

# [National child abuse and neglect data system law medical essay](https://assignbuster.com/national-child-abuse-and-neglect-data-system-law-medical-essay/)

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Since the 1970s the number of infant homicides has increased from 4. 3 per 100, 000 in to 9. 2 per 100, 000 in 2000, and then declining to 7. 9 per 100, 000 in 2010. Homicide accounts for one in five deaths among infants (under one year of age) in the United States. Infants are most likely to be killed by their mother during the first week of life, but thereafter are more likely to be killed by a male usually the father or stepfather (CNN. com, February)Half of all infant homicides occur by the fourth month of life, and the risk of homicide is greater at this point then at any other time childhood (Infant Homicide. doc, 2012). According to research collected on infant deaths from multiple agencies including law enforcement agencies, the actual rate of deaths related to abuse or neglect of infants is twice as high as what is reported or recorded (Placeholder2). Infant deaths can be the result of numerous sources; hazards in the home, disease process, or other causes that are intentional in natural such as abuse or neglect, medical investigators must be careful when investigating and determining a cause of death. Infants under the age of one are predisposed to a condition called SIDS (Sudden Unidentified Infant Death Syndrome). SIDS is the third leading cause of mortality in infants between the ages of one to twelve months. When death occurs as a result of SIDS, no apparent cause of death may be left behind. Since SIDS deaths can mimic the effects of " soft" suffocation a thorough case investigation including examination of the death scene and a review of the infant’s medical history must be conducted. Even after a comprehensive investigation has been conducted, including a complete autopsy, it may be difficult to isolate SIDS from a suffocation death (Child abuse by suffocation: A cause of apparent life-threatening events:, 2006). When dealing with infant deaths, medical examiners must use their special skills in forensic medicine to arrive at a diagnosis. A diagnosis of SIDS can only be made after all other causes of death have been exhausted and evidence including what was gathered from the scene of death and the complete autopsy fails to point to any other possible cause of death (CDC - Infant Death Scene Investigation - SIDS and SUID, January), this includes ruling out asphyxia. Aside from SIDS, abuse is often the culprit in many in many infant death cases not caused by natural causes. Death can be the result of trauma to the head, violently shaking an infant child or using other undetectable methods such as suffocation. One of the more common causes of death from physical abuse is blows to the abdomen of the infant, which can result in internal bleeding. Asphyxia, commonly called suffocation, is caused by the inability to breathe. This condition is the result of a lack of oxygen in the body, and eventually leads to a loss of consciousness and death. In infants asphyxia can be the result of restriction of the chest or abdomen, choking, strangulation, or severe allergic reactions. Common objects that contribute to asphyxiation deaths in infants can include bedding items, stuffed animals, soft pillows, and plastic bags. These objects can obstruct the nostrils and mouth resulting in suffocation. Investigator must be experienced, observant and know the signs to look for when interviewing parents or caregiver, as they can often retrieve viable information that will help determine if the cause of death is related to suffocation and whether the manner of death was intentional or accidental. Other causes of death that must be checked for in infants when searching for answers in a suspicious death, when no cause is immediately discernable can include Shaken baby syndrome or shaken baby with impact syndrome and neglect. Shaken baby syndrome or shaken baby with impact syndrome occurs when an infant is violently shaken and or the infant head comes in contact with some other surface. Strangulation another cause of death is another result of asphyxia in children and is the fourth most common cause of accidental death for infants under the age of one. Accidental strangulation is common and results when an infant becomes entangled in ties or loose cords in the home or near the bed. In infants there are usually tell-tale signs that can be attributed to asphyxiation, shaken baby syndrome with or without impact syndrome. Some of these findings often encountered can include petechial or retinal hemorrhages which are small bleeding events seen on the surface of the retina of the eye, subdural or subarachnoid hemorrhages which is bleeding within the a specific layer of the brain, swelling of the brain, bruising of the chest or back from violent shaking and broken ribs that occur from tightly gripping the child during shaking. Infant deaths that can be contributed to neglect may occur when the basic needs of a child are not met by the parents or primary caregivers. Often signs of neglect are evident, as the child’s body may show sign of emaciation, filthiness, or other sign that are not in keeping with a nurturing environment (Placeholder3). Infant abuse that results in the death of a child is most often committed by persons who are caregivers to the child. More than 2, 000 children in the United States die as a result of child abuse each year, and the actual number of abuse and neglect deaths is estimated to be much higher than that reported by vital statistics data. Infant are the most vulnerable victims of homicide; data from national statistics show of all maltreatment fatalities infants’ account for 43% them. Fathers and mothers’ boyfriends are most often the perpetrators in the abuse deaths; mothers are more often at fault in the neglect fatalities. Fatalities from neglect include a number of different ways in which caregivers fail to adequately care or provide for child. Caregivers may fail to provide the basic necessity needed for survival for their infants, which leads to a failure to thrive, malnutrition, starvation and eventual death. Caregivers may seek medical attention to late when a child becomes ill leading death, potentially allowing a preventable death to occur. Inadequately supervising an infant child when in condition that poses hazards such as while bathing them. Physical abuse including trauma and injuries can contribute to the death of an infant; the broad definition of physical abuse refers to the purposeful and serious injury inflicted upon a child by a caregiver. Although most cases that result in death are reported as accidental. The study found that for every 100, 000 children, 6 were seriously abused. For children under one, the likelihood increased by more than 8 times. So, for every 100, 000 infants, 58 came into hospital to be treated because of physical abuse. This is higher than the rate of infants impacted by Sudden Infant Death syndrome - 50 infant deaths for every 100, 000. Investigating the suspicious death of an infant will require participation from numerous agencies some of which includes law enforcement officials, death investigators, medical personnel, and child welfare services. Collaboration among agencies is critical for determining an accurate cause of death and bringing justice if necessary to victims who cannot speak for themselves. Homicidal deaths or suspicious deaths involving infants can be difficult and requires investigators to perform a comprehensive investigation of the circumstances that led to the death of the infant; this includes thoroughly documenting information, collecting evidence, and reviewing the victim’s family and medical history. A complete autopsy must also be performed on the infant to check for signs of abuse or trauma. Although infant death scenes may appear to be accidental in nature, it cannot be fully determines until after a complete investigation has been done. Caution must be exercised because conditions that precipitated the accident may still exist. Fragile evidence should be protected from possible contamination and destruction. If a infants body has been moved from the scene such as they are taken to a medical facility where they ultimately perished or they are taken to a funeral home an investigator should be sent to the receiving facility to gather physical evidence and process the body of the child (Maloney, 2012, p. 29)Processing an infant death that is suspected to be the result of homicide requires a multi-agency approach, and from the time that the first call for assistance is made until charges are brought against the suspected perpetrator(s) a detailed and extensive process must be followed to ensure that every effort is made to guarantee that justice is served for the victims who cannot speak for themselves. Control of the infant death scene is imperative since pertinent information can be gained into a possible cause and time of death from observations at the scene. A death scene can also sometimes hold the clues as to what led up to the death of the child and who committed the crime , it is important for the scene be protected and parties that do not have to be in vicinity not be allowed to disturb the scene and potential destroy critical evidence that lead toLaw enforcement officials and Emergency Medical Officials are usually the first responders to the scene of any reported potential or suspicious child death, and they are usually in charge of assessing the initial scene. In evaluating the initial scene, law enforcement officials should do a sweep of the scene to check for any additional victims who may be in need of medical assistance. Emergency medical responders should move the victim as little as possible, to check for any signs of life that may be present, this should be done in an effort to protect a potential death scene. One it has been declared by medical personnel that a child fatality has occurred and the death is potentially suspicious in nature, the scene should be properly evaluated and the conditions noted. Law enforcement should observe the scene for conditions that out of the usual and secure it to protect potential evidence. A preliminary investigation should be conducted by law enforcement officials including documenting information on all parties present at the scene, locating any witnesses and obtaining background information on the deceased infant. Additionally, a logbook should be kept by law enforcement officials of any person who enters or leaves the scene. After evaluating the circumstances surrounding the death and concluding that the death of the child may have occurred under suspicious circumstances, such as neglect or abuse, law enforcement officials should contact the appropriate agencies as necessary. In cases where an infant is the victim of a suspicious death and other children are present in the home, child protective services should be contacted. The local coroner’s office will also be contacted, and a death scene investigator will be dispatched to the scene to start an investigation. Once the lead death scene investigator arrives at the scene and he/she determines they have the legal authority to preside over the death scene, a briefing will be done with law enforcement and emergency medical responders. The death scene investigator will conduct an initial walkthrough of the area, reassess the boundaries to protect evidence and conduct interviews with parties that were present at the time of death. The lead death investigator will start his investigation by obtaining all written reports from first responders at the scene; this will include a list of all persons present at the scene. If still present at the scene, a preliminary examination of the deceased child will be conducted to check for any visible signs of injuries or trauma on the body, and a time of death will be determined. Information that is pertinent to the death of the infant will then be documented by the death scene investigator from questioning persons present at the time of death. Question that investigators will be seeking answers for will be; when was the time of notification made to emergency personnel, who were the person that contacted emergency personnel, what was the condition of the infant when discovered, what events occurred before the death of the child? What position was the infant found in? Were resuscitation attempts made to try and save the infant? The lead investigator will assign duties to other members of his team member evidence collection will commence with documenting, photographing, videotaping, and diagraming the home, including a complete walk through of the residence. Documenting the death scene with photography and videotape will serve as a permanent record for investigators of the actual death scene. Written documentation along with the other forms of scene preservation can used to correlate information from the scene if needed at a later time and can be shared between agencies that are involved in the case. Since evidence collection at the scene of a child death can be crucial in determining who or what is responsible for causing the death, collection and processing of all evidence must be done in keeping with the procedures as specified by the local and state legal authorities. At suspicious death involving an infant food, formula, and medication used by the deceased should be collected. Additionally, items such as clothing including diapers, sleeping and supporting surfaces should be document or collected at the scene. The Lead Investigator will also make the determination if the scene presents a possible homicide and if any other children present are at risk for potential harm. Child protective service will ultimately determine what is in the best interest of the other children if present and alternate placement will be provided. The Lead death investigator should be notified before any children that were present at the scene are removed. Child protective services should also brief all investigative agencies involved on the location where the child/children are being placed and the contact information since later interviews maybe needed. At the end of infant death scene investigation, the investigator should conduct a final walkthrough of the home. A final walkthrough of the death scene will ensure that nothing has been possibly missed or left behind, all potential evidence has been collected and scene processing is complete. All evidence obtained and collected from the scene should be properly inventoried and removed from the scene. The death scene investigator should also notify residents or agencies of any potential hazard that exist in the residence if found. The lead death scene investigator will report to the medical examiner with his or her findings, who will then contact law enforcement with the date and time the autopsy will be performed. Members of investigative parties involved in the case may be allowed to attend the autopsy and brief the medical examiner on information that has been acquired in the case so far. The autopsy of the child will commence with the body of the child being fully photographed and x-rayed. A bone survey can be requested if physical abuse is suspected . From head to toe an external examination of the child’s body will be performed to check for any visible signs of trauma (Maloney, 2012, p. 176). Ultraviolet or infra-red photography can be used to enhance the visibility of older bruised if they are discovered on the body (Maloney, 2012, p. 177). An internal examination will also be performed; all the major organs of the child’s body will be examined for diseases and abnormalities including the heart and the brain. Samples of various body fluids and tissues will be obtained to be used in toxicology test; this can prove useful if a child has consumed any substances that are poisonous or toxic. After the autopsy, a summary and a preliminary cause of death may be provided by the medical examiner to law enforcement and other officials involved in the case. The Medical Examiner’s office will provide the law enforcement and other agencies involved in the case with the autopsy report, toxicology test results (when Available), and the death Investigator’s report. NCANDS (National Child Abuse and Neglect Data System) defines " child fatality" as the death of a child caused by an injury resulting from abuse or neglect or where abuse or neglect was a contributing factor to death (Placeholder1). For investigators, death scenes involving children can be challenging and complex; since children can perish from a variety of causes both natural and unnatural, it is imperative for both law enforcement and death investigators to be meticulous when documenting notes, collecting evidence, interviewing involved parties and finally determining a cause of death.