The investigation of suspicious child deaths is in its infancy in the Philippines. In the present situation even if the child was brought to the hospital, a suspicious child death may not be reported by the physician for various reasons. Physicians may fail to recognize and report child abuse and may be ignorant of the referral system. The work-up may be limited by prohibitive cost and the question of who will pay for them.

Criminal investigation of a child death caused by a caretaker is also unique for police investigators, since the perpetrator is legally responsible for the child and has continuous access to the victim. This contrasts with the majority of adult homicides where the victim and perpetrator are not living together at the time when the injury causing death is perpetrated. Deaths due to abuse or neglect of children by their parents who are expected to love and provide for the child victim's needs may also be difficult to comprehend for any physician, social worker or police.

In the United States, most suspicious child deaths occur among very young children with 50% of victims under 1 year old. These young victims may have no previous hospital records or their medical records are not accessible to death investigation.

Another major concern in suspicious child death investigation is doing an autopsy. Autopsies of young children require a specialized understanding of pediatrics, pathology, child abuse and forensic investigation. However, most of the autopsies done in our country are conducted by physicians with no formal pathology training, much less specialization in forensic pathology. The issue of consent to an autopsy by next of kin of a child whose primary suspect is the parent or caretaker has already been settled with a Department of Justice Memo instructing prosecutors to issue an “ORDER TO CONDUCT AUTOPSY” upon request by a physician who suspects that the child’s death may be due to abuse.

Very few investigators have any training on crime scene investigation in cases of suspicious child death. As a result investigators rely solely on the doctor’s report.

All of these factors contribute to inadequate investigation, underreporting, misclassification, and mismanagement of suspicious child deaths. Thus, during the CPU-Net 2004 conference on CSI Philippines, physicians, social workers, law enforcement investigators, members of the judiciary and other child advocates came up with a multi-disciplinary protocol to address the investigation of suspicious child injuries and deaths whether by abuse or neglect. (See back page.)
MEDICAL DOCTOR, SOCIAL WORKER & LAW ENFORCEMENT PROTOCOL FOR SUSPECTED NONACCIDENTAL INJURY IN CHILDREN

Condition of child?

Dead

MD request for AUTOPSY

With consent

AUTOPSY

MD request for AUTOPSY

Without consent

DOJ or Police request

Call police station with jurisdiction of crime scene & confer with lead investigator

Child brought to ER. Abuse is suspected.

Alive

Medical stabilization of the patient is priority

MD refers to Medical /Hospital Social worker

Report to nearest Police station (Can be by phone)

Police first responder (from police station nearest the hospital) goes to ER & confers with MD & SW

Note: Must interview caregivers in the hospital.

Condition of child?

Condition of child?

Who are caretakers?

What was the behavior of the child prior to the incident?

Interaction of family members

Prior incidents

Report to DSWD or LGU

Immediate home visit by hospital SW and / or DSWD LGU

Collateral information:

- History of domestic violence
- Risk & safety assessment of siblings
- Level of functioning/ parental capability
- Dynamics of family relationship

CASE CONFERENCE

- PNP
- MD
- Medical/Hospital Social Worker
- DSWD / LGU
- Lawyer

Protective custody? Discharge

Safe to go home?

NO

Placement

- Shelter
- Foster care
- Relative

YES

Review case

Place-