

E84 Learning to Spot Aquatic Crimes Against Children (ACAC): An Examination of Situational Context Identifying Six Categories

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After attending this presentation, attendees will be able to better recognize and investigate signs of foul play specific to six categories of ACAC. This presentation will present the situational context of both fatal and non-fatal ACAC committed by caregivers, which are then staged as drowning accidents, land-based deaths, illness, or confessed homicidal drowning.

This presentation will impact the forensic science community by using the categorization of past case information to impact the medical, forensic, and child welfare communities by providing them with an increased awareness and early recognition of ACAC, relevant questions to be added to child death investigative forms, suggested evidence to document and collect on scene, specific investigative procedures, tactics for attorneys to obtain justified judicial outcomes, and stimulate further areas of research.

According to the Centers for Disease Control and Prevention (CDC) National Center for Health Statistics (NCHS), drowning was the most common *unintentional* cause of death for children ages 1-4 years in the United States, and was within the top five causes for older children. This study explains how cases of ACAC can be easily misdiagnosed as unintentional deaths. The manner of death in several of the studied case histories was originally diagnosed as accident, and later changed to homicide only after the cases were re-opened and homicide convictions resulted.^{1,2} It is likely that other ACAC are missed and falsely diagnosed as unintentional, because law enforcement, death investigators, medical and child welfare personnel, and prosecutors typically receive little or no training specific to ACAC.³

A compounding problem is that body-found-in-water investigations often initiate with assumptions of drowning and accident for cause and manner of death.⁴ One of several reasons for these initial assumptions is that law enforcement and medical personnel often respond in rescue mode to incidents of children reported as found in water.⁵ The minds of rescue-mode responders are usually occupied with patient care and grieving caregivers, rather than on questions such as, does it make sense that the child was in the water, are there red flags regarding the child's physical presentation, and why did the child not survive immersion?⁶ Another important area of concern is that investigative tools, such as the CDC Sudden Unexpected Infant Death (SUID) form, lack questions on aquatic variables, such as last time of immersion and bathing techniques.⁷

Crimes against children are often perpetrated by caregivers who have primary or temporary responsibility of their victims. Thus, this study focused on ACAC involving caregiver offenders.⁸ After reviewing autopsy, toxicology, and investigative reports, six categories of ACAC were created: (1) punishment; (2) homicide; (3) birthing incidents; (4) Munchausen-by-proxy; (5) aquatic sexual sadism; and, (6) pedophilia. Some categories are divided into subcategories. For example, the punishment category includes 1a (fatal) and 1b (non-fatal). The homicide category includes 2a (terrestrial homicides staged as accidental drowning deaths); 2b (aquatic homicides staged as terrestrial deaths); 2c (murder-suicides); and 2d (homicidal drowning committed by clinically mentally-ill offenders who confess).

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Drowning, Homicide, Child Abuse