

Criminal Investigation,

Seventh Edition

Chapter Twelve

Crimes Against Children

Burn Injuries and Child Abuse

- Investigators should look at the following:
 1. Is the explanation of what happened consistent with the injury? Are there contradictory or varying accounts of the method or time of the “accident” or other discrepancies in the witnesses’ descriptions of what happened?

Burn Injuries and Child Abuse

- Investigators should look at the following:
 2. Does the injury have a clean line of demarcation, parts within or immediately around the injury area that are not burned, a burn pattern inconsistent with the injury account, or any other of the typical characteristics of an inflicted burn? Are the burns located on the buttocks, the area between the child's legs, or the ankles, wrists, palms or bruises?

Burn Injuries and Child Abuse

- Investigators should look at the following:
 3. Are other injuries present, such as fractures, healed burns or bruises?
 4. Are the child's age and level of development compatible with the caretaker's and witnesses' account of the injury?
 5. Was there a delay in seeking medical attention? Less serious burns may be treated at home.

Burn Injuries and Child Abuse

- Investigators should look at the following:
 6. Does the caretaker insist there were not witnesses to the injury incident, including the caretaker?
 7. Do those who were present seem to be angry or resentful toward the child or each other?

Burn Injuries and Child Abuse

- Investigators should:
 - Stay focused on the facts, and proceed slowly and methodically.
 - Ask questions, be objective, and reenact the incident.
 - Treat each case individually.

Contact Burns

- Distinguishing Non-accidental from Accidental Contact Burns.
 - Where is the burn injury, and could the child reach the area unassisted?
 - Does the child normally have access to the item (such as a cigarette lighter) that caused the injury.
 - How heavy is the item, and how strong is the child? For instance, is the steam iron a compact, travel-size one that a small child could lift or a full-size home model that might be too heavy.

Contact Burns

- Distinguishing Non-accidental from Accidental Contact Burns.
 - Is there any sparing that would be significant to the injury?
 - How was the item heated, and how long did it take for the item to become hot enough to cause the injury?
 - Is the injury clean and crisp, with distinctive pattern of the object, or is it shallow or irregular, as from a glancing blow? Several cleanly defined injuries, especially on an older child, could indicate that the child was held motionless by a second perpetrator while the first perpetrator carefully burned the child.

Contact Burns

- Distinguishing Non-accidental from Accidental Contact Burns.
 - Are there multiple burns or other healed burns?
 - Has the child been punished before for playing with or being too close to the hot object.

Shaken-Baby Syndrome

- Describes instances in which a severe intracranial trauma occurs in the absence of signs of external head trauma.
 - Mechanics of the injury:
 - The infant is held by the chest, facing the assailant, and is shaken.
 - The shaking causes the infant's head to whip forward and backward from chest to the back.
 - The infant's chest is compressed, and the arms and legs move about with a whiplash action.
 - At the completion of the assault, the infant may be limp and either not breathing or breathing shallowly.
 - During the assault the infant's head may strike a solid object.
 - After the shaking, the infant may be dropped, thrown, or slammed onto a solid surface.

Shaken-Baby Syndrome

Indicators and Symptoms

- The use of of MRI has helped detect old and new injuries.
- That previous children had such injuries is important.
- If the infants injuries are fatal an autopsy should be performed.

Munchausen Syndrome by Proxy

- A psychological disorder in which the patient fabricates the symptoms of disease or injury in order to undergo medical tests.
 - Consult with experts.
 - Exhaust every possible explanation of the cause of child's illness or death.
 - Find out who had exclusive control over the child when the symptoms of the illness began or at the time of the child's death.

Munchausen Syndrome by Proxy

- Find out if there is a history of abusive conduct toward the child.
- Find out the nature of the child's illness or injury allows medical professionals to express an opinion that the child's illness or death was neither accidental nor the result of a natural cause or disease.
- In cases of hospitalization, utilize covert video surveillance to monitor the suspect.
- Determine whether the caretaker had any medical training or a history of seeking medical treatment needlessly. MSBP is often a multigenerational condition.

Child Molestation

- Situational Child Molesters – some few individuals may only molest children when specific situations happen. (Note: recent studies question that this type of individual truly exists – more likely that they just have not be reported.)
- Regressed – Such an offender usually has low self-esteem and poor coping skills, this offender turn on children as a sexual substitute for the preferred peer sex partner.

Child Molestation

- Morally Indiscriminate – the individual just has a pattern of abuse of others.
- Sexually Indiscriminate – just want to have a sexual experience.
- Inadequate – the individual may have developed psychological problems that lead to such offenses.

Child Molestation

- Preferential:
 - Seductive – courts children and seduces them.
 - Introverted – has a preference for children.
 - Sadistic – sexual preference for children and must inflict injury or pain.

Interviewing Molested Children

- Developmental issues – the interview must recognize the developmental stage of the child.
- Interview the child as few times as possible and coordinate the interview with others who need to investigate the case, such as the child welfare organization.
- Make use of anatomically detailed dolls.
- Understand that the information and comments by the child may indicate that their knowledge of sexual issues may be well beyond their developmental stage.

Interviewing Molested Children

- Children may react differently if they are involved in sexual assault cases as victims.
Watch for:
 - Poor self-esteem
 - Aggressive behaviors
 - Concentration problems
 - Withdrawal
 - Acting out
 - Need to please others

Interviewing Molested Children

- Sexually Abused Child Syndrome:
 - The child possesses age-inappropriate sexual knowledge.
 - The child engages in sexualized play.
 - The child displays precocious behavior.
 - The child engages in excessive masturbation.
 - The child is preoccupied with his or her genitals.
 - There are indicators that pressure or coercion was exerted on the child.
 - The child's story remains constant over time.

Interviewing Molested Children

- Sexually Abused Child Syndrome:
 - The child's report indicates an escalating progression of sexual abuse over time.
 - The child describes idiosyncratic details of the abuse.
 - There is physical evidence of abuse.

Child Pornography

- Individuals traffic in pictures of children involved in sexual acts or nude. With the development of the internet the “transportation” of child pornography has become more wide spread and additionally individuals involved in sex with children have learned that they are not alone and have formed groups.
- Additionally with digital cameras it is easier to make and distribute pornography.

Incest

- Sexual involvement with a related (or perceived to be a member of the family) child.
 - The family may be reclusive.
 - It is not uncommon for more than one child to be molested.
 - Other family members may know of the incest but ignore it.

Sudden Infant Death

- Sudden infant death is a medical cause of death. The death of the child may appear to be a homicide. However, investigators need to complete an investigation in order to rule out a homicide.
 - A healthy infant may die suddenly and unexpectedly. On the average 2, of 1,000 infants born succumb to SIDS.

Sudden Infant Death

– Characteristics:

- Usually normal state of nutrition and hydration.
- Blood-tinged, frothy fluids around the mouth and nostrils, indicative of pulmonary edema.
- Vomitus on the face.
- Diaper wet and full of stool.
- Bruiselike marks on the head or body limbs (postmortem pooling or settling of blood in dependent body parts).

Infant Abduction

- Infant abduction is the taking of a child less than one year of age by a non-family member.
- Since 1987 an average of 14 infants have been abducted annually, so this is an important crime, but it occurs rarely.
- Abductors are generally women (in one research case 141 out of 145 cases).

Infant Abduction

- 94% of the babies are located.
- The media is a valuable source of ways to inform the public.
- If the child is missing for a number of years there are ways to artificially age the child so that the child appears similar to their current age.

The End