



Investigation of Infant Deaths

There is a natural tendency to look to the parents or child care providers for answers to the sudden death of a child. However, Sudden Infant Death Syndrome (SIDS), which accounts for most infant deaths, can neither be explained nor prevented. Officers must keep this in mind when responding to and investigating such tragedies.

Following is the factual scenario of the sudden death of the author's infant son.

November 23, 1992, the Monday prior to Thanksgiving. It was a bitterly cold day, with a trace of snow flurries in the air.

At 5:36 P.M., my wife yelled for me to come upstairs quickly. She was standing with our two-year-old son, Tommy, in the bedroom doorway of our three-and-a-half-month-old son, Michael. Her expression was one of fear and grave concern, as she told me that "something was wrong with Michael, he's not breathing right."

I was never expecting what would ensue during the next five or six minutes. My world was caving in on me, and it was caving fast. During this short period of time, Michael stopped breathing, and I revived him. He then stopped breathing again, and I couldn't find a pulse, so I initiated CPR and revived him once again, only to lose both his breathing and pulse once again.

Despite the determined efforts of the police officers and emergency medical personnel, our little baby boy was pronounced dead at 7:30 p.m.

"Oh my God, what was happening to us?" "This can't be true; this is some sort of a bad dream, and when I awaken, all will be well." "No, this is true. But why? Why my little boy? Oh my God, the pain, the pain!" "We had so much happiness, so much love, now we're so empty, except for the incredible pain!"

The next several days, weeks and months would be punctuated with many nights without sleep, many tears, much pain, as well as a great deal of support from many good friends and family members.

When the pediatric emergency care physician notified us of Michael's death, he stated that he believed the cause of death was Sudden Infant Death Syndrome (SIDS), which has been

referred to commonly as "crib death." This preliminary assessment proved to be accurate when the Medical Examiner determined the cause of death to be SIDS.

SIDS

Sudden Infant Death Syndrome is the number-one killer of children between one month and one year of age.

SIDS is defined as "the unexpected death of a child, generally under one year of age, which remains unexplained after a complete autopsy, death scene investigation, and review of the case history." It results in the death of from 5,000 to 7,000 infants in the United States each year.

Typically, a SIDS event occurs when an infant, who is usually between one week and one year of age, (some children have been as old as twenty-two months), is put to bed for a nap or night-time sleep. There is no suspicion of any illness or indication of distress, although many parents report that their child had had a slight cold within the past few days. Sometime later, ranging from several minutes to the following morning, the infant is found lifeless in its crib or place of rest. There has been no struggle, and no one has heard the baby cry out. The baby is usually in an obviously changed position, and may be wedged toward the side of the crib. Occasionally, there is a pinkish frothy fluid from the nose or mouth and bruise-like markings on the dependent parts of the body (i.e., locations of lividity).

At present, medical experts and researchers are unable to answer the question of "What causes SIDS?". However, they are able to identify factors that do not cause SIDS. It is definitely known that SIDS is NOT caused by external suffocation, vomiting or choking. Death occurs rapidly and does not cause pain or suffering to the baby. No one, not even a doctor, can predict or prevent a baby's death from SIDS. Therefore, a

reasonable conclusion is that no one should or can be blamed or held responsible for a SIDS death.

When parents discover that their baby is in respiratory distress or when they find that their baby is not breathing, their natural inclination is to contact the police by dialing 911 or the appropriate emergency number.

The nature of the police response to this call for help will define in many circumstances how the family grieves and copes with the child's death. Also important to the police administrator is how the responding officers will cope and survive their involvement in an event that involved the tragic death of a child.

Identifying SIDS Deaths

Only an autopsy can conclusively determine if an infant's death is due to SIDS or, for that matter, any other reason. The death of an apparently healthy infant, and the general appearance of the infant in the crib after death, can be misleading and cause officers to reach erroneous conclusions. Therefore, police officers must have the necessary knowledge to recognize outwardly observable characteristics of a death that may be caused by SIDS.

Police officers, as other emergency first responders, should have the knowledge to identify the contrasting and consistent factors that will be exhibited at the death scene of infants and children who have died as a result of both SIDS as well as abuse and neglect. It is in these instances that the greatest potential for an erroneous determination by a police investigator exists. At the outset, it is important to remember that SIDS deaths substantially outnumber deaths caused by abuse and neglect in children between the ages of one week and one year of age. In fact, less than one percent of the deaths of children in the age range of those susceptible to SIDS — one week to one year of age — are caused by abuse and neglect.¹ This is not to suggest that abuse or neglect should be ruled out as a possible explanation of death for infants in this age category. It does suggest that investigators should be fully aware of the likelihood of a SIDS death when confronting infant deaths.

The Parents' Reaction

A common reaction of the parents who lose an infant under these unpredictable circumstances is to question whether they did anything to cause their baby's death. They may blame themselves or question or suspect each other's actions or inactions. Under these circumstances, the parents' reactions can be varied, ranging from violent hysteria to numb silence. In effect, this is every parent's worst nightmare — the death of a child. The pain, isolation and emptiness are immense; there is no appropriate reaction.

Officers should remember in these situations that the parents' relationship to their child is possibly the most special of all relationships, for they are the protectors, the care-givers and the providers. All of this as well as the roles and responsibilities they played or should have played come into question in the parents' minds. Therefore, officers must not make assumptions about the child's death or take a judgmental attitude of the parents' possible role in the child's death.

Providing Assistance

1. Approach the situation with an open mind. Few infant death scenes are crime scenes. The police officer may under-

standably feel angry over the death of a helpless infant and overwhelmed by the shock and grief of the family. SIDS families should be treated with the same degree of compassion and sympathy as any other family who experiences a sudden death due to natural causes. Most unfortunate of all is the SIDS family who, in a state of shock, is treated with suspicion or erroneously accused of abuse or neglect by those investigating the death. Regrettably, some police officers have actually reinforced the parents' guilt feelings that they could have done something and that they were somehow to blame for the death of their baby. Lifelong feelings of guilt and suspicion, difficulty with other children in the family, as well as divorce and even suicide are some of the results of a tragedy of this kind.

2. Explain investigative procedures. Discovering the cause of death is the common goal of all parties involved in a sudden infant death, particularly of the parents. Regardless of your role, the sudden death of an infant is probably the single most difficult experience for parents, police officers and other first responders to encounter. Despite this difficulty, you must approach these situations with an open mind. The police investigator and other involved police personnel should tell parents and family members that all sudden and unexpected deaths are investigated, and that the medical examiner will conduct an autopsy and review the investigation. If parents are informed of what is needed and why, they will, in most instances, be more cooperative with police investigators and more helpful in providing complete and accurate information. To this end, police personnel should attempt to remember and incorporate the following procedures into investigating infant deaths:

- Acknowledge the difficulty and overwhelming nature of the parents' tragic experience. For example, "I know this has been a terrible experience and that some of these questions may be difficult, but they will help determine the cause of your baby's death."

- Explain in simple terms why it is necessary to ask certain questions, to take photographs and examine the place of death: that the information will help the medical examiner fulfill his/her responsibilities. You may have to repeat and reinforce this and other information provided to the parents given their highly emotional state of mind.

- Ask parents or child-care providers where they would be most comfortable, such as at the kitchen table, in the family room or a quiet room available in the hospital.

- Understand that parents or child-care providers may have difficulty completing simple tasks such as making necessary telephone calls to family and friends; finding their shoes, purse or coat; or remembering keys or other items. Officers should be prepared for this and provide assistance where possible.

- Phrase questions in a non-threatening, non-accusatory tone. Avoid "did you" and "why" questions, since these set an accusatory tone and will likely put the parents on the defensive. Instead, ask open-ended questions such as: "Was there anything unusual about [the child's first name] sleeping or eating?" or "Tell me about the day's events."

- Explain the purpose and value of the autopsy. The autopsy is the most essential source of information to determine the cause of death. It will help the parents resolve their feelings of guilt and blame.

- If death is pronounced at the home or outside of the hospital, give the parents an opportunity to see and hold their

baby before the body is removed to the medical examiner's office or other facility.

- Give special attention to other siblings. Remember that they are also scared, concerned and confused, and in their own shock and despair. The parents may be unaware of the emotional state of their other children and unable to immediately help or comfort them.

- Above all, treat the deceased child with respect and dignity. Learn the child's name and use it when discussing the situation at hand and/or the child. Even in the depths of grief and hysteria, the memory of how their baby was treated remains with the parents forever.

- Avoid cliches such as "It's God's will"; "I know how you feel"; "Thank God you have your other kids"; "You can have another baby"; and similar comments. Express your sorrow by simply telling the family that you are sorry.

- Take a moment and spend extra time with the family. Avoid the temptation to "hit and run." Remember that, as uncomfortable as the situation is for you, your feelings are insignificant compared to those of the parents.

- Help parents determine their existing support systems and whom they can call, such as other family members, clergy, friends or co-workers.

- If necessary, help with transportation to and from the hospital, from the parents' workplace to the home or hospital, or other places. Parents must not drive when they are in a highly emotional or hysterical condition that is often evident in these situations. Families may also need assistance in getting their other children to a family member or friend. If the parents go to the hospital, don't leave the parents alone without offering help to transport them to their home or another desired location. Minimize the number of officers involved, and ensure that all police personnel conduct themselves professionally and compassionately.

- If first responders have promised something to the family, such as an opportunity for them to see and to hold their child, officers must take responsibility for ensuring that these commitments are fulfilled. However, officers should be cautioned not to make promises to the family if they are unsure about their ability to follow through on those promises. In a well-intentioned effort to help family members, officers can overextend themselves and others.

- If items at the death scene must be collected, such as baby formula, clothing, bedding, toys or other personal items, they should not be referred to as "evidence" as one would at a crime scene. Upon determining that the cause of death was not related to foul play and was either natural or accidental, these items should be returned to the parents, for they may have significant sentimental value.

- Explain where the child's body will be taken and what the family can expect over the next couple of days. Inform the family as to when the preliminary autopsy report will be available, and that the written report will, in all likelihood, not be available for a prolonged period of time.

- Make yourself available for questions from the family. Be accessible and available for questions. Leave your name and telephone number when you leave your initial meeting with the family.

Discussing the Autopsy

Explaining the importance and value of an autopsy to families is a very difficult but important task at the time of a sudden infant death. The family may request or even plead with officers not to have an autopsy performed on their child. They may feel that if the autopsy doesn't determine the cause of death, it should not be done. They may also feel their child "has been through enough" and should not be subjected to this procedure.

Although the family's permission may not be needed, and the autopsy may be required by law, police personnel must stop and take a moment to explain to families the processes, the value and importance of an autopsy in determining the cause of the child's death. The most common question of parents is, "Why did our baby die?" This question can only be answered positively by performing an autopsy.

A thorough death scene investigation and a complete autopsy must be performed to correctly determine the cause of death. Explain that the autopsy is important both in terms of its use in accurately determining the cause of death as well as the value this information will have for the parents in understanding and coping with the death on an emotional level. An explicit function of the autopsy, in addition to positively establishing the cause of death, is to facilitate the family's grief and help alleviate the guilt that many parents experience. Many parents who initially object to an autopsy are later relieved that it was done, while many parents who refused the autopsy later regretted their decision.

The autopsy will also rule out illnesses, genetic problems or other potential environmental or accidental causes that could affect other family members or future children. In providing a general explanation of the autopsy, emphasize the following:

- The autopsy is a surgical procedure performed by a medical doctor to determine the cause of death.
- It is performed by a surgeon with respect and dignity for the child.
- The procedure will not prevent an open casket at the funeral.
- The family will receive a copy of the autopsy results.
- There is no charge to the family for the autopsy or the report of findings.
- The medical examiner (and in many states a SIDS Center or similar entity) is available to explain the autopsy procedure, its significance to the family and the results of the procedure.

Action Check List

- Listen quietly and uncritically.
- Don't avoid the parents.
- Allow parents to express their pain and sorrow.
- Don't hesitate to use the child's name.
- Don't be afraid to express your sorrow.
- Reassure parents that they did everything that they could.
- Identify family and friends who may help.
- Before making gestures of kindness or promises to the family, be sure that they are acceptable to the family and that they can be fulfilled.

- Do not overlook the needs of other children in the family for whom the parents may not be able to care or provide comfort in this time of crisis.
- Remember the parents and the child with a note or follow-up telephone call. The note may be as simple as “I (we) want you to know that I (we) am (are) thinking about you and (child’s name).”
- If a child-care provider was responsible for the child at the time of death, do not comment negatively or otherwise raise suspicion with the parents about the person(s) involved or the care provided. Simply note all facts and circumstances in the incident report for appropriate review by the medical examiner and other appropriate authorities.
- Do not avoid talking about the deceased child.
- Avoid using clichés such as “It was God’s will”; “God needed your child”; or “I know how you feel.” Similarly, don’t attempt to provide comfort by suggesting that something positive may come out of their loss.

Effects on Officers Involved

Investigating an infant’s death, whether SIDS-related or the result of child abuse and neglect, is an emotionally draining assignment for many police officers. Many officers, regardless of their training and experience, have difficulty maintaining professional detachment in emotionally charged environments that involve infants and small children. Officers who have suffered similar losses as well as the many other officer-parents who harbor deep-seated fears about such a tragedy in their own lives are among those who may be most affected by these events. However, no one is immune to the emotional trauma associated with the death of a child.

Officers involved should remember that some emotional response to such events is normal if not inevitable. Acknowledging this human reaction is important in dealing with the situation, helping those involved and in assisting themselves to work through their own personal feelings and anxieties. Only when officers become too personally involved and emotionally distraught should they be removed from involvement in such cases.

To be effective, involved officers must take care of themselves. These officers should discuss the circumstances of the death of the child and their personal feelings of being involved with such a tragedy with co-workers, the police department chaplain or counselor, their spouse, family members or friends.

Endnotes

¹ Reece, Robert M., M.D., *Fatal Child Abuse and Sudden Infant Death Syndrome: A Critical Diagnostic Decision*, Pediatrics, Vol. 91 No. 2, February 1993.

² Ibid.

³ Ibid.

Acknowledgement

This *Training Key*® was prepared by Thomas J. O’Loughlin, Chief of Police, Wellesley, Massachusetts. Appreciation is extended to Fred Mandel, M.D., Boston Children’s Hospital and the SIDS Center of Massachusetts, Mary McClain, RN., SIDS Center of Massachusetts; the SIDS Center of Indiana, and the Indiana State Department of Public Health; for providing essential information in preparation of this document.

questions

The following questions are based on material in this *Training Key*®. Select the best answers.

1. Which of the following statements is false?

- (a) *SIDS is the number-one killer of children between the ages of one month and one year.*
- (b) *Infants who die of SIDS generally have a history of medical problems.*
- (c) *Medical science cannot explain the cause of SIDS deaths.*
- (d) *SIDS cannot be predicted or prevented.*

2. Which of the following statements is false?

- (a) *Typically, a SIDS death occurs while a child is sleeping.*
- (b) *Children who die of SIDS are frequently malnourished.*
- (c) *Parents of SIDS victims often blame themselves and feel guilty for their child's death.*
- (d) *An autopsy is the most important source of information for identifying a SIDS death.*

3. Which of the following statements is false?

- (a) *Officers should not refer to items taken at the death scene as "evidence."*
- (b) *Officers should learn the deceased child's name and use it when referring to the child.*
- (c) *Officers should not attempt to discuss the value of an autopsy with parents if they do not wish it to be performed.*
- (d) *Questions should be phrased in a non-threatening, non-accusatory tone of voice.*

answers

- 1. (b) Children whose deaths are attributable to SIDS generally do not have any noticeable history of medical problems.
- 2. (b) Children whose deaths are attributable to SIDS are generally not malnourished.
- 3. (c) Officers should attempt to point out to the family that the autopsy will provide them with answers about why their child died.

have you read...?

"Investigation of Child Abuse," *Training Key*® #396, International Association of Chiefs of Police, Alexandria, VA 22314.

This *Training Key*® provides information on the nature of child abuse, the common physical characteristics of the abused child and procedures for investigating this crime. The document provides the basis for contrasting deaths due to abuse and those that are attributable to SIDS.

