Investigation of Child Homicide

From Crime Scene to Courtroom

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Child Homicide

The abuse of and child is the ultimate betrayal of trust and innocence. It is the responsibility of law enforcement to conduct a thorough and professional investigation to insure that the guilty are held accountable and that the innocent are not falsely accused.

A poor investigation compounds the tragedy of a child death.

There is a fine line between serious injury and death - investigate them the same.

Juries don't want to believe that people hurt children – everything needs to be done correctly from the first report.

Today, at least

FIVE

children will die in the United States from some form of abuse or neglect

childhelp.org

Most researchers agree that child homicide is extremely under reported due to:

- Variation of reporting requirements & definitions
- Variation in death investigations and training
- Variation in state fatality review processes
- Length of time it takes to establish abuse or neglect
- Inaccurate determination of manner/cause of death
- Ease with which maltreatment deaths can be hidden
- Lack of inter-agency coordination

Child Homicide Investigations: They are DIFFERENT & DIFFICULT

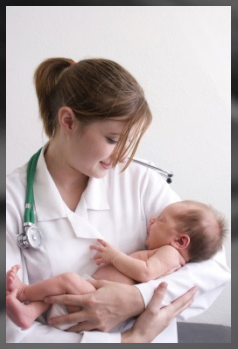
- Emotionally Charged – Tragic
- Usually reported as illness, accident, SIDs, unknown problem
- Time Sensitive
- 90% of victims are under 5 years of age
- Emotional toll on first responders, detectives, witnesses and suspects – (MDT too)

Acute Maltreatment

- Specific incident
- One “triggering event”
- Abusive Head Trauma / Shaken Baby Syndrome (SBS)
- Drowning / Suffocation
- Severe Physical Abuse (1 event)
- Gunshot wounds
- Often no prior involvement with CPS/LE

Chronic Maltreatment

- Abuse occurs over an extended period of time
- Battered Child Syndrome
- Failure to Thrive
- Old and new injuries
- One fatal specific injury



How does it Happen?

2015

Neglect: 72.9%

Physical Abuse: 43.9%

Always, always, always…

Investigate as if it is a homicide

Initial Response

Identify and **secure** the scene(s) – request additional support

- One room v. whole house
- Outside? Vehicle(s)
- Locating all witnesses
- Scoop & Run? Train your EMTs
  - Documentation immediately
  - Descriptive and Sensory

Initial Response

Clear *Everyone* from the scene

- *Might be difficult as family members will be upset and demanding*
- *Patience and diplomacy*
  - *Helps cooperation with detectives later*

Initial Response

- Pay attention!
  - Listen to what is being said - (dehumanization)
  - Look at what is happening
  - Make detailed notes
  - Identify who discovered the child
  - Identify who gave first aid
  - Identify who called 911 - secure & listen to that tape!

Statement Analysis of 911 Call

Could be the key to the entire investigation!

Least contaminated of any statement:

- Usually no attempt to conceal truth
- No family contamination
- No attorney involvement

Insightful – Uncontaminated – Verbal and Vocal Cues

911 Call Analysis

3 Questions for Investigators:

- What was the call about?
- Who was the call about?
- How was the call made?

911 Call Analysis

What was the call about?

Was the caller requesting assistance?

If not, why not?

Was the caller reporting a crime?

Was it rambling? Listen for extra and unnecessary information

911 Call

Attitude toward the victim

Blame or insult the victim

"She is a very, very sneaky child, she just threw a huge temper tantrum, she might have taken something she shouldn't"

911 Call

Who was the call about?

Innocent caller remains focused on the victim

The guilty focus on themselves, or won't state who the call is about.

"I have an unconscious child who is breathing very shallowly."

"Do something to help me!!!"

911 Call

Caller should NOT accept the victim's death before actual condition is known!

> ***Initial denial in innocent callers due to the inability to immediately process shocking and traumatic information***
>
> ***Beware of this:***
>
> ***"The baby is dead"***
>
> ***Most parents will not give up and actually have to be torn away from the child.***

911 Call

How was the call made?

Modulation – no emotion; flat; consistent tone

Look for absence of modulation

HELP! GET HERE NOW! – urgency and fear (Innocent)

Patient and Polite – Beware (but in the south you may still get “ma'am and sir”)

911 Call

the HUH? FACTOR

Not tracking their own answers.

Caught completely off-guard by the question

Dispatcher: What is your emergency?

Guilty Caller: I just came home and my wife has fallen down the stairs. She is hurt bad and isn't breathing!!"

Dispatcher: How many steps did she fall down?

G.C: Huh??

911 Call Analysis

Look for self interruptions

G.C. – "There has been a burg…my wife has been killed"

Examples

Call #1

Call #2

911 Call Analysis Conclusion

Answer the 3 questions:

Gives insight into probability of guilt

Can set tone for investigative strategy

Can set tone for the interrogation

INVOLVE CPS EARLY

More is accomplished as a team – work out your differences

CPS has to do their interviews – so much better if done together

Communicate so that the appropriate information is shared or not shared

When in doubt – the investigation is ongoing…

Involve your prosecutor early in the investigation:

- point of contact – emergencies

- charging decisions and timing – work with CPS to protect other kids

-the child neglect statute in VA is difficult

-may have "accident" as cause of death and still have neglect

18.2-371.1 – Abuse & Neglect of Children

Any parent, guardian, or other person responsible for the care of a child under the age of 18 who by willful act or willful omission or refusal to provide any necessary care for the child's health causes or permits serious injury to the life or health of such child is guilty of a Class 4 felony.

Any parent, guardian, or other person responsible for the care of a child under the age of 18 whose willful act or omission in the care of such child was so gross, wanton, and culpable as to show a reckless disregard for human life is guilty of a Class 6 felony.

Investigation

Maintain an accurate crime scene log

CSI:

- Scale diagram of the scene
- Measurements (tub, rug, cabinets)
- Photos - Video everything
- Re-enactment video

Collect any medication (even OTC) that the child is taking

Take or photograph all other medications (sample pill)

Take anything you may need – bed, toys, pack ‘n play

Investigation

- Document any evidence of alcohol and/or drug use.
- Search trashcans inside and out for evidence: bloodstained bed linen, clothing, rags, vomit, urine, feces.
- Evidence of weapons:
- Not Always Conventional - Brushes, Spoons, Cords, Belts
- Signs of Neglect

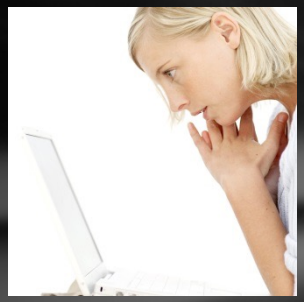
Investigation

Document and Build the Case

- Search Warrants
- Records - Medical (old), CPS
- CPS & LE prior reports
- Insurance Policies
- Credit History
- Prescription Records
- Creativity pays off
- SUIDI

Investigation

- Computers!
- Social Media
- Research
- Phone records - Did they call 911 first?
- Preservation Letters



Statements to the Media

Alexis Raiford

Statements to the Media

Corey Moore

Investigation

Get interviews done immediately

- Before they synchronize stories - Family members will "Circle the Wagons"
- Always done separately
- Remember… In the beginning they want to sell you a story

Investigation

- Get formal recorded statements
- Lock them in
- Polygraphs - better in caretaker cases
- Special or Multi Grand Jury
- A witness may only know they have become a suspect after the investigation deepens
- Work with CPS!!!

Investigation

Make sure you investigate ALL collateral witnesses in a timely fashion:

- All siblings (CAC)
- Neighbors
- Any medical personnel that treated the child
- Extended Family
- Pediatrician – get records
- Brainstorm with your team

Trauma Informed Interviews

Witnesses may be experiencing a trauma response to the child's death

Utilize Trauma Informed Interviewing techniques

Don't assume that inconsistencies and lack of chronological recounting equals deception…

Investigation

Do NOT make investigative assumptions due to emotional state or actions of parents/caretakers

Do NOT make promises/reassurances to parents that you can't keep

Interrogation

Maintain rapport … whatever it takes

- Best friend, Supporter, Pastor

Themes:

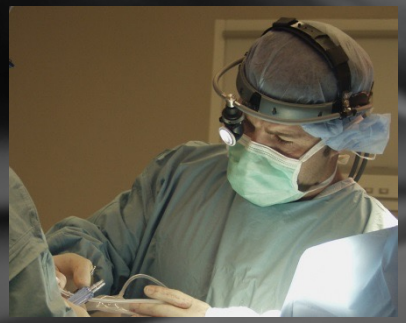
- Deny the “No”
- A Way Out
- Minimize the Violence
- Demonstrate
- Close the Deal
- Never Give Up

Interrogation Themes

- "A newborn is so stressful"
- "Toilet training is such a difficult time"
- "A three year old and a newborn and no help? I don't know how you could not lose it frankly"
- "How much sleep have you had this week? I know that can put you on edge, it does everyone"
- "You are a normal parent, EVERYONE has lost it at some point, doesn't make you a bad person"
- Don't be afraid to share personalized stories with them, normalize the event. (doesn't have to be true!)

Investigation

Autopsy



- Medical/Legal partnership
- Cause of death
- Prior injuries
- Timeline
- Symptoms
- Share with Pathologists the photos/statements from scene for a complete picture of the crime
- Will be some of the most important evidence in the case
- Prosecutors attend
- Be informed of “consensus” conferences

Investigation

If Arrest is Made:

- Jail Phone Recordings
- Mail Covers

Abusive Head Trauma

- The classic medical symptoms associated with infant shaking are:

- Retinal Hemorrhage (bleeding in the eyes) - often bilaterally (85%)

- Subdural or subarachnoid hematomas (intracranial bleeding)

- Brain swelling

- Often absence of other external signs of abuse (bruises, rib fractures, neck injuries)

- Symptoms including breathing difficulties, seizures, dilated pupils, lethargy and unconsciousness

Symptoms may vary:

- Just Fussy
- Sluggish
- Vomiting
- Lack of appetite
- Seizures
- Slow Heart rate
- Bleeding in one or both eyes

Abusive Head Trauma

According to all credible studies in the past several years:

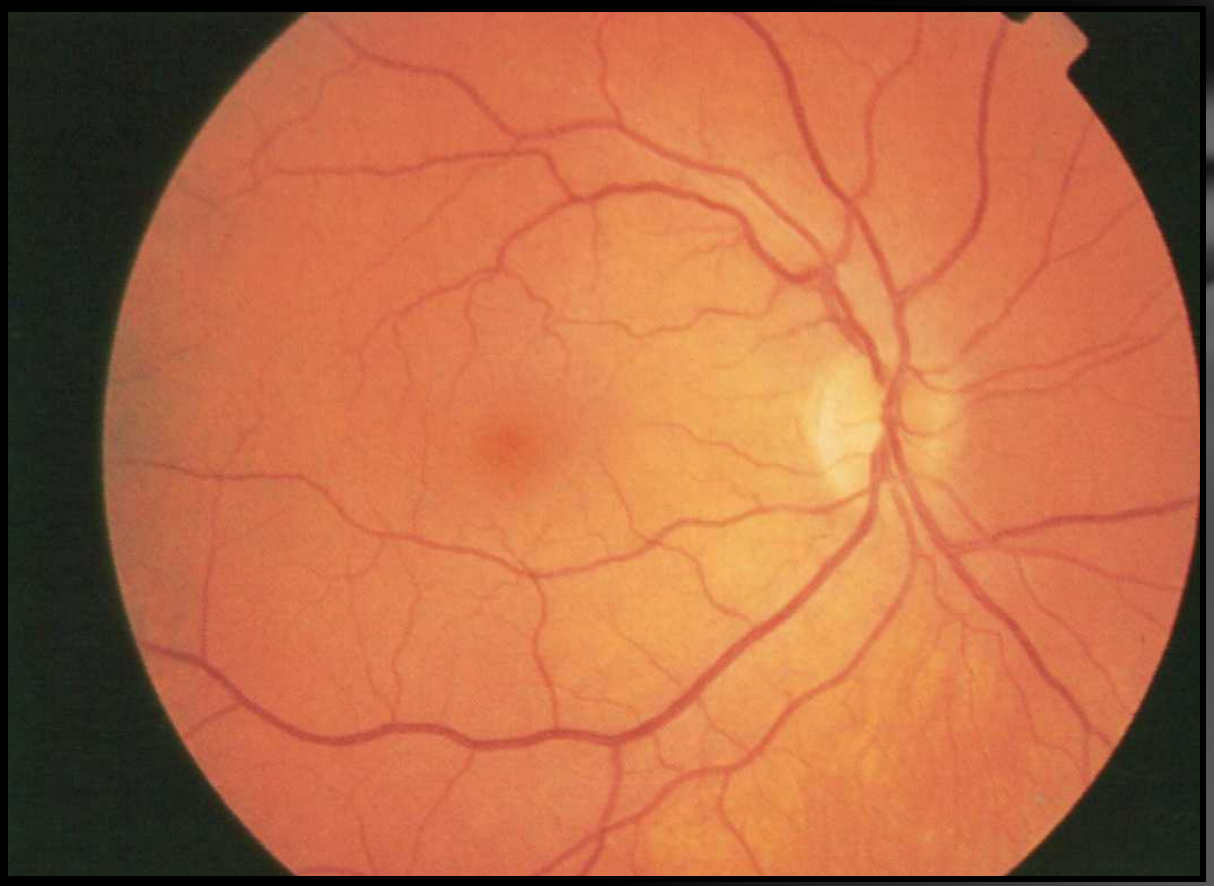
Retinal Hemorrhage in infants = evidence of shaken baby syndrome in the absence of a valid explanation:

- severe auto accident
- fall from several stories onto a hard surface

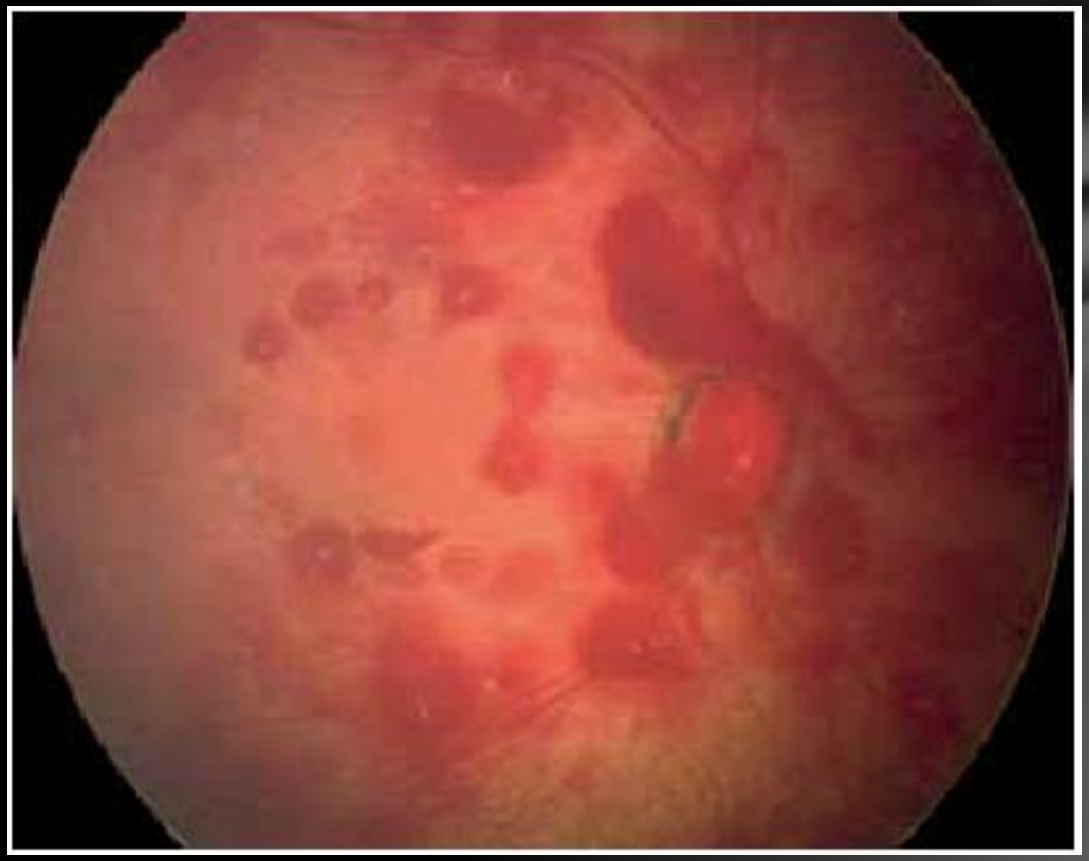
What does NOT cause RHs:

- short falls
- play throwing, bouncing, jogging
- CPR

Normal Retina



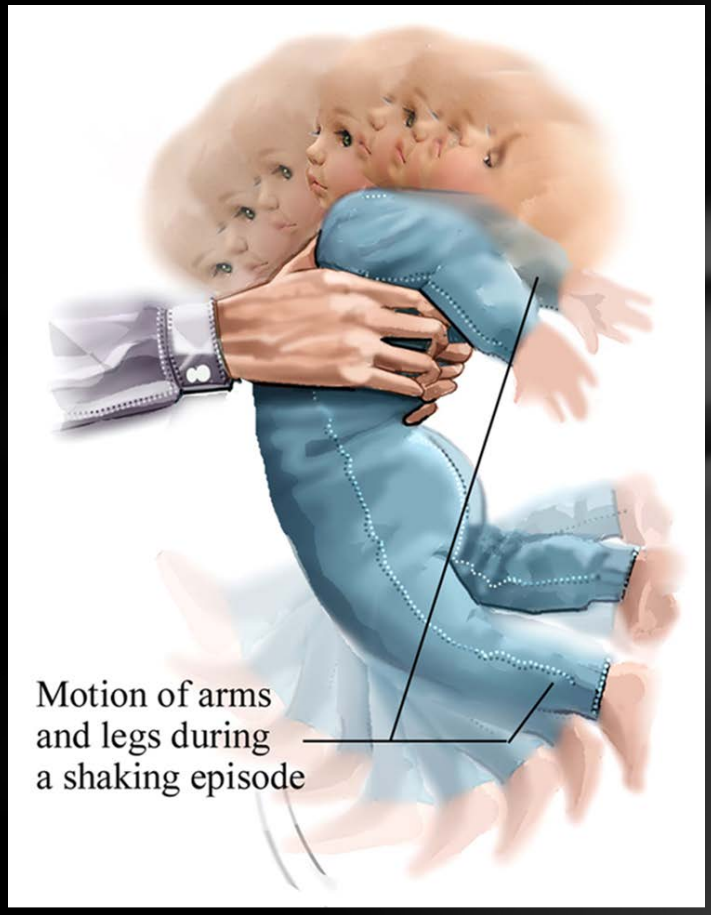
Retinal Hemorrhages



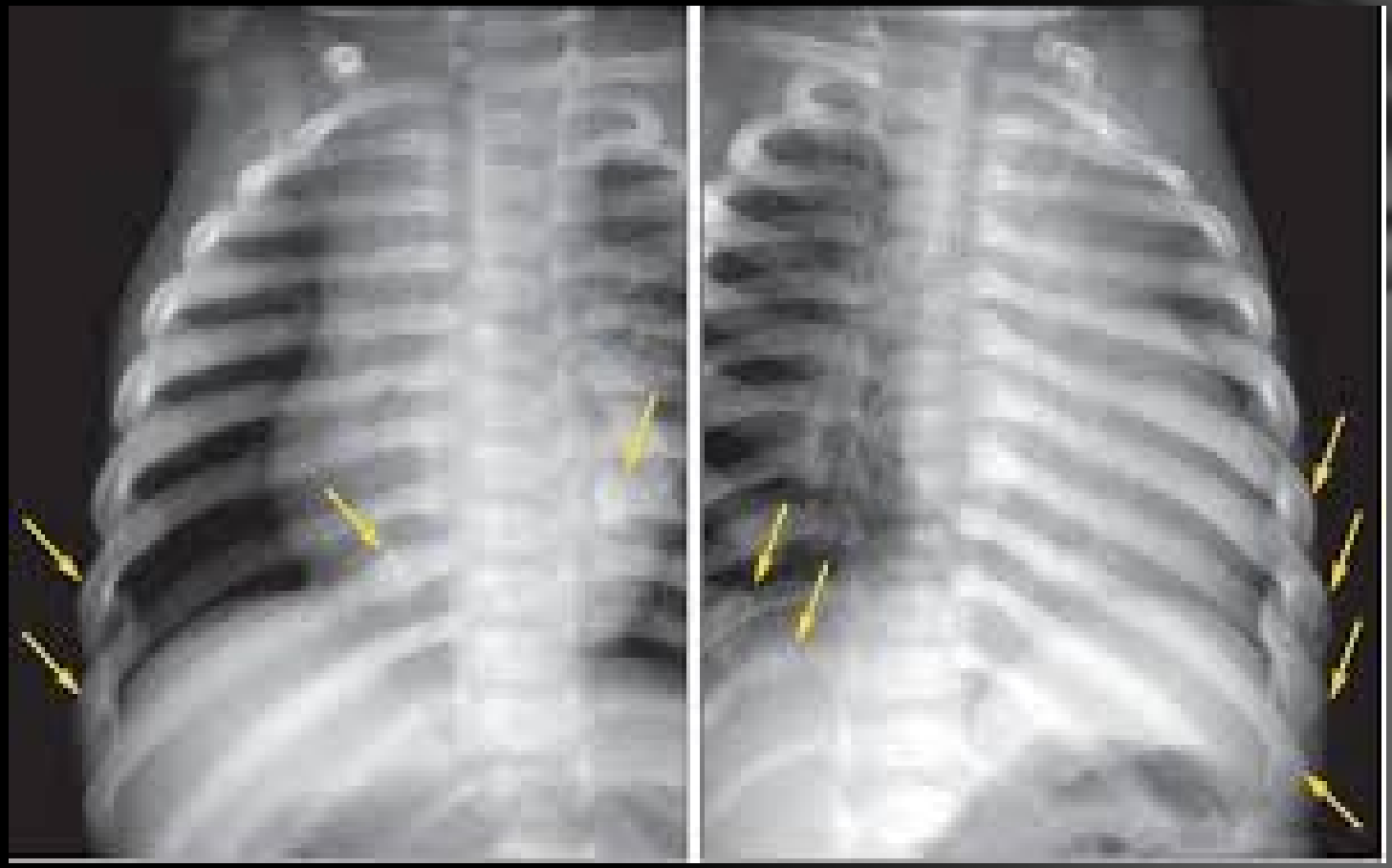
Fractures in Abusive Head Trauma

- Present in only 25-30% of cases
- Rib fractures
- Metaphyseal Epiphyseal chip fractures of joint

Fractures in Abusive Head Trauma



Rib Fractures



AHT - Timelines are Key

Who had access to the child?

When did the child last feed normally?

When did the child first exhibit any symptoms?

Can these be corroborated?

Can't date SHs - other than old vs. new blood

Can't date RHs

The history is the "smoking gun"

AHT - Interrogation

Use a baby doll (www.dontshake.org)

Know the facts:

Shaking necessary to cause serious injury / death is NOT accidental

Violent, & sustained action

Experts say:

"as hard as the shaker was capable of shaking"

"hard enough that it appears the baby's head will come off"

Drownings

- Must be a meticulous investigation
- Must present a thorough body of evidence
- Scene + Autopsy + History + Interviews

Drowning

- Subtle and Difficult to distinguish
- Unwitnessed
- In home
- More likely to be infant or young toddler
- Bathtubs, buckets, pools
- May be the work of a negligent care-giver or an intentional homicide – may or may not be a crime if an accident

Drowning Investigations

- ✓ Timeline
- ✓ Was this normal time for child to be in water?
- ✓ Rigor/livor/washerwoman hands/body position all consistent with each other and the suspects version of events?
- ✓ 911 call, time and content
- ✓ B.A.C. of caregiver? Evidence of alcohol or drug use?

Drowning Investigations

- Prior Reports/CPS Record
- Criminal History
- Child ambulatory?
- Pre-existing pattern wounds?
- Recent Triggering Crisis?
  - Domestic argument….document any physical signs of this
  - Loss of job, new baby in house

Drowning Scene

- Photos, photos, photos!!
- Document is it dry? Is it wet? Waterline on tub? Etc.
- Position of the body if still present at scene
- Take a sample of the water
- Clothing condition of suspect and victim
- Blood
- Edema
- Rigor/livor
- Wet/dry towels

Drowning Scene

- ”Washerwoman Hands”
- Hands, Feet, fingers, toes
- Fingertips: 20-30 minutes
- Whole Finger: 50 -60 minutes
- Whole hand: One hour or more
- Occurs whether living or deceased.

Millican, M.M. (2008) *Drowned Child Cases: Investigation and Criminal Prosecution,* NDAA, National Center for Prosecution of Child Abuse. Vol 21, November 6, 2008

Intentional Burns

Almost always under the age of 10

Majority under the age of 2

10% of child abuse cases involve burns

10% of child burn cases are abuse – higher mortality rates

Investigation

Are the injuries consistent with story? Are there any inconsistencies in witness statements?

Does the injury have a clean line of demarcation?

Is there sparing?

Lock them into a timeline for 2 hours prior to the burn.

Was there a delay in seeking medical attention?

Investigation

Most suspicious areas – buttocks, between the legs, ankles, soles of the feet, wrists, palms

Complete examination of the child – any healing injuries?

Scalding (Spill/Splash)

Immersion

Contact/Branding

Scalding

Burn pattern is characterized by irregular margins and non-uniform depth

Look for "arrow down" pattern – contact then cooling pattern (blue dye recreation)

Clothing alters the pattern – and can increase the injury

Measure the height and reach of the child

How much liquid was in the container – and what would that weigh?

Has the child been punished in the past for playing near the stove, etc?

Uncommon on back – but be aware of "crossfire" burns

Immersion

Children burn more quickly because of thinner skin.

In an adult:

-127 degrees = 1 minute

-130 degrees = 30 seconds

-150 degrees = 2 seconds

*Factory setting of most is 140 degrees – DOE recommends 120 degrees

Critical to both visually inspect the water heater and measure the actual temperature rates

Immersion

With forced immersion – there is usually there is sparing – where a child reflexively protects themselves

-sparing (fist spares palm)

-folding (creases in abdomen – zebra pattern)

-doughnut pattern on buttocks

-stocking / glove patterns

-sharp line of demarcation

Look for inconsistencies in explanation – such as sparing on the soles of the feet.

Contact Burns / Branding

Flame burns much less likely to be deliberate than contact burns

Accidental contact usually does not leave a pattern

Most common and most difficult to distinguish from accident

Cigarette burns and Iron burns most frequently seen

Depth of burn is most telling factor – needs medical evaluation

Measure height and reach of the child

How long does it take to heat the item?

Multiple injuries – or odd location is suspicious

www.ncjrs.gov -

Burn Injuries in Child Abuse

Vicarious Trauma

Supervisors – thoughtful approach

Mandatory

Creative

Everyone involved – not just first responders

Police PTSD Research

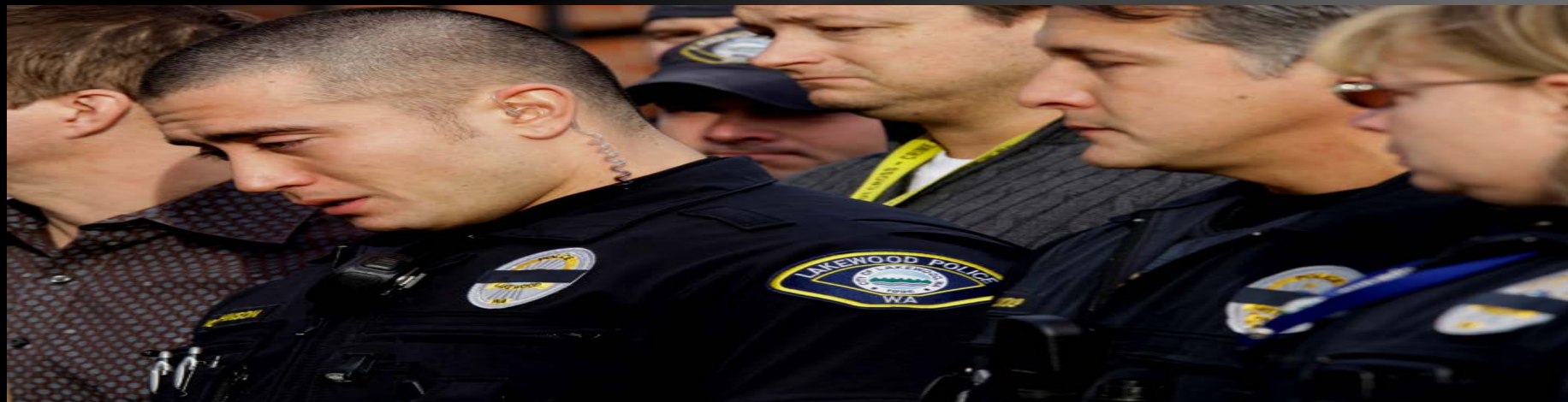
•Results of research:

•A large number of police officers – between 15 and 20 % - have psychosocial conditions. 7 to 8 % have symptoms of PTSD.

•Police officers suffer 20 % more from psychological conditions than the average citizen.

•80 % of these conditions are the result of normal police work.

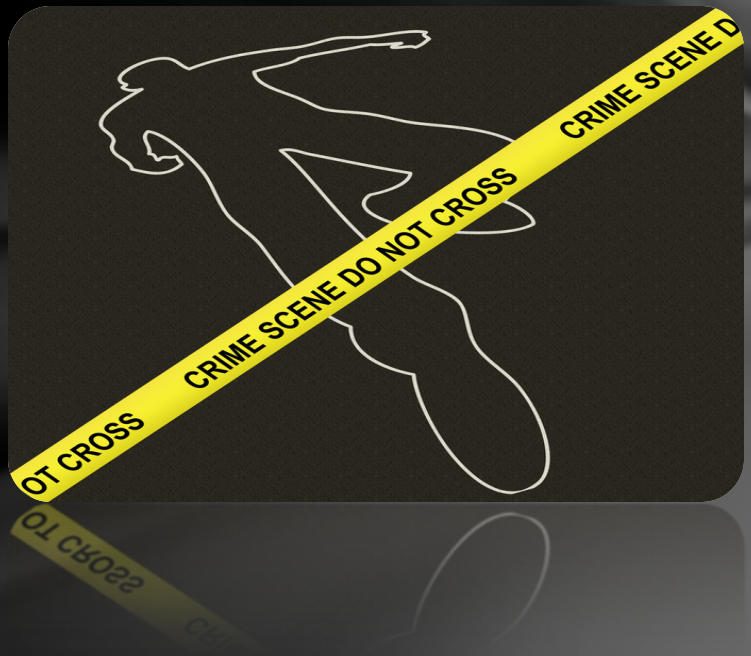
•Symptoms sometimes only become visible or noticeable after being latent for years.



Critical v. Cumulative PTSD

Critical

- Like a Mack truck!
- Shootings
- Death of a partner
- Child death case



Obvious and easy to spot.....

Cumulative PTSD

- Like one bee sting after another
- Incidents are “headliners”
- Not noticed even by the officer

Called “soul woundings”

After years, it can take on a minor incident to trigger breakdown, even suicide

Remember cops are experts at putting on a façade , they are trained to do just that!

Change the Culture

We have to be honest

We have to be vulnerable

We have to depend on one another

We have to realize it takes work to deal with this in a healthy way

Two Closing Thoughts…

Thank you for Fighting the Good Fight!

References

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