



## Pathology Biology Section – 2003

### **G90 Physical Findings in Confessed Homicidal Suffocation of Children: A Case Series**

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The goals of this presentation are to review the physical findings, and lack thereof, in homicidal suffocation of young children.

Investigation of death and injury in children requires attention to detail of subtle injury patterns and careful, thorough case history review and scene investigation. As seen in various individual anecdotal cases, intentional suffocation of children may have relatively few findings. To have a more comprehensive understanding of the physical findings in suffocation, the authors undertook a retrospective review of cases of confessed suffocations of children age 5 years or less in which the first author performed the post-mortem examination or a living forensic examination prior to the child's death. In all cases presented herein, a parent entered a guilty plea in criminal court. In four of the five events, the parent gave a formal confession to law enforcement, and later entered a guilty plea in criminal court. In the 5th event, the mother allegedly confessed to cellmates, and entered an Alford Plea in criminal court. The case series consists of 8 children age 5 or less who died at the hands of 5 perpetrators. In 2 of the events, multiple children were killed on the same night.

Event #1 - Fraternal twins, age 6 weeks were reportedly discovered dead in their crib by their parents one morning. Despite initial denial of the parents of use of the in-home apnea monitors, the investigators collected them at the time of the initial scene investigation. Post-mortem examination revealed no injuries whatsoever on the boy, and a small superficial abrasion on the eyelid of the girl. Downloading of the apnea monitors revealed a record of the double homicide. Confronted with the evidence, both parents confessed to suffocating the infants with pillows. The father told investigators that he did it because he "couldn't take" the continuous crying of both infants. Both entered guilty pleas and accepted "life" sentences. Interestingly, during a previous marriage five years earlier, the mother had "lost a baby to SIDS."

Event #2 - A previously healthy baby girl was admitted to the hospital for a reported apneic episode at 4 months of age. Over the next four months, she was repeatedly admitted to the hospital for recurrent apnea, and underwent a Nissen fundoplication in an attempt to alleviate GE reflux thought to be contributing to the apneic events. At eight months of age, the infant was admitted in full arrest following another in-home apneic event. At the request of the treating physicians and police, she was evaluated as a "forensic medicine" case at the time of the last admission. There were no injuries to the baby at the time of the final admission, and there had been no injuries documented on previous admissions for apnea. She did not recover, and died 2 weeks later. The immediate cause of death was hypoxic encephalopathy, but the underlying cause and manner remained unknown. Later, the mother (a juvenile) spontaneously came forward and admitted to repeatedly suffocating the baby, who was the alleged result of an incestuous event. The case was resolved in juvenile court.

Event #3 - A four-month-old infant was brought to the OCME as a "suspected SIDS" case after being found dead on a couch. At autopsy, findings included a faint abrasion surrounding the ala nasa, erythematous areas over the neck, and a geographic pattern of cutaneous petechiae involving the head, neck, and right upper extremity. The investigators re-interviewed the mother following the preliminary autopsy findings report. The mother, a teenager, admitted to suffocating the baby against her chest and shoulder to stop his incessant crying. She avoided a jury trial by pleading guilty to reckless homicide, and was sentenced to five years.

Event #4 - A two-year-old boy with diagnoses of hyperactivity and probable autism was found dead following a nap. His position at body discovery was described as prone, with his head "face down" in the pillow. The child had no petechial hemorrhages, no intraoral trauma, and no identifiable injuries to any body surface. The preliminary autopsy report listed "no anatomic cause of death." Two days later, investigators received a call from a relative claiming to be an eyewitness to the child's homicidal suffocation. The father admitted to suffocating the child by holding his face into the pillow "until he went to sleep." The case was adjudicated without a trial.

Event #5 - Three young girls (ages 5 years, 28 months, and 17 months) were allegedly discovered dead together in a standard adult bed. Complete autopsies and detailed scene investigation and case history review failed to reveal any natural disease, environmental hazard, or toxicologic substance to explain their deaths. All facial trauma was mild, and increased with the age of the child. But even the 5 year old displayed only small maxillary gingival contusions and abrasions, rare bulbar conjunctival petechial hemorrhages. The girls' baby sister (age 2 weeks) had died 4 ½ months earlier - death in that case was initially attributed to SIDS, although a disclaimer had been included in the final opinion, stating that the age was not "typical." The three older girls' deaths were attributed to suffocation, with the manner ascribed to homicide. Fifteen months after the deaths, the mother pleaded guilty to four counts of murder by means of an Alford Plea.



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In reviewing cases of pediatric death, all aspects of the investigation must be integrated to draw conclusions regarding cause and manner of death. The physical findings of asphyxia (accidental or homicidal) are often subtle, and may range from no evidence of injury to minor facial trauma. Additional clues to the cause of death may be found in a careful case history review and integrated scene investigation. These findings may initially seem to be small details that seem "out of kilter," and thus direct the investigation further. In many cases however, because of the paucity of findings in these cases, only admission by the perpetrator will allow determination of a homicide.

**Child, Suffocation, Homicide**