



PAEDIATRIC AND CHILD DEATH INVESTIGATIONS

BY

DETECTIVE SERGEANT MICHAEL DAVIS

TORONTO POLICE SERVICE HOMICIDE SQUAD

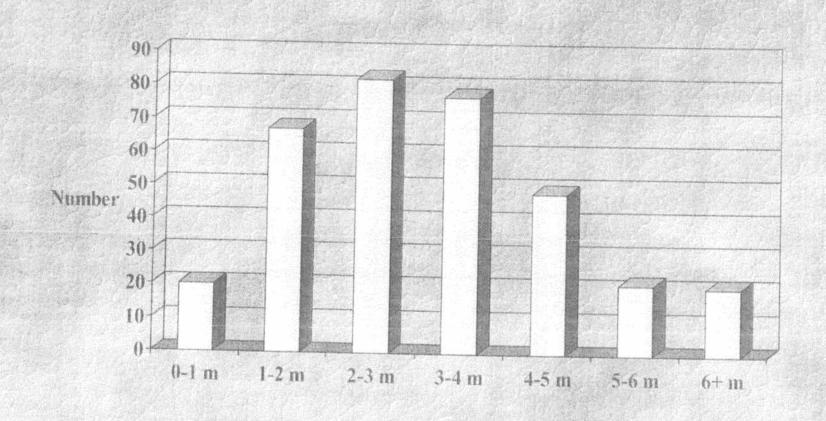




SUDDEN INFANT DEATH SYNDROME (SIDS)

THE SUDDEN DEATH OF AN INFANT UNDER ONE YEAR OF AGE WHICH REMAINS UNEXPLAINED AFTER A THOROUGH CASE INVESTIGATION WHICH MUST INCLUDE A COMPLETE AUTOPSY, EXAMINATION OF THE DEATH SCENE, POLICE INVESTIGATION AND A REVIEW OF THE CLINICAL HISTORY

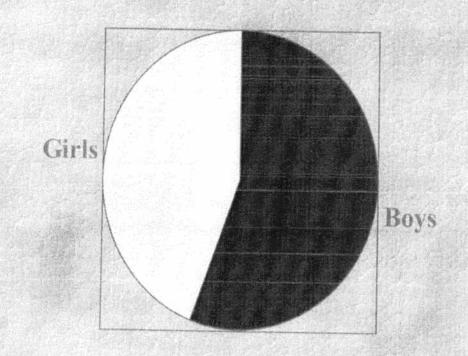
SIDS by Age in Months



SIDS by Month of Death



SIDS Victims by Gender



SUDDEN UNEXPLAINED DEATH SYNDROME (SUDS)

IF ANY PART OF THE DEATH INVESTIGATION IN A CHILD UNDER ONE YEAR OF AGE IS POSITIVE, THEN THE DEATH SHOULD NOT BE CLASSIFIED AS A "SIDS."

WHERE THERE IS ANY SIGNIFICANT CONCERN REGARDING ANY PART OF THE DEATH INVESTIGATION, THE DEATH SHOULD BE CLASSIFIED AS A "SUDDEN UNEXPLAINED DEATH SYNDROME."

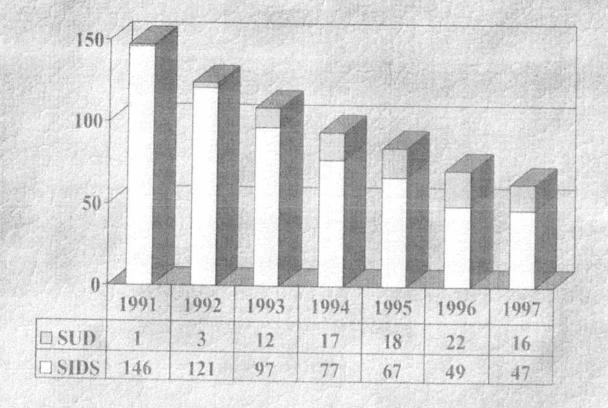
POSITIVE FINDINGS COULD INCLUDE

NEGATIVE RESULTS AT AUTOPSY BUT EVIDENCE OF AN OLD HEALED FRACTURE WHICH HAS NOT BEEN ADEQUATELY EXPLAINED BY THE INVESTIGATION.

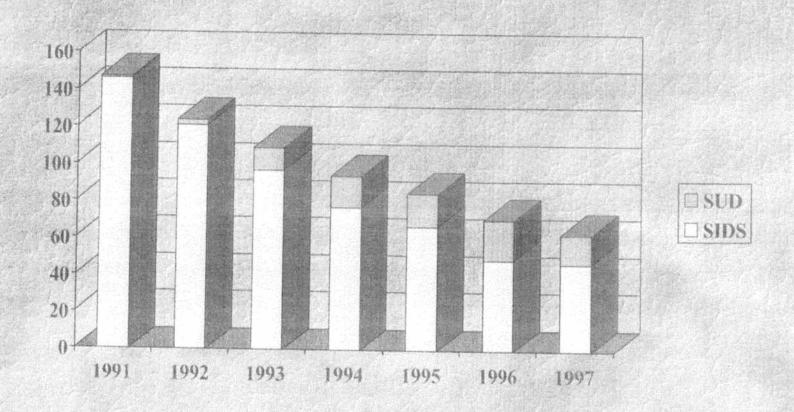
NEGATIVE RESULTS AT AUTOPSY BUT A PREVIOUS HISTORY OF CHILD ABUSE.

NEGATIVE RESULTS AT AUTOPSY BUT SOME POSITIVE TOXICOLOGY WHICH ALTHOUGH NOT CONSIDERED TO BE A CAUSE OF DEATH, CANNOT BE EXPLAINED I.E. A BLOOD ALCOHOL LEVEL OF 30 MG'S IN A 5 MONTH OLD CHILD.

SIDS and SUD in Ontario



SIDS and SUD in Ontario



SHAKING BABY SYNDROME

- •Severe shaking of a baby causing the brain to accelerate and decelerate. This can cause the bridging veins from the brain to the dura to tear and bleed.
- •As the brain is striking the inner surface of the skull, direct trauma to the brain substance can result.
- •The oxygen supply to the brain can be cut off and lead to irreversible damage to the brain substance and the nerve cells.

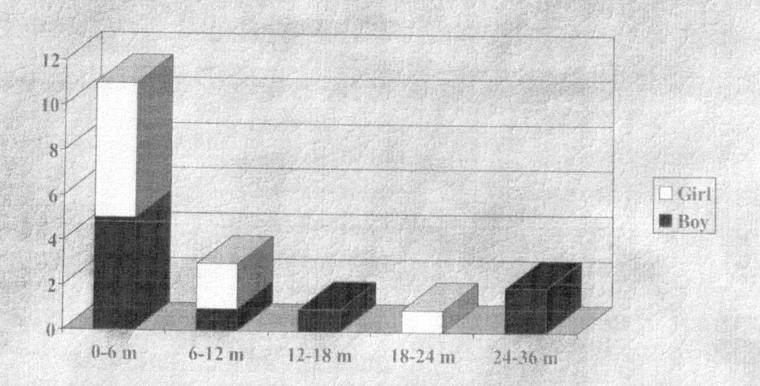
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- •The accumulative effect of this trauma can be massive destruction of brain tissue; which subsequently leads to swelling of the brain causing intracranial pressure, which reduces the oxygen supply to the brain.
- •With the swelling of the brain (cerebral edema) and the pressure building, the brain eventually will liquify and begin to die.
- •The injury to the eye which is common in shaking baby syndrome, operates in the same manner. The eye sits in a bony cavity and during the shaking, the eye rotates back and forth and can impact against the bone causing the vessels in the eye to rupture.

Continued...

•Damage to the eye during the shaking incident can also result in the nerve sheath that connects the eye to the brain also to be damaged resulting in irritation, swelling and bleeding.

Shaking/Impact Deaths by Age



CRIMINAL CODE OFFENCES RELATING TO BABY AND CHILD DEATH INVESTIGATIONS

- 1. FIRST DEGREE MURDER
- 2. SECOND DEGREE MURDER
- 3. MANSLAUGHTER
- 4. CRIMINAL NEGLIGENCE CAUSING DEATH
- 5. FAIL TO PROVIDE NECESSITIES OF LIFE

HOWICIDE DEFINED

THE INTENTIONAL KILLING OF ONE PERSON BY ANOTHER.

FIRST DEGREE MURDER

- •IS PLANNED AND DELIBERATE
- •IS A MURDER COMMITTED DURING THE COMMISSION OF SEVERAL SPECIFIED OFFENCES
- •IS THE MURDER OF A POLICE OFFICER OR PRISON GUARD

SECOND DEGREE MURDER

•IS ANY MURDER THAT IS NOT FIRST DEGREE

MANSLAUGHTER

•IS THE COMMISSION OF ANY UNLAWFUL ACT WHICH RESULTS IN DEATH

CRIMINAL NEGLIGENCE CAUSING DEATH

- •EVERY ONE IS CRIMINALLY NEGLIGENT WHO
- ·IN DOING ANYTHING OR,
- •IN OMMITTING TO DO ANYTHING THAT IT IS HIS DUTY TO DO,
- •SHOWS WANTON OR RECKLESS DISREGARD FOR THE LIVES OR SAFETY OF OTHER PERSONS

FAIL TO PROVIDE NECESSARIES OF LIFE

- •EVERYONE IS UNDER A LEGAL DUTY,
- •AS A PARENT, FOSTER PARENT, GUARDIAN OR HEAD OF A FAMILY
- •TO PROVIDE NECESSARIES OF LIFE FOR A CHILD UNDER THE AGE OF SIXTEEN YEARS
- •EVERY ONE WHO UNDERTAKES TO DO AN ACT IS UNDER A LEGAL DUTY TO DO IT IF AN OMISSION TO DO THE ACT IS OR MAY BE DANGEROUS TO LIFE

COMMON DEFENSES

- •THE BABY SUFFERED AN ACCIDENTAL FALL
- •THE INJURIES ARE INFLICTED BY CHEST COMPRESSIONS FROM C.P.R.
- **•COAGULATION PROBLEMS**
- **•MENINGITIS**
- **•BLEEDING DISORDERS**
- ·ANOTHER CHILD IN THE HOME DID IT
- •CUMULATIVE RESULT OF SEVERAL ACCIDENTAL INJURIES
- **•GENETIC DISEASE**

ARRIVAL OF EMERGENCY PERSONNEL

•AMBULANCE ATTENDANTS INCLUDING PARAMEDICS

- •FIRE DEPARTMENT PERSONNEL
- •POLICE

- •ATTEND THE SCENE TO GET A PROPER "FEELING" FOR THE CASE
- •IF YOU DON'T ATTEND YOUR SCENE, IT'S LIKE WORKING IN A VACUUM
- "YOU WON'T GET THE BIG PICTURE"

- •DOCUMENT A BRIEF OVERVIEW OF THE SCENE.
- ·HAVE F.I.S. VIDEO TAPE THE SCENE.
- ·HAVE F.I.S. PHOTOGRAPH THE SCENE.
- "DO NOT HAVE A SOCO PHOTOGRAPH THE SCENE"
- DO YOU NEED A PLAN DRAWING?

WHAT TO LOOK FOR?

- •WHAT TYPE OF ENVIROMENT IS THE BABY BEING RAISED IN?
- •DOES THE BABY HAVE THE PROPER NECESSITIES SUCH AS; FOOD AND CLOTHING?
- •ARE THERE ANY FOOD SUPPLIES IN THE FRIDGE OR CUPBOARDS?
- •ARE THERE ANY CHANGING SUPPLIES SUCH AS DIAPERS?

- •MEASURE HEIGHTS OF CRIBS, BEDS, TABLES, HIGH CHAIRS
- •MEASURE AND COUNT HOW MANY STAIRS AT THE SCENE
- ·IS THE FLOOR HARDWOOD, CERAMIC TILED, CEMENT OR CARPETED AND IF SO, WHAT'S THE THICKNESS OF THE PILE?

- •ARE THERE ANY BOTTLES FOR THE FORMULA?
- •ARE THERE ANY PRESCRIBED MEDICATIONS FOR THE BABY?
- •ARE THERE ANY NON-PRESCRIBED DRUGS AROUND THE SCENE?
- •ARE THERE ANY ADEQUATE SAFETY MEASURES TAKEN AROUND THE SCENE?

•ARE THERE ANY DOCUMENTS OR LITERATURE AROUND THE SCENE PERTAINING TO THE RAISING OF A BABY?

•ARE THERE ANY DOCUMENTS OR LITERATURE IN THE SCENE PERTAINING TO THINGS LIKE,

"NEVER SHAKE YOUR BABY"

INTERVIEWS

- •INTERVIEW YOUR FIRST OFFICER(S) ON THE SCENE
- •INTERVIEW AMBULANCE ATTENDANTS OR PARAMEDICS
- ·INTERVIEW FIRE PERSONNEL
- •CANVASS THE NEIGHBOURHOOD

INTERVIEWS

•KEEP AN OPEN MIND WHEN SPEAKING TO EMERGENCY PERSONNEL

•DO NOT EXPRESS YOUR OPINIONS OPENLY WITH THE EMERGENCY PERSONNEL THAT HAVE ATTENDED THE SCENE

"YOU ARE GOING TO NEED AN OPEN MIND WHEN SPEAKING TO THE CAREGIVERS"

- INTERVIEW THE CAREGIVER AS SOON AS POSSIBLE
- ·INTERVIEWS TO BE CONDUCTED INDIVIDUALLY
- INTERVIEWS TO BE CONDUCTED PREFERABLY ON AUDIO TAPE AND EVEN BETTER ON VIDEO TAPE

BEHAVIOUR OF CAREGIVER

- •EMPHASIS IS PLACED ON THE NEED FOR OPENMINDEDNESS AND COMPASSION
- A GRIEVING CAREGIVER WHETHER THEY BE NON RESPONSIBLE OR CRIMINALY RESPONSIBLE, BEHAVE IN A VARIETY OF WAYS.
- •NUMB, WITHDRAWN, PRACTICAL, ENQUIRING, IRRATIONAL, HYSTERICAL, SUSPICIOUS OR ANGRY

•ESTABLISH A ROUTINE THE CAREGIVER HAS WITH THE BABY BY TAKING THEM BACK A MINIMUM OF 3 DAYS

·HAVE THE CAREGIVER EXPLAIN THEIR ROUTINE BY GIVING THEM OPEN ENDED QUESTIONS

•TAKE YOUR TIME. YOU WANT THEM TO PROVIDE YOU WITH A GREAT DEAL OF INFORMATION STARTING WITH THE DAY TO DAY ROUTINE.

•ON THE DAY OF THE EVENT, HAVE THEM EXPLAIN WHAT THEY DID WITH THE BABY FROM THE TIME THEY ARRIVED AND STARTED CARING FOR THE BABY

•ESTABLISH WHO WAS PRESENT WITH THE BABY PRIOR TO THE ARRIVAL OF THE CAREGIVER

•ESTABLISH WHO ELSE, IF ANYONE, WAS PRESENT WITH THE BABY AT THE TIME HE/SHE BECAME SICK OR DIED

•IF, DURING THE INTERVIEW WITH THE CAREGIVER, THEY SHOW ANY EMOTION, MAKE SURE YOU DESCRIBE THE EMOTIONS EITHER ON THE AUDIO TAPE OR ENSURE YOUR PARTNER HAS RECORDED THEM IN THEIR WRITTEN NOTES:

INTERVIEWING THE CAREGIVER

IF, AS A RESULT OF;

- *PREVIOUS INTERVIEWS YOU HAVE CONDUCTED
- •CERTAIN OBSERVATIONS MADE AT THE SCENE
- **•CERTAIN OBSERVATIONS MADE OF THE BABY**

LEAD YOU TO BELIEVE THAT THE PERSON YOU'RE ABOUT TO INTERVIEW MAY BE CRIMINALLY RESPONSIBLE;

"YOU MUST CAUTION THEM"

THE POST MORTEM EXAMINATION

- •ATTEND THE POST MORTEM AND MEET WITH THE PATHOLOGIST
- •ENSURE F.I.S. ARE PRESENT TO TAKE PHOTOGRAPHS
- •PROVIDE AN OVERVIEW OF THE INVESTIGATION
- •WITNESS THE ACTUAL POST MORTEM EXAMINATION
- **•ASK QUESTIONS**
- •AT THE COMPLETION OF THE EXAMINATION, MEET WITH THE PATHOLOGIST AND LET HIM/HER PROVIDE YOU WITH THEIR RESULTS

THE POST MORTEM EXAMINATION

•A FULL "BABYGRAM" SHOULD BE DONE ON THE BABY TO DETERMINE IF THERE ARE ANY FRACTURES.

NOTE:

•NOT ALL FRACTURES WILL SHOW UP ON THE "BABYGRAM". A SKILLED PATHOLOGIST WILL SEE OR FEEL THE TINY FRACTURES WHICH COMMONLY OCCUR ESPECIALLY IN "SHAKING BABY SYNDROME."

TIMING OF INJURIES

•GENERALLY, IN LIFE THREATENING OR LETHAL INJURIES CAUSED BY SHAKING BABY SYNDROME, THE ONSET OF SYMPTOMS ARE ALMOST IMMEDIATE OCCURRING WITHIN MINUTES.

•HOWEVER, THERE ARE PHYSICIANS WHO WILL EXPAND THE WINDOW 2 TO 3 HOURS AND MAY GO AS HIGH AS 12 TO 48 HOURS OR MORE.

•THE CONSENSUS IS THAT BABIES ARE NOT NORMAL FOR HOURS AND THEN THEY SUDDENLY COLLAPSE.

•SINCE NEITHER SUBDURAL NOR RETINAL HEMORRHAGES CAN BE DATED TO THE EXACT MINUTE, TIMING INJURIES CAN BE COMPLEX.

POST POST MORTEM INTERVIEWS

YOU WANT TO DETERMINE FROM YOUR INTERVIEWS, WHEN THE BABY WAS LAST ACTING NORMALLY?

- ·EATING
- •SWALLOWING AS OPPOSED TO JUST SUCKING WHICH IS A REFLEXIVE RESPONSE WHICH CAN OCCUR AFTER A BABY HAS BEEN SHAKEN
- ·PLAYING
- MOTOR SKILLS

POST POST MORTEM INTERVIEWS

- •ALL INDIVIDUALS WHO HAD CONTACT WITH THE BABY JUST PRIOR, DURING AND JUST AFTER THE ONSET OF SYMPTONS DISPLAYED BY THE INFANT.
- •INTERVIEWS WOULD INCLUDE PARENTS, GRANDPARENTS, SIBLINGS, LIVE-IN BOYFRIEND OR GIRLFRIENDS, CHILDCARE PROVIDERS AND NEIGHBOURS.
- •INTERVIEWS WITH NURSES, DOCTORS AND SOCIAL WORKERS.
- •INTERVIEWS WITH CLOSE FRIENDS AND CO-WORKERS.

POST POST MORTEM INTERVIEWS

- •SIBBLINGS COULD BE A WEALTH OF INFORMATION
- •THEY COULD PROVIDE PRIOR INCIDENTS WITHIN THE HOUSEHOLD
- •SPECIAL CARE SHOULD BE TAKEN WITH REGARD TO THESE INTERVIEWS
- •USE YOUR EXPERTS IN THE YOUTH SERVICES OR THE HOSPITAL FOR SICK CHILDREN S.C.A.N. TEAM

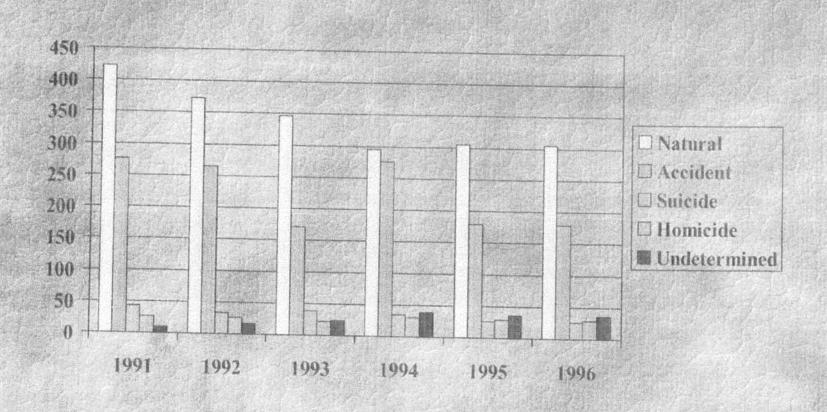
ESTABLISHING EXCLUSIVE OPPORTUNITY

FROM THE WORDS OF THE SUSPECT TO ANYONE. THAT COULD INCLUDE THE FIRST EMERGENCY PERSONNEL ON SCENE TO THE HOSPITAL STAFF, TO FRIENDS AND FAMILY MEMBERS OR ANY SUBSEQUENT INTERVIEWS YOU CONDUCT WITH THE SUSPECT

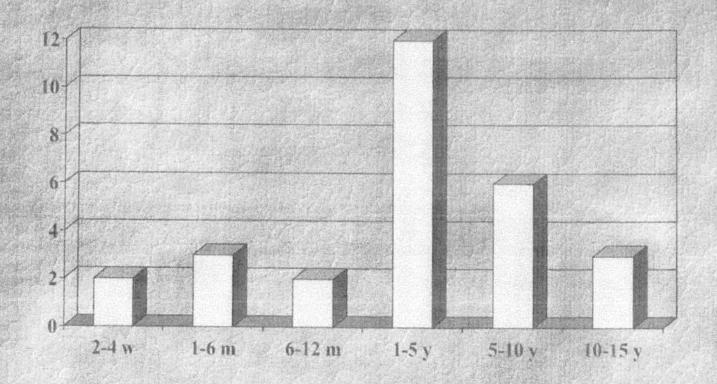
THROUGH THE CANVASS OF NEIGHBOURS

THROUGH THE POST MORTEM EXAMINATION

Deaths of Children in Ontario: 17 years and under



Filicide by Age of Victim



PFP304380 / 47

10 YEARS OF BABY AND CHILD MURDERS IN TORONTO

1992

1 day BEATING

10 yrs. MASSIVE TRAUMA

2 yrs. ASPHYXIA

3 yrs. ASPHYXIA

2 1/2 yrs. MULTIPLE TRAUMA

1993

8 mnths.

16 mnths.

2 yrs.

22 mnths.

20 mnths.

SHAKING BABY

BLUNT TRAUMA

ASPHYXIA

HEAD INJURY

BURN

202

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CONTINUED...

1994

6 mnths.
4 mnths.

TRAUMA TO CHEST SHAKING BABY

1995

5 yrs. BEATING

3 yrs. ASPHYXIA

3 yrs. ASPHYXIA

9 yrs. SMOKE INHALATION

4 yrs. SMOKE INHALATION

4 yrs. BEATING

2 yrs. SMOKE INHALATION

CONTINUED...

1996

nd

6 mnths. SHAKING BABY 3 yrs. HEAD INJURIES

1997

8 yrs.

12 yrs.

STABBING SHOOTING

1998

2 yrs.

BEATING

2 days

ASPHYXIA

20 mnths.

ASPHYXIA

7 yrs.

BEATING

3 mnths.

BEATING

a

204

CONTINUED...

1999

1 yr.

ASPHYXIA

3 yrs.

MASSIVE TRAUMA

3 1/2 yrs. SHOOTING

2000

6 mnths.

MASSIVE TRAUMA

2001

9 mnths.

BEATING

5 mnths.

3 mnths.

1 mnth.

SHAKING BABY

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CONTINUED...

2002

2 yr. STAB WOUNDS
11 months BEATING
2 yr. DEHYDRATION
5 yr. CARBON MONOXIDE
5 yr. STARVATION

CONCETISION OF INVESTIGATION

- -SUDDEN INFANT DEATH SYNDROME.
- *SUDDEN UNEXPLAINED DEATH SYNDROME
- PLASURE CLEATER DENCE TO THAT A CREMINAL CHARGE
- NO REASONABLE PROSPECT FOR A CONVICTION
- -EVIDENCE TO LAY A CRIMINAL CHARGE