactive and appropriate. Three days after the near death incident, the child was discharged from the psychiatric facility. Upon discharge, the child's mother refused to consent to medication or crisis intervention, but agreed to out-patient counseling.

A police investigation was conducted of this near death incident; however, no charges were brought. Prior to this incident, no criminal history or history with the DFS existed with the child or the child's family. The uncle's paramour completed a substance abuse evaluation but no treatment was recommended by DFS. The child's recitation of the events leading up to the near death incident remained consistent during the interviews that were conducted. At the close of the investigation, the uncle's paramour was substantiated at Level III by DFS for severe physical neglect for allowing the child to participate in behavior, the consumption of alcohol and other drugs, that could have caused serious bodily harm.

Upon release from the psychiatric facility, the child was diagnosed with mood disorder and adjustment disorder with mixed emotional features. It was determined that the child needed to attend out-patient counseling in order to maintain safety and abstinence from alcohol and drugs. The child was returned to the care of her biological parents and services, through DFS, were being provided in order to help meet the needs of the child and family.

System Recommendations

Following the expedited and final review of this near death incident, it was determined that all systems met reasonable standards of practice and therefore no system recommendations were put forth.