

## **MCHB/DCAFH**

### **Improving the Infant Death Investigation through Doll Reenactment:**

#### **The Autopsy Begins at the Scene**

April 28, 2009

SEPHANIE BRYN: Good afternoon. And welcome to the MCHCOM.com webcast today. And thank you for joining us. Today's web cast is entitled "Improving the Infant Death Investigation through Doll Reenactment: The Autopsy Begins at the Scene." I'm Captain Stephanie Bryn, from the Maternal and Child Health Bureau at HRSA, and I'm today's webcast moderator. During this web cast, we'll discuss the importance of and the demonstration of techniques of conducting doll reenactments to help investigators and families better understand the causes of infant death in sleeping environments. Our speakers today are Deborah Robinson, Infant Death Investigation Specialist, Northwest Infant Survival Alliance from Seattle, Washington. And Dr. Terry Covington. I promoted you. Executive Director of the National Child Death Review Resource Center. The resource center is funded by Maternal and Child Health Bureau at HRSA.

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TERRY COVINGTON: Good afternoon. I'm just setting the stage a little bit on why we decided to do this web cast. As a person who hears a lot from child death review teams around the country, in the last seven, eight, nine years many times as you know have really begun to get a better understanding of deaths of infants that die suddenly and unexpectedly in sleep related environments and one of the things that has helped a lot is when high quality scene investigations are conducted. In only the last eight to 10 years and Deborah will go into this in more detail, have we gotten a detail on how to do a quality scene death investigation. By calling it the scene, the place where the actual infant was

found, not breathing or in distress. And what was really learned with a relatively new technique is the value of the doll reenactment and we decided, because I hear from a lot of people, how do you do the doll reenactment? Why would you bother to do a doll reenactment? I don't want to do a doll reenactment. I'm afraid of doll reenactment. I hear of people, dolls, are you kidding me? I'm supposed to take dolls to the scene? What we hear often is isn't it harmful to the families? But we've learned with this relatively new technique in the last several years that when it's done well and it's done with empathy and compassion with the families, it can really unlock the secrets about what happened to the infant when it was unwitnessed and the infant died in their sleep. It's also been not only a benefit to investigators and medical examiners and coroners but many people, many families will tell you that it's been a benefit to them because it empowers them by having them be part of the death investigation and contribute their own knowledge to what might have happened to their baby. So we've invited Deb Robinson to be your presenter today and I think we're in for a real treat. She comes from the Seattle area. She's going to self introduce herself and tell you what her background is. I've worked with her in a number of states doing training and I think she's trained about 3,200 people as of today. She just made her audience a little larger with this web cast. So we actually encourage you to ask questions while Deborah is going through the presentation. It's going to be a couple -- there's going to be a couple of things. She's going to talk about what's going on in the trends, she's going to introduce you to the doll reenactment as part of the comprehensive scene investigation and then do a little demonstration, I think twice, showing you what kind of dolls to use, why you would use certain dolls, and then we're going to go through how to actually introduce the dolls to the family and conduct the reenactment. We'll be answering questions at the end of Deborah's presentation. So I'm going to turn it now to Deborah.

DEBORAH ROBINSON: Good afternoon, everybody. And I'm honored to be here. For many of you who are tuned in, I'm imagining are investigators either a coroner or a medical examiner's office or maybe from law enforcement and you may be asking yourself, what is it that this woman from Seattle, Washington can bring to show me about how I conduct my scene investigation? Well, just to give you a little history, what SUIDI is. The doll reenactment was developed by the center for disease control. To give you background on myself, I spent a number of years in the Marine Corps with a deputy sheriff for a number of years, came home from a run one day and found my third child dead in his crib. I come wearing several different hats and bays of the lack of a scene investigation in my case and incomplete autopsy, it spawned me into this arena. I was hired by the SIDS foundation of Washington. They sent me to school at the St. Louis school of medicine where I was trained. So as we begin this training, the SUIDI initiative was launched in about 2004 and while I'll be focusing on infant deaths today, please keep in mind that just because an infant is beyond 364 days or maybe a toddler that these same techniques are applicable to those cases. Just a brief overview, I'm hoping you'll understand the importance of visually recreating what an infant death investigation and what the scene looks like using a doll as a tool, I want to be able to explain -- want you to explain the reenactment to the caregivers. I want them to tell you how the infant was placed and how the infant was found and I want you to be photographing this reenactment. We're not going to go into a lot of detail about photo documentation because as an experienced investigator, I'm sure you already have those techniques. And lastly, what I think is one of the most important components is how do you debrief the family member and what kind of engagement do you have with them at the scene. So while the SUIDI is guidelines, I want you to also understand that these are national guidelines and whether you're doing a scene investigation in Seattle, Washington or you're in Memphis, Tennessee, when you have a sudden and unexpected infant death that your investigation should be the same.

Next slide, please. So approximately 5,000 infants die every year suddenly and unexpectedly. The center for disease control will attribute 2,500 of those deaths to what we call SIDS. The form that we will be using, what we'll be talking about today really consists of two summary forms, 14 supplemental forms and depending on the circumstances of the death, you as the investigator can build upon your own reporting package. For many people, the doll reenactment portion of your investigation is going to be one of the most difficult tasks you'll ever face. But in my opinion, it will be also one of the most fruitful tasks and information gathering techniques you'll ever have. So all sudden and unexpected deaths begin at the scene and they all begin pretty similar to this event. Quick video.

>> 911, emergency.

>> Can you help me?

>> Is this a police or medical emergency?

>> My baby is not breathing.

>> What address are you at?

>> Please hurry. Hurry.

>> My baby.

>> What happened?

>> Help her. Please help her. Oh, my God. Please, please, please. Please make her breathe. Help me. Help her. Help her. Please, please.

>> Take it easy.

>> I want her to come back. Breathe. Breathe. Help her.

>> Next slide, please. So for many of you who have ever been to one of these scenes, I think the video clip that you just saw accurately depicts how highly emotional these environments can be. The objective for today's training will be able to have you accurately depict a death scene using a doll as a tool, whether you choose a generic, nondescript rag doll that's weighted like pictured here or a life like baby doll. It's what you're comfortable using. We want you to be able to comfortably conduct the scene re-creation by using the doll to visually give you the most accurate information at the scene. More specifically, the training will focus on the doll reenactment and how to conduct a death scene investigation sort of using a step by step demonstration of the procedure. We want you to learn how to comfortably interview grieving families and caregivers and we want you to include techniques and lessons learned that we have gleaned from the field in a series of cognitive interviews and then be able to transcend the scene findings to the autopsy protocol. Here you'll see a variety of props and we go through the training, we'll learn how to view those more effectively.

>>Next slide, please. So as an investigator, you might be asking yourself, why is infant mortality important to me? I come from the Pacific Northwest. We have a land of lattes

and Starbucks, built a great airplane with Boeing, we have a little software company called Microsoft and we have this spotted out. We also have state legislation that regulates and mandates scene standards for investigations and most recently, our county child sexual assault protocols were expanded to include child fatality. We gain the healthiness of the society by the infant mortality rates. The United States currently ranks 26th among industrialized nations according to the world health organization on infant mortality. So there's confusion out in the field about what is a SUID and what is a SIDS and what is a SUIDI? There are many causes. You have an incident that results in the death of an infant. And that's called a SUID. Any infant death that occurs suddenly and unexpectedly is a SUID. They also include things like suffocation, strangulation, neglect or homicide, metabolic disorders, poisoning, hyperthermia or hypothermia. After a complete investigation which includes the performance of an autopsy, your SUID will be explained or it will be unexplained. It is in the events of either accidental suffocation, poisoning, head injury, metabolic disorder, neglect, homicide, hypothermia and hyperthermia. Some types of unexplained deaths are SIDS. Keep in mind that's a diagnose of exclusion. You've excluded out all of the other explained items. You can have something that is unknown or unspecified or you have SIDS but you can't rule out suffocation because of unsafe sleep environment. Again, it goes back to the complete forensic investigation including an autopsy. The word autopsy means to see with one's own eyes and that begins at the scene. So some concerns about SIDS and other SUIDS. SIDS is still the leading cause of post neonatal fatality. Accidental suffocation and strangulation have increased and the rates have at least doubled in the last decade and the SUID rate is separable to birth defects which is about 4500 SUID deaths each year. 2300 SIDS deaths. Let me just give you the definition of sudden infant death syndrome. And this is according to the N.I.H. definition. Sudden death of an infant under the age of one year which remains unexplained after a thorough case investigation, including performance of the complete

autopsy, a death scene evaluation and review of the clinical history. So some of the problems that we encounter in the field is that each one of these is done to either full, complete forensic investigation or some of these components can be missing.

Unfortunately, death scene investigations and autopsies are not routinely done across the country and additionally, those who assign cause and manner of death may either be a medical examiner or coroner, one who is a board certified forensic pathologist or one who is an elected official and they have a variety of background requirements and expertise.

So when it comes to certifying cause and manner of death, those who certify them have a variety of educational backgrounds and one of the things that the study does is tries to minimize and standardize the methodology in which we conduct investigations. The doll reenactment. A death scene investigation needs to be performed on all infant deaths and part of your investigation needs to be the doll reenactment portion. This holds true even if that baby has been transported to a hospital or has been transported and is no longer in the environment in which they died. A reenactment is an essential part of the thorough death scene investigation. And recent studies have suggested that the possible changes in reporting and classifications has more to do with the geography of where the baby was than it does really the forensics of sciences involved with that. The doll is just a prop that we use as an extension of our tool box to give us more information as to what was happening at the time of death. So for an investigator, introducing a doll or even using a doll can be a very tricky and complicated and highly emotional thing for families. It can also be very difficult for the investigator. Keep in mind that consistent and accurate communication is really the key to getting information from the families and if the families understand that you're asking them to do things that will help you and the pathologist in determining what caused their child to die, families are very ready to help. When they have a sense of knowing that the information that they have or information that they can provide you that as difficult as this is, they'll be more readily available to help and give you

those explanations and to work with you on that. One of the things that when we talk about introducing a doll to a family, a lot of investigators have told me that they really don't want to compound an already traumatic event for the families and for the families, they've already experienced the most difficult thing in their life and that's death of their baby. If you do this doll reenactment portion with professionalism, and empathy, I guarantee you will get information from this that is more accurate. So let me just reiterate what the reenactment goals are. We want to accurately depict what the sleep environment in which the infant was last placed down to sleep and the position that the infant was found in. And the goal here is to provide the family with an explanation of what happened to their child. If you can key in on several of these dolls here, again, keep in mind that your doll is just a tool. Some people will prefer to use a more accurate life-like doll. I think that there's problems with both. This here is a generic weighted doll. Weighs about eight pounds. One of the things that we find is that if you are not able to add additional trauma and secondary trauma to the family, you tend to get better information by using this doll. If you suspect an injury or you have an injury pattern that you need to give an explanation for, I highly encourage the life-like baby dolls to be used. If you have a sudden and unexplained infant death and you don't know what's going on, the generic dolls tend to work really well with families.

Next slide, please. So the doll reenactment. The doll is just the extension of your tool box and I would like to suggest that you have a variety of dolls, styles. This one was a weighted eight pound generic doll that we've also used for drowning, when we recreate drowns scenes. It doesn't add the additional trauma. It's eight pounds of dead weight. I actually put this one in nondescript clothes because sometimes you may have an infant who is heavier. Bedding may be an issue. I can hyper extend the neck. You've seen scenes or situations where the doll -- where an infant had their neck hyper extended. The

life-like baby dolls are more difficult to do that, to accurately portray that and then if you have size issue, what I like to do, these are fishing weights and I put them in 16 ounce increments and when this baby, if I need to administrator weight, I can put one here, I can administrator weight to its legs by inserting it in a variety of clothing items and it just starts to give me a heavier doll to work with. But again, the goal here is to get accurate information. If you're more comfortable with one of these dolls, I highly recommend that. The important thing here is that you use a doll for scene re-creation. You can get dolls anywhere. These dolls that I have right here are purchased from the shaken baby foundation and the generic rag dolls we have made from SUIDI dolls.com.

Next slide, please. We're going to be showing the reenactment to the families and we're going to tell them what we're doing. You're going to be handling the dog with respect but not attempting to treat it like a baby doll. Explain the use of the doll and the purpose of the doll. This is to demonstrate the most accurately how your child, please use the name of the baby, how Mary was placed down for sleep and how you found her. Demonstrate to the family how the doll moves so they're not taken aback by either the eyes that flutter if you are choosing to use the life-like baby dolls because some do and how the hands and legs will articulate. Communication when dealing with families is really key. Keep in mind that these families are in shock, they're traumatized. Explaining the importance of visualization to the pathologist is extremely important. Tell them that the autopsy begins at the scene and your role as an investigator is to be able to most accurately depict what the scene looked like. Digital documentation is -- you want to digitally document how that infant was placed and how that infant was found and you also want to document the overall sleep environment. For those of you who are experienced in photo documentation, you'll be wanting to take a macroscale photograph and you'll want to take a micro scene photograph. You cannot complete a thorough investigation without a scene re-creation.

Describe the reenactment procedures to the family and caregivers. Provide a brief explanation in the step by step of what you're going to be doing. Tell them, I'm going to be taking this doll out of my bag. My doll looks like a baby doll. You want to highlight how that -- place her in the finder's role. Sometimes they're the same people, sometimes they're different. You want to encourage the caregiver, engage them in the process and encourage them to ask questions. Remember that even in homicides, you have grieving family members and I have seen over and over that if families understand that everything you're asking them to do is to find out what happened to their child, they'll be more than willing to help you with this.

Next slide, please. So this is a really difficult time in the doll reenactment. You're actually going to hand a doll to the participant and you're going to ask them -- you're going to give them step by step instructions and explain using the doll how they placed their child. You want to emphasize the importance in ensuring them that this is an accurate re-creation. You want the infant body position to be accurate. You want the bed sharing scenarios, if this was a bed sharing situation with another adult or another child, you want that to be depicted in your photo documentation. You want to make sure the bedding and the blankets is accurate, that the toys and the stuffed animals are the same things that were there and that if there's anything like a -- something that positionally supports the infant such as the wedge, that's in there. Here is the one guarantee I can give you. When you get to the scene, that scene which that child died is going to be severely distorted. No other scene will you actually have to start working backwards from. So depending on where you are introducing the doll, in what stage of your investigation, you may get different answers from families. Families tend to be very foggy initially following the death of their child so be patient. You may have to repeat over and over the same question. Ask the participants to demonstrate exactly how the infant was placed. By asking how to place

this doll in a position that they put their baby in, this can be very difficult. And this can take a little bit of time, especially if you're dealing with a distraught or emotional family member who doesn't want to -- or can't remember even exactly what they did. You want to make sure to document whether this was prone sleeping, supine, is the face up, down, is this correct. You want to keep reiterating is this correct while you're photo documenting. You want to document the infant's neck position. This goes back to the different types of tools, whether you use a life-like baby doll or one of these bean bag generic dolls. Hyper extension of the neck can be an important part of the information that the pathologist will need before the time of autopsy but it can be very difficult to demonstrate with one of the other tools. So here we have the same case scenario of how the baby was placed. And you can see that often in a sort of cluttered sleep environment, you have one doll that may photo document better than the other. The generic weighted doll is something that I use -- I write all over my dolls. They come nondescript. I've written front, back, put eyes. I have a variety of different tools and dolls that I suggest and over on the right, you'll see the shaken baby doll that's used to depict the scene. You can get the same information with the different dolls, it's just what you're comfortable as an investigator using. So again, you want to ask the participants to demonstrate exactly how the infant was placed. Was this infant sleeping alone? This is a critical piece of information. If bed sharing, digitally document the sleep environment and position the infant was in, in relationship to another individual in the bed or another animal or another stuffed animal. That can get a little tricky. People don't want to sometimes give you accurate information or it always amazes me how sometimes families will depict in scenes just -- they have inches and inches that they actually say, well, I was bed sharing but my baby was way over here. It's really important that you accurately glean that information and photo document it. The investigator will also need to ask the individuals involved to participate in this reenactment. So while these are chaotic scenes, it's really going to become critical that the person

giving you the information how the infant was placed was actually the person who did the placing and not somebody who lived in the home or who saw that or thought that was how the infant was placed. It's important to get first hand information from the placer.

Next slide. So again, this is just showing you a contrast of how the weighted generic doll, same sleep environment, versus the baby doll and how they photo document. One problem that I have with the life-like baby dolls is sometimes the appendages don't bend like the real baby was found. That can be difficult. I would highly encourage you to have your own tools and never use something that belongs to the family. One, you're sort of reintroducing evidence into a scene that if somewhere down the line in your investigation you find this to be something other than a natural or accidental death, then you kind of have to back step a little bit of reintroducing evidence into a scene. We would never, if we were processing a homicide scene, introduce something that belonged to the decedent into the scene. We should have the same for an unexpected death of an infant as well. One of the things that photo documentation with a doll is to really see was the story feasible. Was what your seeing, could that have actually happened? You as the investigator are there to glean some facts and to take them back to the pathologist prior to autopsy. I can't stress enough how important it is that you accurately tell the family or that the family gives you exactly how the infant was placed. Recreating the sleep environment by putting bumper pads, pillows, blankets, supports are really critical. If you could explain that to the family of what you're doing, oftentimes especially if the infant is removed, you come to the scene and you have an empty bed. That sheet has been taken, that bumper pad has been taken. Well meaning family members sometimes destroy a lot of evidence because they think they're going to help the family by getting rid of any evidence of the child and what happens is they're destroying evidence. You'll want to make sure that especially if there's edema, you want to find the sheets and recreate that environment as

accurately as possible. If this infant was sleeping with somebody at the time of death, you want to make sure that that person is also giving you that information of how the infant was placed. Again, you can see the contrast in the two dolls. One tends to photo document just because of the light reflection a little bit more readily than the other one. But again, it's what you're comfortable with. Photo documenting on any sudden and unexpected death, here you can see an infant who was placed in the bassinet on their side position. Here you can see an infant who was placed down in a daycare setting on their back. Now, asking a participant to demonstrate exactly how an infant was found can be a little bit more challenging because one, the infant at the time of being found can display different types of bodily changes. There are things that you want to make sure that you glean from the respondent or the person giving you that information. Were they sleeping alone? If bed sharing, again, digitally document how they were sleeping and the position that that infant was found in and the investigator will need to ask probably more than one time, was this how your baby was found? Was this how Mary was found? Asking the caregiver to place that baby and show you how that baby was placed is much easier than asking them to show you how that baby was found. And this becomes highly emotional for families and we'll talk a little bit about what do you do if a family actually refuses a little bit later. One of the things, because the postmortem changes in the body, that sort of loop that families are continually playing over and over in their head and just the sheer image of how their infant was can be very disturbing to families. Again, in these two slides you can see here we have how the infant was found using the generic weighted doll and we have the baby doll and you can see the contrast. Because of the dark sleep environment, sort of the overlay issues that the caregiver had here, you can barely see the light covered rag doll, where you can't even see the baby doll. So in asking the participant to demonstrate exactly how the infant was found, finder is the primary source of information during the reenactment. You want to ask the finder to focus on depicting

exactly how the found position of the infant's body was, prone, supine, seated, face up, face down, was the neck hyper extended? Those become very important and the pathologist should see those prior to autopsy. So here you have, again, this was an infant who had actually a suffocation of a 9-month-old who was placed on this bed to nap at grandma's house and while the slats on the bed were within the recommended range that a crib was, the other designs on this bed were not and the infant actually wedged himself through and so you can just see from the different dolls which one photographs the best. This is the same scene from just a different angle. We weren't able to accurately depict how the infant's arm was on the baby doll as well as we were able to fold the rag doll. It's more like a bean bag doll, actually. You may find yourself the one who sort of is positioning the doll, who is recreating this for the family. You want to recreate, again, the sleep environment to make sure everything is there. And in each phase of how this infant was found, it's OK to go back to the caregivers and say, is this correct? Was this right? Was this arm correct? Is this how Mary was? You may have to go back and reiterate over and over again to the family member or the caregiver how this infant was found. Here we have a couple of the same -- you saw slides earlier of how the infant was placed and these are some photos of how the infant was found. The infant in the play and pack, while in a safe sleep environment, this little guy was getting himself up, pulling himself up on the rails and the daycare provider had drawstrings and this is really a tragic injury related death that could have been avoided had that bed been pulled out maybe another foot. The case over on the far left where you have in the bassinet, this was a case where the infant has actually been placed on their side and then was found prone in this bed. And the case up in the right, it's a little difficult to really certify cause and manner of death. I believe it was certified as an asphyxia case but one has to then start to photo document when you have a case like this, it's really important as you'll see later that you photo document the scene without the decedent or the doll in the environment so you can accurately gauge

the texture, the thickness, how much skin surface was exposed because you could be looking at a hypothermic situation. So what happens if you have a family member and they just can't do this? They're just going to refuse to do the reenactment. And you are going to have cases like that. So follow your standard interviewing procedures and protocol and ask them to describe how they were placed and how they were found and you can photo document that. I really like using a stand-in actor, I.E., the investigator. Here you can see, this is actually the investigator with the caregiver looking on so that the investigator walked the caregiver through and the caregiver was able to say, yes, this is how I was laying. No, my leg was up this way. I couldn't do this. And then the other photo, same situation where you have an investigator and in Washington state, where I'm from, we'll do a dual investigation, a joint investigation with our medical examiner's office and law enforcement and they do this in tandem. There's always two investigators at the scene which is really wonderful for collaboration. It's great for the families because they don't get asked the same questions two and three, four times. They can ask questions or make sure that the investigator doesn't miss something and in those cases where they've had to go back and get a search warrant or may have suspected a family member was under the influence, by collaborating with other agencies, we were able to do it more expeditiously. Photographing your reenactments, most of you are seasoned investigators. You've done photographing 101 but one of the things that I want to just stress is, again, that idea of your macroenvironment, the totality of the scene, maybe an overview of the dwelling. Was it a single family home, an apartment dwelling and then work your way in. The sleep environment for infants becomes the most critical piece of information that forensic pathologists say they need prior to autopsy. With digital photography, you can really -- you can't have too many photographs so just photograph away is my recommendation.

Next slide, please. Photographing the reenactment, know what shots are necessary beforehand, OK? Practice this before. You've never done photo documentation, give yourself an overview, photograph how the infant was placed, how they were found, the sleep environment keeping in mind they are highly emotional and you need to do it in a timely manner. This is a very difficult part of your investigation so knowing your steps ahead of time, knowing in your mind what sort of pictures you want to take can really expedite the process. Going back to the basics, you want to be able to photograph how that doll was placed. Once the placer has positioned that doll in the most accurate place, sometimes they're going to give you I think I did this and you may need to verify. Are you sure? Well, I think that this happened. And you can say again, OK, are you sure that this is how the baby -- you put your baby down? And take several pictures. And it's the same for when that infant was found. You may find, too, that have a variety of props available. Again, going back to trying not to ever use something that belongs to the decedent, having your own blanket if an infant was swaddled, using your own receiving blanket can be important. Photographing the doll in all positions as they were found, again, probably one of the most difficult. Verify digitally this is how the doll was found. And you may have to ask that caregiver to do this several times and would you like to help me a little bit on this? What I would like to do for a moment is just sort of demonstrate that as an investigator, what you want to be doing, introducing this doll into the scene can be a very dramatic thing. So I like it when investigators will tell the family, Mrs. Smith, I'm Deborah Robinson and I'm here. Please accept my deepest condolences for the loss of Mary. I know I'm going to ask you to do some hard things here but it's important that I get as much information because we want to find out what happened to Mary. And I need your help in doing that. Is that OK? OK. Now, in my bag here, I have a re-creation doll. This is just a tool, this is just a prop that I use to help me understand what was going on at the time of

death and this is a white rag doll and I'm going to bring it out now, and I want you to hold it for me, OK? You get a feel for what this is like.

>> It's heavy.

>> Very heavy.

>> How heavy is this?

>> This is eight pounds. OK? So Mary actually, you told me that Mary actually weighed 10 pounds but that's a pretty accurate weight for what we need it for right now. Can you show me how you put Mary to bed? would that work for you?

>> Here in her bed -- I mean, in my bed?

>> Here in your bed. Absolutely.

>> Well, I took her -- these were down. I just put her like this on my pillow. Just like that. And then I put my blanket and we had this thing up and we just kind of -- I tucked her in and left her for a few hours.

>> OK. So you're the investigator. As she's placing this baby, I would be taking a photograph here, I would be taking a photograph when this baby is covered. Now, if she gives me a little bit of resistance, she says I don't remember, I'm going to say, OK. Let me put Mary down for you, OK? So you say she was sleeping like this on this pillow? Is that about right?

>> No. Not really.

>> Can you show me what was different?

>> I had her way up like this. She was kind of, you know -- had a little cold.

>> Very good. Very good.

>> And I had blankets on her.

>> Were the blankets all the way up like this?

>> They were tucked in around her like this.

>> All right. Thank you. So at this point, then you'd be taking a little more photographs.

Can you zoom in on this for just

a second? On the doll? now, I'm going to be asking miss Smith here if she can show me how Mary was when she found her. So Miss Smith, I know this might be really difficult, but can you show me where Mary was when you walked in here and found her?

>> Well, I think -- I can't remember exactly but I think when I came in the room, she was like -- she was like this. And then the blankets kind of were -- her head was -- yeah. The face. Her face was sort of in the pillow like this.

>> OK.

>> And then the blankets were over her bed a little bit.

>> Thank you. I know this is a very difficult thing to do, but this will give us some sort of picture and some idea what was happening to Mary at the time she died. You're going to be photo documenting. Again, if you've collected sheets, what you want to do is match up if there's any bloody purge, edema on the bedding and what I like about this doll is you can explain and you can rotate if the neck was hyper extended, flexed, back, forward. If I use a life-like baby doll into the same situation, I have a little bit more difficulty in rotating the head, putting the appendages up and getting the infant into the same situation. I can depict that with photo documentation, it's just with my beanie babies. I'm able to hyper flex that neck a little more accurately than what I can do with this doll. So once -- thank you, Mrs. Smith. You can sit down now.

>> OK.

>> So once you have your doll reenactment, it's really important that you photo document the scene. Especially if you have layers. You can see on your slide there that performing a layer by layer photography of the bedding is critical. You don't need the family in here for that and you don't need the doll in here for that. So what you would do is photograph layer one, pull back, layer two, pull back, layer three. If asphyxiation is an issue here, I would also throw a gauge in there so that I can measure the depth and the thickness of the bedding. So another thing that you can do without the family there is photograph and document any unsafe sleeping environment. For an infant, when you see this type of crib, what do you see that's more deadly? The bedding or the weapon there? It's important for investigators to know that soft bedding, prone sleeping, overheating, thermostats, any

ambient temperature. What is in the crib? That's a semi automatic weapon. For an infant, what's more deadly? Is it the soft bedding or is it the gun?

Next slide. So what happens if you have a case and the story just doesn't add up? You may have a suspicious case like this one was a 4-week-old white male, weighed 10 pounds, 19 inches in length and he was placed down to sleep on this little bouncy chair here. Here we have the scene re-creation. Sometimes it can be a little difficult when you're introducing a doll to distinguish whether or not it's a doll, a toy as part of the family's home environment or if this is your investigation tool so always make sure in your narrative that you've documented that. So the mother's story was that she picked up the infant in the morning, said his eyes were open and that he was looking at her. Then the next thing she knew, she placed him in this little bouncy chair, he had blood coming out of his nose and he wasn't breathing. So after the scene re-creation and re-verifying the information that the mother was telling the investigator, things weren't adding up. The infant actually presented in the E.R. in full rigor, fixed lividity over the inferior surface of the body and there appeared to be no injuries but we had an 8-year-old sibling who told somebody at school that Mommy said that autumn didn't mean to roll over on the baby. You may have to go back and ask the family to again tell you what happened. They may stick to their story and you may be just stuck with what you get but oftentimes when re-confronted with things aren't adding up, sometimes they'll want to do that. So your exit strategies.

Debriefing families and other caregivers can be one of the most important, I consider, parts of your investigation. Your investigation is going to have a lasting effect on a family or caregivers and while you as an investigator may process hundreds of these scenes, for that family, this is a one time, life changing event. And you now have become part of their history so I want to just impart with you what kind of legacy do you want to leave? If you do a professional, compassionate, thorough investigation, I guarantee you that you will be

a positive memory in this family. So as you're leaving, highlight the personal difficulty of performing the reenactment, assure the family that I know this was extremely difficult for you and I just want to express my condolences again. Be empathic and nonconfrontational approach is not only appreciated from the families but also very effective. Families want to help find out what happened to their child, even in homicides. Again, I go back to that. You have a grieving family members who wants to find out what happened to their child. Reinforcement importance of the doll reenactment and stress that the goals of the reenactment was to be able to provide the family with an explanation of what happened to their child. And thank them for their cooperation. This is a really good time to give them your card, give them your name, tell them your name. Encourage the family and caregivers to ask questions. Ask the parents and the family if they have any questions, invite by doing this, not only are you reiterating what needs to be done, did you get all of the information that you need but you're also engaging them in the process. Family members, when engaged in the process, feel like they are part of that. The more information that they have, the more information you're going to get as an investigator. By cooperating that they're really establishing the cause and manner of death. And I think once families understand that from the beginning, they are more available and ready to help with anything possible. It's important that families have a road map as to what's going to happen. They're prepared to buy a crib. They're not prepared to buy a casket. Provide an overview of your office's procedures that you'll be -- tell them that you'll be transporting Mary to the morgue for examination by the pathologist, inform them of local, state laws and authority that gives the coroners the rights to perform an autopsy. The idea of an autopsy to many families can be an overwhelming event. It's really important that you help give a road map to what's going to happen to the family in the next hour, in the next day and the next six weeks because many jurisdictions, the series of the autopsy may not be complete for a number of weeks. Provide the family with a timetable and release of the

official reports. Let them know when the autopsy report will be available and that -- tell them they have the right to obtain a copy of that report. Let them know what other studies will be done such as toxicology, and leave them something tangible that they can read, that gives an overview of what your local jurisdictional protocols are that within so many hours, for instance, an autopsy will be performed by a forensic pathologist and by giving them that information up front will just help them later on as they begin to make arrangements. Provide the informational fact sheet explaining what takes place at this point. Again, going back to the more information families have, the better it is in the grieving process and the better it is for you to obtain information from the families. Explain the family's responsibility, that it's going to be their responsibility to choose a funeral home and to let the funeral home know that their loved one is at their office. Explain what kind of tests will be performed, what the autopsy will actually entail, that they'll be doing x-rays, that toxicology will be done. While they can get x-rays back right away, toxicology information can take weeks to get. You'll be doing pathology and genetic streams and all of the other ancillary studies that your jurisdiction performs. Make sure that that's in writing somewhere so that families have that road map to help navigate the rough waters they're in. Provide family members and caregivers with your office contact numbers and that sort of seems like a no brainer but for many family members, investigators oftentimes forget that. And -- or they have given that to families and they lost their card. Make sure your contact information is on a variety of things, whether it's on a brochure, a fax sheet, you leave them the card. Leave several different things that have your information on it. At this point, too, it's really important that you ask, is there anybody that you can call to help them? Is there a chaplain, a family member that you would like them to call? Express the understanding that you know this is an overwhelming event for them. Give them your condolences and encourage them again to contact your information. When you leave, thank them for their cooperation because that goes a long way, especially if you have to

go back and ask them again. So in summary, I've been given the 10 minute warning here so I want to get these done. Always remember that a death scene investigation needs to be performed on all infant deaths. Even when a baby has been transported to a hospital. All reenactments should include a doll re-creation and always have scene re-creation performed by the placer and by the finder. That's your primary source of information. That your ultimate goal with the scene reenactment is to be able to accurately depict the environment in which the infant was sleeping, how that infant was placed and how that infant was found. That information was critical. The national association of medical examiners told us they need that information prior to autopsy so by not giving that to your forensic pathologist prior to autopsy, your investigation is incomplete. Again, documenting, photo documenting, was the infant sleeping alone, how the infant was -- was there any other object with the infant? Were they bed sharing with somebody? Co-sharing and bed sharing are two different things. Co-sharing is same room. Bed sharing is same sleep surface. I know it can be a confusing term. Families will want to help if they understand what you were doing. Again, going back to providing that family with contact information and, you know, it's OK to check back on that family a couple of days later. If you think that's something not right with the family, they think that you thought enough about their child to come back and ask another question. E.M.S. does it all the time. Investigators should be doing it the same. So in closing here, we have our little spotted owl that you saw at the beginning of the preparation and this little owl in the Pacific northwest changed towns, changed how we did industry, it changed livelihoods, put some people out of business and it recreated an industry. Well, we can do that for this little creature called the spotted owl. Can't we do this for our most valuable resource, our children? The SUIDI training, this is courtesy of King Texas. I just love this little picture here. Thank you and the last slide has some resources if you want to buy some dolls, where you can get them, the

child death reviews website, our email address. Thank you for your time. Are there any questions?

>> We have several. Thank you, Deborah. We have a number of questions. I think we have about 11 or 12 questions and I tried to put them in an order that made them coherent. The first one is who do you think doll reenactment training should be directed to? Just for law enforcement? Who do you think the audience is in terms of making this web cast more available, doll reenactment in general?

>> Well, I think law enforcement and medical/legal death investigators need to know how to perform doll reenactments. Anybody involved in a sudden death of a child, they all need to be aware of what a doll reenactment entails and especially child death review teams. When you review an infant death, that should be a question that you ask, was a doll reenactment completed in your investigation and if so, great. If not, why?

>> Our second question is, your thoughts on using still photos as you did in most of your slides with taking video of a reenactment.

>> I'm all for video. What I caution people to do is you might want to consider pulling the sound just because sometimes it picks up the investigator's comments. If you're narrating it, I think video photography is just another form of photo documentation and is excellent, especially good in when you have an injury, and an injury pattern, you may have to go back and have the caregiver explain exactly what they saw. Then I would use the more life-like baby doll and have them do that. That's my opinion.

>> We had a question that if trauma is a factor, do you want to start with the bedding and the sleep reenactment or you think trauma is involved, where does the doll reenactment bedding piece fit into the re-creation?

>> That's a great question. If you have obvious trauma, you have a different set of circumstances for your scene. The doll reenactment is to be used whenever you have a sudden, unexplained infant death. These are going to be the natural deaths such as SIDS, your accidental deaths like you could have an accidental asphyxia, have a metabolic disorder. These are deaths that you have no obvious form of trauma. If you have come to the scene and you have an infant with obvious signs of trauma, then your scene is going to be different. Your sleep environment may not be what you're documenting. You may document where the injury occurred, use alternative light sourcing. Sometimes the lighting in a dwelling is not going to be accurate enough to show where that impact may have occurred or where that shaking may have occurred or even where that infant just died in a bed. You may need to have, you know, alternative light sources. Again, each case is going to be dictated by the circumstances and the totality of the deaths. So when you see trauma and injury patterns, it takes you down a different venue.

>> You mentioned, you thought it was more useful to use the real dolls if there was trauma suspected? I know there's dolls that come from the national center on shaken babies.

>> Well, again, this is my opinion as a cop. If I have an infant who has injury patterns, so the rule of thumb is, if they're not scooting, they're not bruising. So if you have a lot of bruising on a 2-month-old infant and the caregiver is telling you, oh, they just roll out of bed all the time, that's an unlikely story. I'm not as concerned about inflicting additional

trauma on a family member that's already inflicted trauma on their child. And the life-like baby doll may be just the tool I need to use in that circumstance. I use the generic doll when I don't know what I have. If I have to go back to a scene because now I have a subdermal hematoma, now I have a scene that I may have to go back and talk to somebody about and that's when I would use the life-like doll versus the rag doll.

>> We had a question about the rag doll. What do you put inside it to make it an eight pound weight?

>> These dolls right here are filled with pea gravel and the pea gravel is nice because we've used them to recreate bathtub drownings and they dry out really nice. Now, my favorite, though, is just buckwheat. You can buy these unstuffed and they hold eight pounds of buckwheat really nice. You won't be able to get them wet that way. Again, this is just a tool. Sometimes your tools wear out, you have to, you know, buy new things but it really just depends on what area of the country you're from and what you're comfortable as an investigator using.

>> Speaking of getting dolls wet, we had a question about how do you avoid cross contamination of trace evidence when you're using the dolls between scene, especially if there's purge on a pillow or different types of pieces? Do you think it's important to wash these dolls after every use?

>> That's a good question because normally, you know, the sheets have been collected ahead of time and so you're photo documenting the purge pattern on the sheets and you collect that as evidence and you're doing your doll re-creation there. There's certain cultures I know, too, that when you bring in something from one death scene to another,

these dolls are washable, they're disposable. These dolls are washable. In a sudden, unexplained death, we don't really have trace. Keep in mind by the time you, the investigator, have gotten there, that baby has moved from the death scene, has been held by multiple people, has been moved maybe to the neighbor's house because the parents don't have a phone, has been brought back and you have E.M.S. who now has kind of changed things so trace evidence, per se, isn't something that you really need to be concerned about because it's been long destroyed, been destroyed before you as the investigator even get there.

>> Could you repeat the website where people can purchase this and again, tell us how much it costs? We have quite a few questions about where to purchase this.

>> Sure. The nondescript rag dolls, if you go to SUIDI dolls.com, very easy to remember. I don't remember the price. They're in the \$25 range.

>> Do they come weighted?

>> They come weighted or you can request -- and you pay for shipping. You can request them unstuffed and I think they're cheaper. And then the dolls that I use come from the shaken baby foundation.

>> The real, life-like dolls.

>> Right. I have a couple of different sources.

>> This source is interesting for a group of quilters in Washington state that started making dolls for you. And now created a website to sell these.

>> These women actually, they had a coroner in their jurisdiction. There was an abandoned baby, dead baby found in a garbage sack. They found this on the side of the road and they were so drougt over that, they made the coroner a quilt and took it to him and so I had asked the coroner when he told me the story, I don't have time to make dolls and they started making these dolls for us. And I'm working on a toddler prototype that is not weighted.

>> We had a question about sibling. There are children that are actually involved in the bed with the child. Would you ask the siblings to get in the bed? When you're doing the found and the place?

>> Yes.

>> Is there a certain age when you wouldn't do that? How do you use the siblings? How do you talk to them?

>> Well, we have used them, toddlers where you can kind of reason. We've also used props to represent where the sibling was. It was not the most optimal type of environment or scene to recreate because there was a larger, kind of big bear type of doll, but it served its purpose in showing relationship to where that toddler was. But for the most part, another sibling -- we've used the other sibling in the case.

>> Does the parent have to be present while you're questioning the siblings?

>> No, but usually the parent is there. I think that that just gauges good communication. It's good information. Again, remember you're not interrogating. You're interviewing. You're asking questions. You can ask a lot of questions to kind of find out what happened. When it gets to the motive and the interrogation, then you have a whole different set of circumstances that you're going to be dealing with. You have Miranda issues, rules of evidence but while you're in the sort of fact-finding phase of asking questions, you know, you as the investigator need to do whatever it takes.

>> We had a couple of questions related to the bedding in terms of using their bedding or your own bedding. You had mentioned earlier it was important not to use their tools, to have your own tools. We had a couple of questions, does that imply then you shouldn't use their sheets, blankets, pillows? Do you bring all that in yourself or use theirs?

>> You want to use whatever was in the environment because part of that environment may be a contributing factor to the death of the child so you'll want to actually photo document the actual quilt. You may want to get your photo documentation measuring device so you can gauge the thickness. You never want to -- you want to minimize one, the movement of the body and introducing any additional evidence or information into the scene. You should always have your own dolls for reenactment or tool, whatever it may be because you don't want to use something that belonged to the child.

>> What if someone had already removed the bedding, washed it, took it away because it was traumatic to the family. Would you ask comparable bedding for the family to bring

something in that was comparable to what the infant was sleeping in? How would you document that?

>> I would ask for the exact items again. You may not be able to see purge on it but you can gauge then at least the thickness of the pillows that were involved, the quilts, the number of quilts, was overheating an issue, the texture of the bedding device. There's a lot of information that you can glean just by getting the exact items if possible. If not, I'll photo document without.

>> When you're done with your scene investigation, do you collect the bedding and take it to the medical examiner or coroner?

>> Yes. Collect that at the time. That's something that our medical examiner will then use the doll and manipulate and do things if they have a piece of bedding with purge, a night gone. Oftentimes families have bed clothing that has edema or purge patterns on them. We'll ask for that.

>> What if you have parents or mother/boyfriend situation and they're arguing about what happened? Do you recreate it twice? Why don't you show me and then show me what you think if there seems to be a great difference of opinion.

>> It goes back to who was in the environment. And if there's a conflict, then I would. You can't take too many pictures. And it would be up then to the medical examiner to see which story fits with what he's seeing on the body.

>> I have a question from the audience. What are the time parameters or limits of going back into a home to do a reenactment if one was not done initially?

>> Boy, that gets a little tricky and it depends on if you're a medical/legal death investigator, I think, versus law enforcement. If you're law enforcement and the primary investigator, you may end up having to go back and -- I mean, you can always ask a family but you may have to get a warrant to go back into the house. The death investigator, medical/legal death investigator doesn't operate under the sort of same strict rules of evidence because they are determining cause and manner of death and often, especially if that infant has been transported back -- been transported to a hospital to go back and ask for a scene re-creation, the timelier the better. And the quicker you can get that done, the better. If you suspect intoxication of a family member and that that intoxication may have contributed, we're starting to see more and more law enforcement doing field sobriety and noting that in the reports when they think that's a factor in the death of a child. It's not illegal to be drunk around your child. And so each state has different rules of evidence when it comes to neglect as they pertain to a child death.

>> Someone -- and actually, I lied. There's two questions. We have one question that's going to be pretty quick, I think and a nice long question. The next question is do you think the dolls are effective if you suspect severe abuse of a child?

>> Yes. I think that the doll will give you a visual that the body is going to confirm. And so when you have, again, a fatality, even if you don't have a fatality but you have a seriously injured child, using the doll re-creation can give you clues as to was the story feasible? Could that have happened? With what force? Was this a shaking like this or was this a really traumatic shaking which I can't do on camera with a head impact. By seeing that

versus a narrative, give a little more information as to what was happening at the time of death.

>> And there are special dolls that have been developed by the national center for shaken baby in salt lake city, Utah designed specifically for recreating shaking scenarios with the perpetrators. We had a couple of questions but how do you recommend sharing this type of training, this web cast with local and rural medical examiners and how would you present this to get them to watch it? How do you present this whole concept of doll reenactments to the suspicious and the uninitiated? And the skeptical.

>> Well, some you may not be able to. Some people's mind you're just never going to be able to change. But we have a new crop of investigators every year and what our goal here is to put forth best practice standards and so just because we used to do something one way doesn't mean that we can't get better at it. Web casting is great. Taking this information, fine tuning it for your own jurisdictional requirements, taking the C.D.C. guidelines, if you don't have guidelines, use theirs. If you have guidelines, incorporate and make sure you're not missing anything. And then invite them to the table. You won't know unless you ask and I'm all about collaboration. I think law enforcement, coroners, C.P.S., when I was a deputy, if somebody told me that a C.P.S. worker would have information that could help me on an investigation, I would have been -- I would not have agreed with that statement. I've come full circle in that. They can get me information in a relatively quick period of time that I can't get as law enforcement. And they have a wealth of information and resources available in a timely manner that I as law enforcement would have to go through a lot of different hoops to get. So using a collaborative effort on any kind of sudden and unexplained pediatric death I think is a critical point for a successful

investigation. And then bringing all of those people together in the review process. Are there any issues that got lost.

>> I also know of an example where a -- in a district the coroner was reluctant to do doll reenactments so one of the local law enforcement folks brought the coroner some scene photos and said can you tell me how this baby died? It showed a crib, some bedding, not a doll. The coroner said no. I don't know what happened. Then they showed photos where they placed the doll and they said do you know now what happened? And he said yes. That makes sense. So why not do the doll reenactment? It changed their opinion.

>> I think the doll is just as important in your tool bag as your flashlight, ruler, ultimate light sources, that it's just another extension of the tools that you as an investigator can use.

>> Thank you so much, Deborah, and Terry, for joining us today. We hope that you will encourage people to watch this web cast. In about one week it will be archived and we look forward to the collaboration of sharing the web cast. Thank you.

>> thank you.