

Zero Abuse Project

INVESTIGATING

PEDIATRIC DEATHS BEYOND INFANCY

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LEARNING OUTCOMES

- Identify key developmental differences impacting investigation in older children.
 - Understand the broader range of causes of death in children beyond infancy (accidents, natural, suicide, homicide).
 - Recognize specific investigative considerations for accidental deaths in this age group.
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- Explore investigative approaches for natural deaths (known/unknown conditions).
 - Discuss specific considerations for investigating child suicides.
 - Reinforce identification of non-accidental trauma (homicide/neglect) in older children.
 - Emphasize the expanded multidisciplinary team needed for complex cases.

DEVELOPMENTAL STAGES

INVESTIGATIVE IMPACT



- **Toddlers (1-3 years):** Increased mobility, exploration, limited hazard awareness, emerging language.
 - **Impact:** High risk for ingestion, drowning, falls, burns. History from caregivers still paramount.
- **Preschoolers (3-5 years):** Developing motor skills, curiosity, imaginative play, limited concept of danger.
 - **Impact:** Risk for traffic incidents, playground injuries, still vulnerable to household hazards. Child's statements (if any) gain importance.
- **School-Aged (6-12 years):** Greater independence, peer influence, structured activities.
 - **Impact:** Accidents (bikes, sports), bullying, early mental health issues, increasing self-report.
- **Adolescents (13-18 years):** High independence, risk-taking, complex social dynamics, mental health challenges.
 - **Impact:** Accidents (vehicles, substances), suicide, violence. Interviews with peers/school critical.

RANGE OF CAUSES OF DEATH BEYOND INFANCY

Focus: Distinguishing between these categories requires meticulous investigation

ACCIDENTAL

Leading cause; MVCs, drowning, poisoning, falls, fires

NATURAL

Chronic medical conditions (asthma, epilepsy, cardiac), sudden illness (infections)

SUICIDE

Increasing concern in adolescents; often subtle indicators

HOMICIDE

Non-Accidental Trauma (NAT), violence, child abuse

UNDETERMINED

When evidence is insufficient to classify

INVESTIGATING ACCIDENTAL DEATHS

KEY AREAS

- Scene Reconstruction
- Environmental Hazards
- Witness Interviews
- Child's Behavior, Development, Equipment, Product Safety
- Supervision Level



INTERACTIVE MOMENT

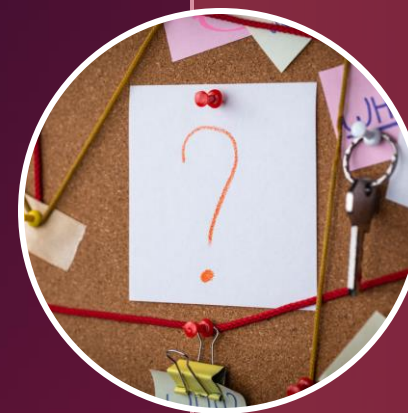
ACCIDENTAL DEATH SCENARIO

SCENARIO



A 4-year-old child drowns in a backyard pool at a family gathering.

QUESTION FOR REFLECTION



- Beyond simply noting the pool, what specific investigative questions would you ask about the environment?
- What questions would you ask about the supervision?
- What medical information would you need?
- What developmental considerations are relevant for a 4-year-old?

INVESTIGATING NATURAL DEATHS

- **Known Medical Conditions:**
 - *Focus:* Adherence to treatment, last medical appointment, acute decompensation, access to emergency care.
 - *Examples:* Asthma, diabetes, epilepsy, congenital heart disease, cancer.
- **Sudden/Unexpected Illness:**
 - *Focus:* Recent symptoms, onset, progression, prior medical attention.
 - *Examples:* Sepsis, undiagnosed cardiac/neurological conditions, infections (meningitis).
- **Medical Records Review:** Extensive, chronological.
- **Physician Interviews:** Attending, specialists.
- **Forensic Autopsy:** Crucial to confirm natural cause and rule out others.
- **Toxicology:** Always consider.



INVESTIGATING CHILD SUICIDES

A GROWING CONCERN



- **Increasing Rates:** Especially in adolescents; can occur in younger children.
- **Complex Factors:** Mental health (depression, anxiety), bullying, social media, family stress, identity issues, prior attempts.
- **Investigative Sensitivity:** Extremely delicate, avoid victim blaming.
- **Key Areas of Inquiry:**
 - **Scene:** Method, presence of notes, plans.
 - **Social History:** Peers, school, bullying, online activity.
 - **Mental Health History:** Diagnoses, treatment, prior ideation/attempts.
 - **Family Dynamics:** Stressors, support, history of suicide in family.
- **Digital Forensics:** Phone, computer, social media review (with warrants).
- **Post-Mortem Autopsy:** Rule out other causes, confirm method.

EXPERIENTIAL ACTIVITY

SUICIDE RISK FACTORS

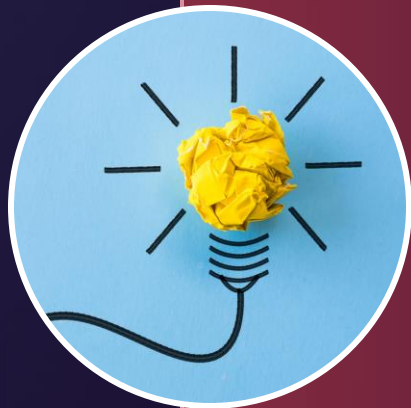
- **Self-Reflection:**

- What are 3 common warning signs or risk factors for suicide in adolescents that law enforcement or school personnel might observe?
- What specific actions can Dept. of Child Services take if concerns about a child's mental health and potential suicidality arise in their work?
- How can a Coroner contribute uniquely to understanding the context of a child suicide?



REINFORCING NON-ACCIDENTAL TRAUMA IN OLDER CHILDREN

CONSIDERATIONS



- **Persistence of Abuse:** NAT continues beyond infancy.
- **Types of Abuse:** Physical abuse, neglect (medical, educational, supervisory), emotional abuse, sexual abuse.
- **Presentation:** May be more complex or chronic.
- **Interagency Coordination:** Even more critical for complex histories.

RED FLAGS



- Inconsistent history or delay in seeking care.
- Injuries inconsistent with development.
- Multiple injuries in various stages of healing.
- Child's fear of caregiver, withdrawn behavior.
- Signs of chronic neglect (malnutrition, poor hygiene, untreated medical conditions).

INVESTIGATING NEGLECT RELATED DEATHS

CONSIDERATIONS

- **Definition:** Failure to provide for a child's basic needs (physical, medical, supervisory, educational, emotional).
- **Often Chronic:** History of prior reports, agency involvement.
- **Evidence:** Scene conditions, medical records, social services history, school records, interviews with multiple collaterals.
- **MDT Focus:** DCS is key, but LE/Coroner provide critical corroboration.



TYPES

- **Medical Neglect:** Failure to seek or follow medical care for serious conditions.
- **Supervisory Neglect:** Inadequate supervision leading to injury/death (e.g., drowning, poisoning).
- **Environmental Neglect:** Unsafe living conditions (e.g., exposure, fire hazards).
- **Failure to Thrive/Malnutrition:** Severe, non-organic.



MEDICAL REVIEW

A CRITICAL FIRST STEP

- Full Medical History
- Recent Illness/Symptoms
- Emergency Department Visits
- Hospitalizations
- Medications
- Immunization Status
- Forensic Autopsy
- Specialists



SCENE INVESTIGATION EXPANDED SCOPE

- **Beyond the Immediate Location:** Consider all environments child accessed.
 - *Home:* All rooms, common areas, child's bedroom, bathroom, kitchen.
 - *Outdoor:* Yard, play areas, pools, driveways, streets.
 - *Other Locations:* Babysitter's, school, friend's home, park, vehicle.
- **Environmental Hazards:** Review against child's developmental capabilities.
- **Safety Devices:** Working smoke detectors, CO detectors, pool fences.
- **Secure Belongings:** Relevant items (diaries, electronics, notes) potentially linking to cause.
- **Detailed Documentation:** Photos, measurements, video.





- Parents/Guardians
- Siblings: (Child Advocacy Center).
- Extended Family/Friends
- School Personnel
- Peers/Friends
- Medical Providers

INTERVIEWING IN OLDER CHILD DEATHS



LEVERAGING SOCIAL MEDIA AND DIGITAL EVIDENCE

- **Growing Importance:** Key for understanding social dynamics, mental state, activities.
- **Platforms:** Facebook, Instagram, TikTok, Snapchat, Discord, gaming platforms.
- **Content:** Posts, messages, photos, videos, search history.
- **Challenges:** Privacy settings, ephemeral content, legal access (warrants).
- **Suicide Investigations:** Crucial for ideation, plans, or communication of intent.
- **Homicide/Bullying:** Evidence of threats, conflicts, or patterns of abuse.
- **Accidental:** Photos/videos related to activity (e.g., stunts).
- **Specialized Expertise:** Digital forensics unit, social media analysts.



COLLABORATION & EXPANDED MDT

- **New Additions for Older Children:**
 - **School Personnel:** Counselors, teachers, SROs.
 - **Mental Health Professionals:** Therapists, psychiatrists.
 - **Child Abuse Pediatricians (CAPs):** Still vital for NAT.
 - **Medical Subspecialists:** Cardiology, neurology, genetics.
 - **Juvenile Probation/Court:** If prior involvement.
 - **Community Organizations:** Youth groups, sports coaches.
- **Shared Information, Shared Goals:** Always the foundation.
- **Formalized Agreements:** MOUs for consistent practice.



CORONER CASE CONFERENCING CHILD FATALITY REVIEW



- **Purpose:** Comprehensive review of all child deaths (0-18 years).
- **MDT Discussion:** Bring all investigative findings together.
- **Identify Preventability:** What could have been done to prevent this death?
- **Systemic Issues:** Pinpoint gaps in services, policy, or interagency coordination.
- **Recommendations:** For public health, policy, and practice changes.
- **De-Identified Data:** Aggregate data for broader trends.
- **Confidentiality:** Strict, to encourage open discussion.



EXAMPLE

CFR OUTCOMES

Case: 7-year-old with known severe asthma, deceased during an attack.

- **CFR Findings:**
 - Missed medical appointments.
 - Inconsistent medication adherence by parents.
 - Lack of school asthma management plan.
 - Previous DCS referrals for medical neglect were screened out.
- **CFR Recommendations:**
 - **Targeted education** for parents of children with chronic conditions.
 - **Improved interagency protocols** for high-risk medical neglect referrals.
 - **Mandatory asthma action plans** for schools.
 - **Enhanced data sharing** between healthcare providers and public health.
- **Impact:** Focus shifts from individual case to systemic change.



ADDRESSING SENSITIVE TOPICS

SUICIDE & NAT

Please Note: Your Well-being matters. High-stress cases require self-care and peer support.

COMPASSIONATE COMMUNICATION

Essential for grieving families

FACT-FINDING VS. BLAME

Focus on facts, context, and learning

MENTAL HEALTH SUPPORT

Provide resources for families and investigators

MEDIA MANAGEMENT

Coordinated, sensitive, and factual messaging

COMMUNITY ENGAGEMENT

Reducing stigma, promoting awareness

KEY

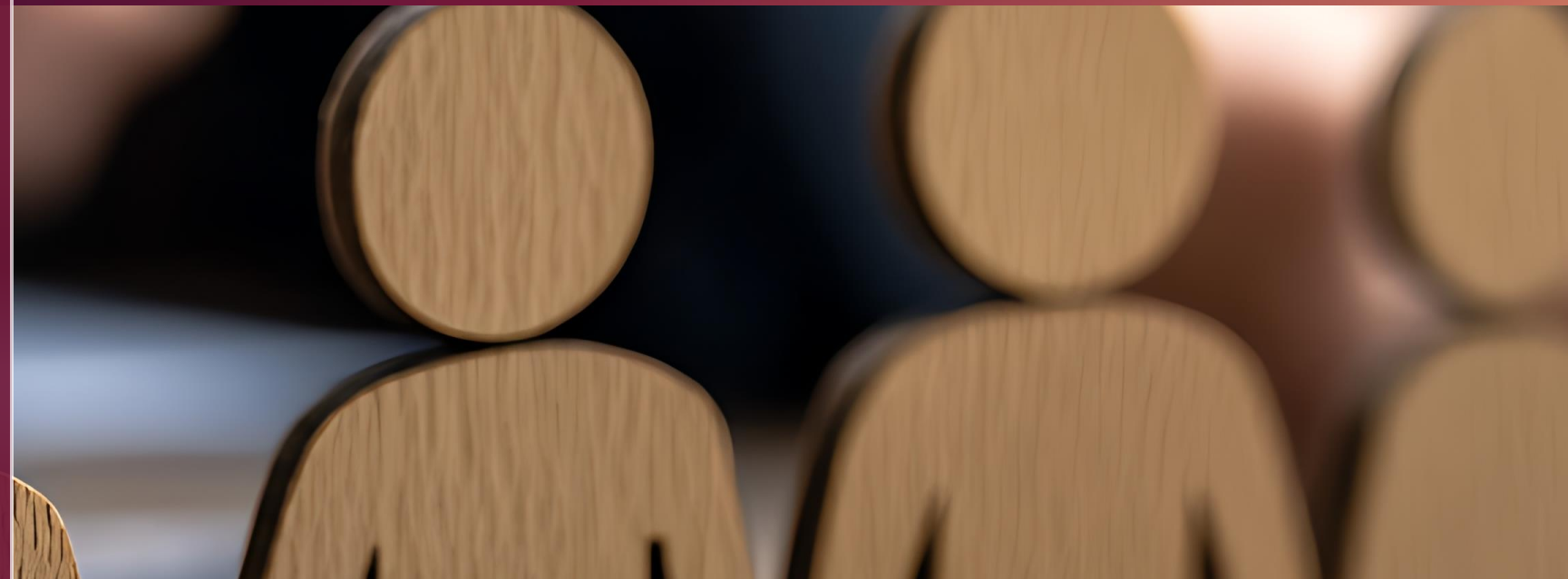
TAKEAWAYS

- **Developmental Impact:** Child's age/abilities shape investigation.
- **Broader Causes:** Accidents, natural, suicide, homicide are all possible.
- **Accidental Deaths:** Focus on environment, supervision, and child's behavior.
- **Natural Deaths:** Comprehensive medical review, confirm with autopsy.
- **Suicide:** Sensitive approach, social history, digital forensics, mental health context.
- **NAT/Neglect:** Look for chronic signs, inconsistent histories.
- **Expanded MDT:** Critical for diverse expertise.
- **CFR:** Essential for identifying systemic issues and prevention.



- **American Academy of Pediatrics (AAP):**
<https://publications.aap.org/pediatrics/article/153/1/e2023064800/196189/Suicide-and-Suicide-Risk-in-Adolescents>
- **National Center for Missing and Exploited Children (NCMEC):**
<https://www.missingkids.org/ourwork/ncmecdata>
- **Substance Abuse & Mental Health Administration:**
<https://www.samhsa.gov/mental-health/children-and-families/school-health/resources>
- **National Alliance on Mental Illness:**
<https://www.nami.org/affiliate/indiana/>

RESOURCES FOR FURTHER LEARNING



THANK YOU GET IN TOUCH

W I T H U S



<https://zeroabuseproject.org/>



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