

FATALITY INVESTIGATIONS

- Investigation should be based on physical and/or circumstantial evidence, establishing a timeline, and the possible confession.
 - Must prove that the suspect had care, custody and control over the child victim.
 - Must establish that the suspect was the person with the child at the time the injuries occurred.
 - Must establish that the injuries were not accidental.
 - In cases of "accidental deaths" law enforcement and child protective services must conduct a complete and thorough investigation.
 - Consider tools such as re-enactment dolls: have the suspect demonstrate how the injuries occurred.
 - Involve the medical community in establishing accidental versus intentional, as well as the timeline.
 - Many abuse injuries are not visible without the aid of X-Rays, CT Scans, MRI's, or by a Forensic Autopsy.
- HOW DO CHILD FATALITIES DIFFER FROM OTHER HOMICIDES?**
- These cases generally involve brain trauma, internal injuries to the chest or abdomen or severe burns.
 - The child often develops infection, or other complications arising from injuries and dies from the complications.
 - Most abuse and homicides of children occur in a private location such as the family's home and eyewitnesses are rare.
 - Homicides of children rarely involve weapons; most child murders are accomplished by the offender using his/her hands.
 - Often very small children are violently shaken, resulting in death.
 - Older children are often struck by a fist or other blunt force object.
 - These cases often involve the presence of identifiable and patterned injuries such as bite marks, circumferential tie marks or belt buckle marks.

The Medical Examiner will play a pivotal role.
Be prepared to attend all autopsies.

Characteristics of Sudden Infant Death Syndrome (SIDS)

	<u>Consistent with SIDS</u>	 Red Flags
History of death	Healthy infant; fed; put to bed; silent death	Unclear history; prolonged interval between bedtime and discovery
Age at death	2-4 months old most common; 90% of cases the child is 1-12 months old	Child older than 12 months
Physical exam at death	Pink watery frothy fluid from nose/mouth; post mortem dependent discoloration; no skin trauma; well cared for	Injuries; trauma; bruises; indications of malnutrition; neglect; fractures
History of pregnancy	Cigarette use by parents; premature or low birth weight; multiple births; illness requiring hospitalization	Unwanted pregnancy; no health checks; drug/alcohol use during pregnancy
Death scene	Crib in good condition; firm sleep surface; no dangers or toxins; good ventilation	Appearances of chaotic, unsanitary, crowded living conditions; drugs/alcohol; struggle in crib; blood-stained bedclothes; hostility by caretakers; discord; accusations
Previous deaths	First unexplained infant death	More than one unexplained infant death
Previous child protective services or law enforcement involvement	None	Prior child protective services calls; family members arrested for violent behavior Previous sudden unexpected infant death

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CHILD DEATH / INJURY INTERVIEW AND DOCUMENTATION GUIDE



CRIMES AGAINST CHILDREN PROGRAM

Florida Department of Law Enforcement

These guidelines were developed for use in cases involving a child death or injury. In addition to the items listed on this guide, please make a note of any other relevant information.

In child death cases, there are many risk factors to be considered. A child death inquiry will include clues such as the age of the child, criminal history of the parent/caregiver, history of domestic violence in the household, prior abuse history, hazardous housing conditions, substance abuse in the parent/caregivers, and other factors. Some child fatalities are due to neglect which may mean the child died either because of the caregiver's actions, or because the caregiver failed to act. Neglect covers a broad spectrum of child deaths that may include drowning, suffocation, heat stroke, and medical neglect. Neglect cases may result in outward signs on the child's body. **Other child deaths such as those from abuse may not always show outward signs. These deaths may occur from internal injuries to the body. All observations should be documented, however, Red Flag items should ensure a complete and comprehensive investigation. In child death cases, always contact the local Medical Examiner, the State Attorney's office, and the Department of Children and Families.**

For additional resources and training information, please contact the State Child Death Review Team at 850-245-4200.

These guidelines were originally produced in 1997 by the Oklahoma Child Death Review Board. Modifications were made for use in Florida. Printing costs were paid through funds from the Florida Department of Law Enforcement Crimes Against Children Program.

For more information visit:
www.flcadr.org
www.fdle.state.fl.us

THIS IS JUST A GUIDE. THESE GUIDELINES ARE NOT A SUBSTITUTE FOR YOUR AGENCY'S POLICIES AND PROCEDURES.

FOLLOW YOUR AGENCY'S PROCEDURES AND MEDICAL DIRECTION.

THINGS TO OBSERVE

POLICE DEPARTMENT ON SCENE? IF NOT, CALL! PRESERVE THE SCENE!

CHILD/VICTIM OBSERVATIONS

- Appearance in general?
- Bed Sharing?
- Body position/placed where found?
- Cleanliness and type of clothing?
- Cleanliness of the child?
- Diaper?
- Face position?
- Head injuries?
- Neck injuries?
- Objects in bed?
- Rigor/stiffness of body?
- Sweaty body?
- Temperature of body: cold, cool, warm?

FB BEDDING OVER/ UNDER CHILD?

FB BODY MOVED?

FB DISCOLORATION?

FB INJURIES/MARKS?

FB LACK OF BED FOR INFANT?

HOME OBSERVATIONS

- Adequate food available?
- Bedding?
- Crib conditions?
- Heating/Cooling?
- Insect Infestation?
- Medications in the home?
- Odors/toxins?
- Outside temperature?
- Pets/where do they sleep?
- Room temperature?
- Siblings/Status?
- Smoking by caregiver?
- Ventilation?
- Waste can evidence check?
- Water supply?
- Weapons?

PARENT/CAREGIVER OBSERVATIONS (or anyone in the home)

- Frequent calls to the home by police department, fire department or emergency room visits
- Indications of domestic violence
- Past medical history
- Physical appearance
- Resuscitative efforts

FB ALCOHOL/DRUGS PRESENT?

FB UNSANITARY CONDITIONS?

THE INTERVIEW

GUIDELINES

Conduct a mini interview at the scene with the caregiver. Be non-judgmental, non-confrontational, compassionate, observant and composed.

Explain the purpose of the interview by saying:

"These questions will help evaluate what led to your loss."

"The history you provide helps evaluate the cause of your loss."

INTERVIEW QUESTIONS

- | | |
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| ● What is the address of the parents/caregiver? | ● Who is the child's doctor? |
| ● How long has the child been at this address? | ● Does the child take any medications/had vaccines? |
| ● Are the parents married? | ● What is the child's medical history? |
| ● What time was the child found? | ● What type of prenatal care was provided? |
| ● When was the last time the child was seen alive? | ● Were there any labor problems? |
| ● Does the child have a disability? | ● Was the child premature or part of a multiple birth? |
| ● Who found the child? | ● Did the mother smoke/use drugs during the prenatal period? |
| ● Who was the caregiver at the time of death? | ● What was the child's birth weight? |
| ● What were the circumstances of the child's death? | ● Are the child's growth charts available? |
| ● When was the child last fed? | |
| ● How much breast or bottled milk? | |
| ● Was there a history of breathing difficulties? | FB Demeanor of Caregiver? |
| ● Had the child been crying or fussy? | FB Delay in Seeking Treatment? |
| ● Had the child been ill recently? | FB History of Other Infant Deaths? |
| ● Has there been an ER or doctor visit in the last few weeks? | FB History Inconsistent with Death or Injury? |