

INVESTIGATIVE ETHICS AND HUMILITY IN INFANT DEATH CASES

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Balancing Compassion and
Critical Investigation



LEARNING OUTCOMES

Part I



IDENTIFY

Ethical challenges
unique to infant death
investigations

DEFINE

Implicit bias and its
potential impact

RECOGNIZE

How cultural beliefs
affect case
assessments

LEARNING OUTCOMES

Part II



APPLY

Strategies to mitigate personal and institutional biases

IMPLEMENT

Culturally responsive practices

REFLECT

On systemic inequities and their influence on outcomes

ETHICAL FOUNDATIONS OF INFANT DEATH INVESTIGATION S

DUTY TO INVESTIGATE

Thorough, objective, impartial

RESPECT FOR THE DECEASED

Dignity for the infant

COMPASSION FOR THE GRIEVING

Trauma-informed approach to families

CONFIDENTIALITY

Protecting sensitive information

JUSTICE & PREVENTION

Seeking truth, informing future safety

ETHICAL CHALLENGES: THE DUAL MANDATE

INVESTIGATION VS SUPPORT

Balancing evidence collection with empathy

DETERMINING MANNER OF DEATH

Objective assessment amid emotional impact

PRIVACY VS. PUBLIC SAFETY

Confidentiality needs versus prevention goals

RESOURCE LIMITATIONS

Ethical implications of incomplete investigations due to lack of resources





UNDERSTANDING BIAS

Explicit Bias (Conscious): Attitudes and beliefs that a person is aware of holding

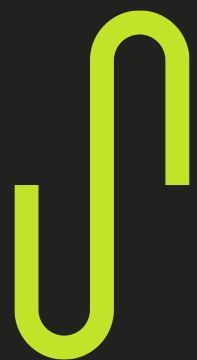
KEY POINTS:

EVERYONE HAS
BIASES

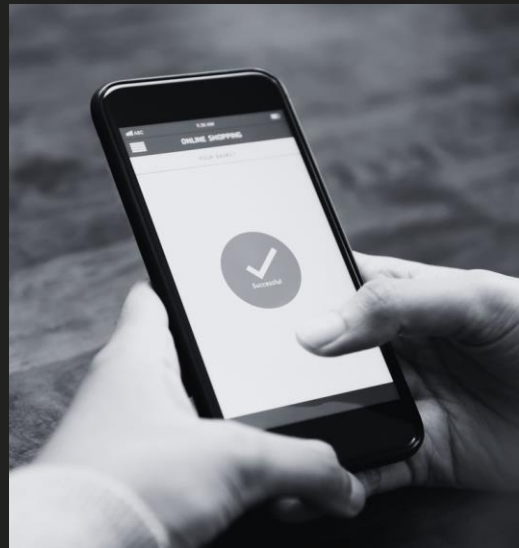
IMPACTS:

- SKEWED OBSERVATIONS
- MISINTERPRETATIONS
- SUBPAR OUTCOMES

Implicit Bias (Unconscious): Attitudes or stereotypes that affect understanding, actions, and decisions in an unconscious manner



KEY TYPES OF IMPLICIT BIAS IN INVESTIGATIONS



Confirmation Bias:
Seeking or
interpreting
information that
confirms existing
beliefs



Affect Heuristic:
Relying on
emotions rather
than objective
facts



Availability
Heuristic:
Overestimating
likelihood of
events based on
ease of recall



Fundamental
Attribution Error:
Blaming
disposition over
situation



Anchoring Bias:
Over-relying on
the first piece of
information
received

IMPACT OF IMPLICIT BIAS ON CASE ASSESSMENTS

MISINTERPRETATION OF BEHAVIOR

Grieving responses seen as 'suspicious'

SELECTIVE EVIDENCE COLLECTION

Overlooking or de-emphasizing contradictory facts

UNFAIR ASSUMPTIONS

About parenting capacity, truthfulness, or intent

DISPROPORTIONATE SCRUTINY

Increased focus on certain demographics (e.g., low-income, racial minorities)

EROSION OF TRUST

Families feel judged, leading to less cooperation





CASE EXAMPLE: BIAS IN ACTION

Scenario: Infant death in a cluttered, low-income apartment. Found in adult bed. Caregiver appears unkempt and withdrawn.

CONSIDERATIONS:

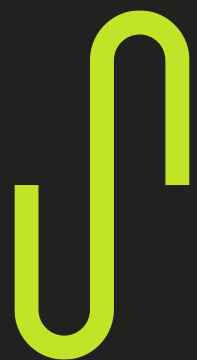
INITIAL BIASED THOUGHT:

- "TYPICAL CASE, PROBABLY NEGLECT. THESE PARENTS DON'T CARE."

REALITY REVEALED BY MITIGATION:

- CAREGIVER EXHAUSTED FROM WORKING MULTIPLE JOBS
- MOURNING A PRIOR LOSS, STRUGGLING WITH UNTREATED POSTPARTUM DEPRESSION
- LIMITED BY LANGUAGE BARRIERS TO ACCESS RESOURCES
- CLUTTER DUE TO RECENT EVICTION NOTICE

Neglecting wellness impacts physical health, productivity, mental well-being, and long-term quality of life. More individuals seek convenient, affordable, and reliable methods to improve their health.



EMBRACING HUMILITY



DEFINITION:

A lifelong process of self-reflection, self-critique, and commitment to addressing power imbalances

BEYOND CULTURAL COMPETENCE

Not about knowing all cultures, but continuously learning and respecting

DYNAMIC & ONGOING

Requires humility, flexibility, and openness

GOAL:

Building trust, ensuring accuracy, and achieving equitable outcomes

WHY HUMILITY MATTERS

In Infant Death Investigations

WE HAVE AN ETHICAL OBLIGATION TO TREAT ALL INDIVIDUALS WITH DIGNITY AND RESPECT

DIVERSE CULTURAL BELIEFS



MISTRUST OF SYSTEMS



FAMILY RESPONSES TO GRIEF



ACCURATE INFORMATION GATHERING



CULTURAL BELIEFS ABOUT SLEEP

CO- SLEEPING/BED- SHARING

Common in many cultures for bonding, safety (perceived), feeding; historic tradition

SWADDLING

Practices vary, sometimes with cultural significance

RITUALS & SUPERSTITIONS

Around sleep environment or infant care

POVERTY'S INFLUENCE

Cultural practice vs. necessity due to lack of resources



BELIEFS ABOUT HEALTH AND ILLNESS



TRADITIONAL HEALING PRACTICES

Co-exist with or contradict Western medicine

PERCEPTION OF ILLNESS CAUSATION

Spiritual, environmental, or other beliefs

TRUST IN HEALTHCARE SYSTEM

Influenced by past experiences and systemic racism

COMMUNICATION STYLES

Direct vs. indirect, importance of family elders

BELIEFS ABOUT PARENTING AND CHILD-REARING



DISCIPLINE PRACTICES

Vary widely; context is key

INDEPENDENCE VS. INTERDEPENDENCE

Different developmental goals

ROLE OF EXTENDED FAMILY

Grandparents, aunts/uncles often play significant roles

DISCLOSURE OF INFORMATION

Reluctance to share sensitive family matters with outsiders

BELIEFS ABOUT DEATH AND GRIEVING



RITUALS & MOURNING PRACTICES

Specific ceremonies, periods of mourning

EXPRESSION OF GRIEF

Public vs. private, stoicism vs. emotional display

BELIEFS ABOUT AFTERLIFE

Influence how death is understood

ROLE OF COMMUNITY & RELIGIOUS LEADERS

Important sources of support and guidance

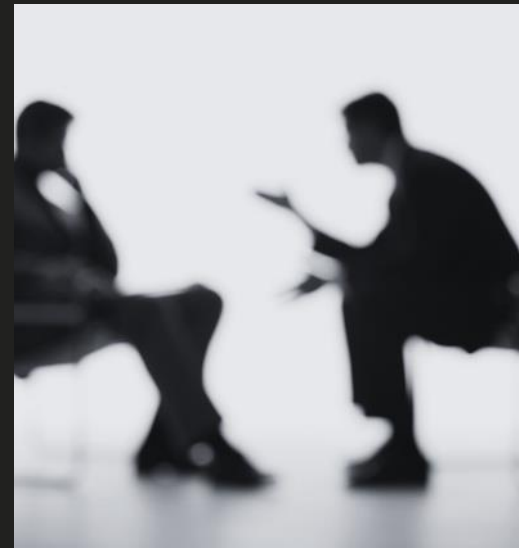
ETHICAL COMMUNICATION WITH GRIEVING FAMILIES



Trauma-Informed
Approach



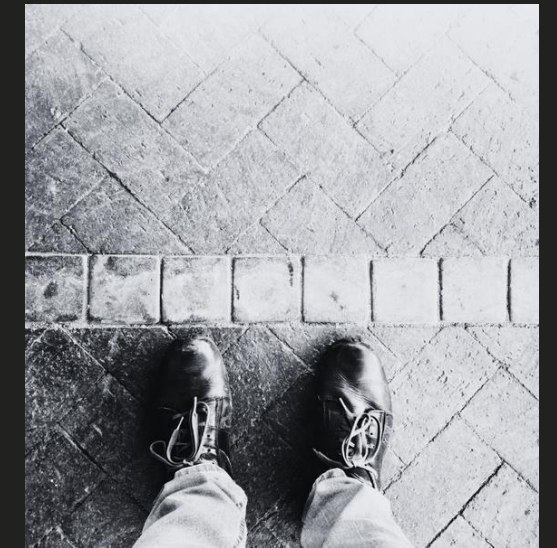
Empathy, Not
Sympathy



Clear, Simple
Language



Active Listening



Respectful
Boundaries

REFLECTING ON SYSTEMIC INEQUITIES

Not individual failings, but structural barriers.

Disparities are often a symptom of underlying inequities

Examples: Unequal access to healthcare, safe housing, education, economic opportunities

Our role: To identify, not perpetuate, these inequities



SYSTEMIC INEQUITIES AND CASE OUTCOMES



IMPACT ON PERCEPTIONS

Families in poverty or of color may face increased scrutiny

ACCESS TO LEGAL/SOCIAL SUPPORT

Disparities in legal representation, social services

MEDIA PORTRAYALS

Can reinforce stereotypes, influence public perception

CYCLE OF DISADVANTAGE

Without addressing systemic issues, patterns continue

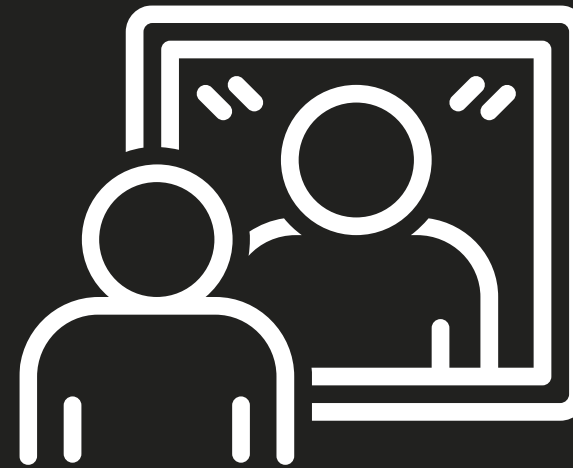
MITIGATING BIAS:

A Multi-Faceted Approach

CONTINUOUS TRAINING IS A MUST:

Education on bias, social determinants of health (SDOH), and humility will change with populations served and as community circumstances evolve

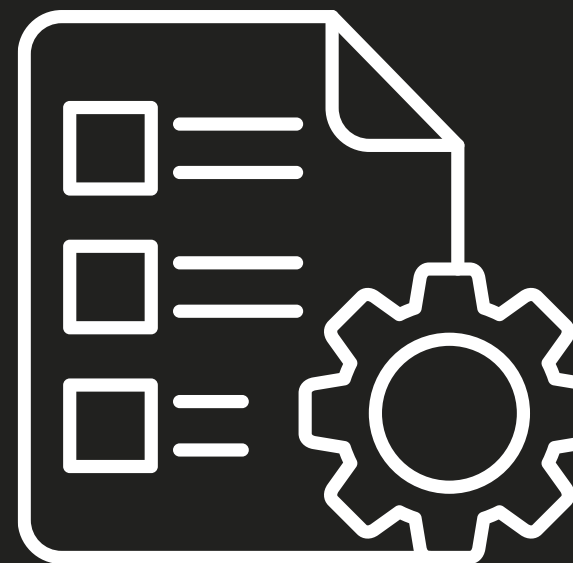
SELF-AWARENESS & REFLECTION



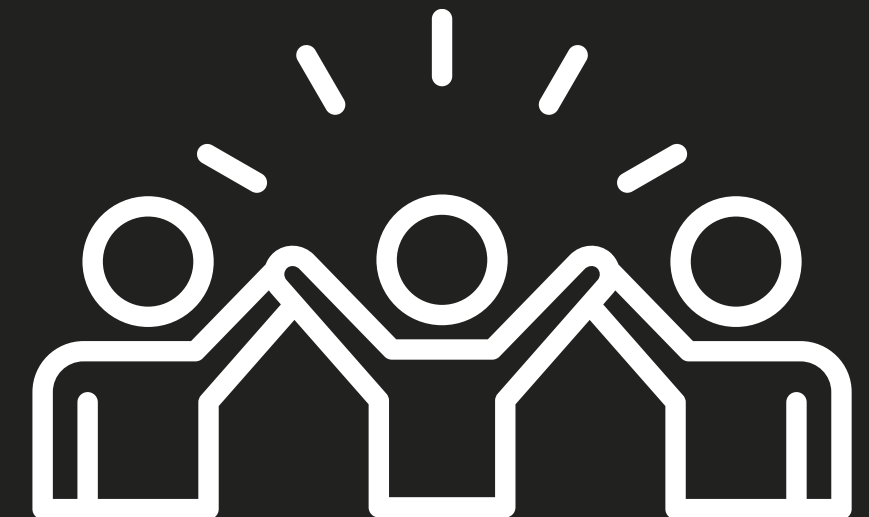
DATA-DRIVEN DECISIONS



STANDARDIZED PROTOCOLS



DIVERSE TEAMS



PRACTICAL STRATEGIES: SELF-REFLECTION



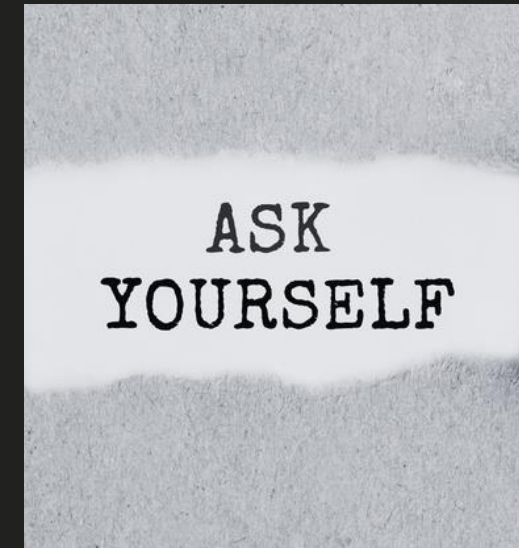
Before a Call:
Identify your initial
thoughts/feelings



During the Scene:
Observe facts,
separate from
feelings



Post-
Scene/Interview:
Review notes for
judgmental
language



Ask: "Why do I
believe this?"
"What evidence
supports/contradi
cts?"



Journaling: Reflect
on challenging
interactions

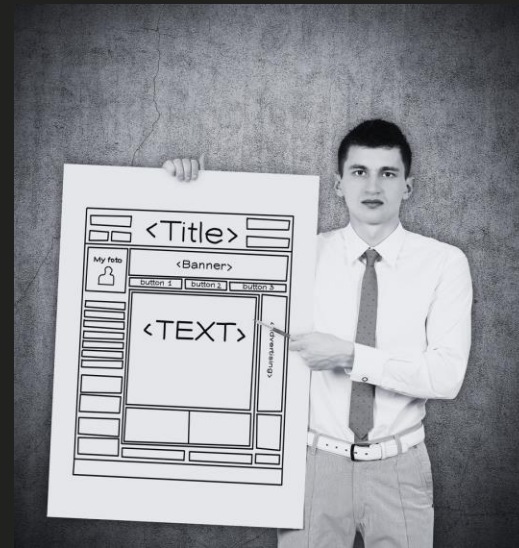
PRACTICAL STRATEGIES: STRUCTURED TOOLS & PROTOCOLS



Standardized Checklists: For scene documentation, interviews



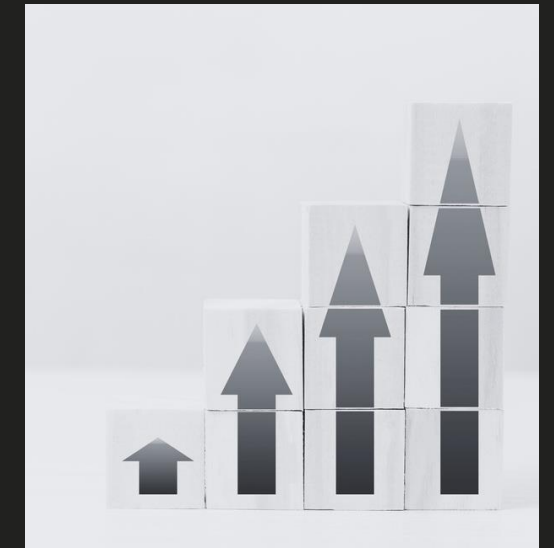
Structured Interview Guides: Ensure key questions are asked consistently



Clear Reporting Templates: Promote objective, fact-based narratives



Peer Review & Supervision: Have others review your notes/conclusions



Benefits: Reduces variability, increases objectivity, enhances defensibility

PRACTICAL STRATEGIES: CULTURALLY RESPONSIVE INTERVIEWS



Language & Interpreters: Use certified, professional interpreters; avoid family members



Non-Verbal Communication: Be aware of cultural differences in eye contact, personal space



Family Structure: Identify decision-makers, respected elders



Interview Environment: Consider privacy, comfort, cultural appropriateness

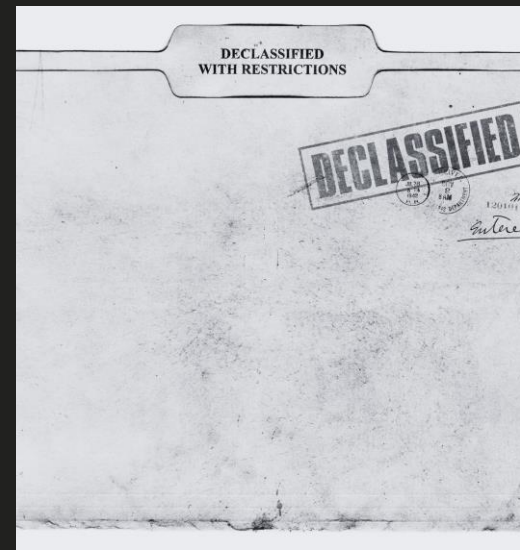


Patience & Flexibility: Allow time, adapt to family's needs

ETHICAL DATA MANAGEMENT AND SHARING



Confidentiality:
Protect PII
(Personally
Identifiable
Information)



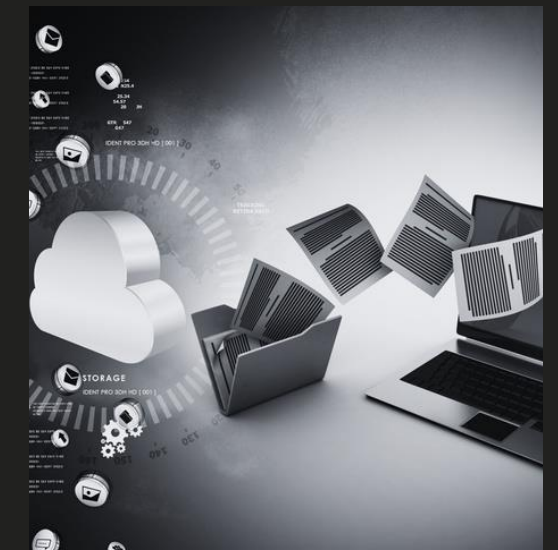
De-identification:
Critical for sharing
data for
prevention efforts



Data Integrity:
Ensure accuracy
and completeness
of records



Informed Consent:
For research or
broader data use
where applicable



Purpose-Driven
Sharing: Data
shared for clear
public health or
justice goals

THE MULTIDISCIPLINARY TEAM: AN ETHICAL SAFEGUARD



Diverse Perspectives:
Reduces individual bias



Checks and Balances: Peer review of findings and conclusions



Holistic View:
Integrates medical, social, and legal aspects



Shared Responsibility:
Collective ethical accountability



Child Fatality Review (CFR)
Teams: Exemplify best practice

BUILDING TRUST WITH COMMUNITIES

TRANSPARENCY

Explain processes clearly

FAIRNESS

Apply standards consistently

ACCOUNTABILITY

Address concerns and mistakes

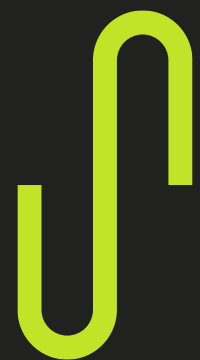
COMMUNITY ENGAGEMENT

Beyond investigations, proactively build relationships

LONG-TERM COMMITTMENT

Trust is earned over time





CASE STUDY REVISITED: ETHICAL DECISION- MAKING

Scenario: Infant death in a cluttered, low-income apartment. Caregiver appears unkempt and withdrawn; exhausted with language barrier.

CONSIDERATIONS:

Ethical Dilemma:

- How to balance thorough investigation with compassion for grieving, vulnerable family.

Ethical Response Considerations:

- Engage professional interpreter immediately.
- Focus on objective facts, not judgment of living conditions.
- Prioritize non-judgmental, trauma-informed interview.
- Collaborate with social worker for family support and resource referral.
- Document all observations, including contextual factors (SDOH).
- Reflect on potential biases at each step.

ETHICAL REPORTING AND COMMUNICATION

ACCURACY & OBJECTIVITY

Report facts, not speculation or bias

CLARITY & PRECISION

Avoid jargon, ensure understanding

COMPLETENESS

Include all relevant contextual information

RESPECTFUL LANGUAGE

Avoid shaming or blaming tone

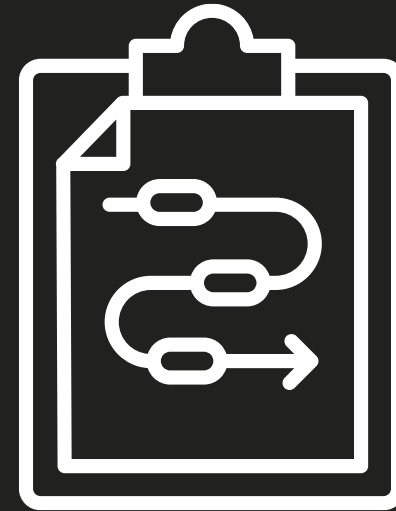
AUDIENCE AWARENESS

Tailor communication while maintaining integrity

ETHICAL LEADERSHIP & INSTITUTIONAL RESPONSIBILITY

ACCOUNTABILITY FOR ETHICAL
BREACHES IS NECESSARY FOR
RAPPORT BUILDING AS A PUBLIC-
SERVICE DRIVEN AGENCY

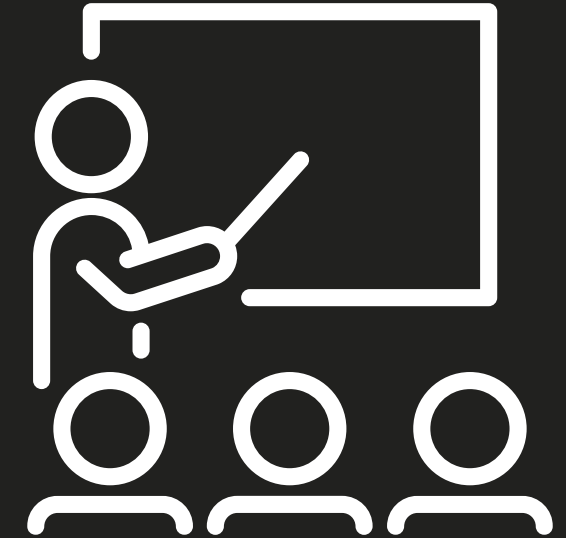
POLICIES &
PROCEDURES



SAFE REPORTING
MECHANISMS



TRAINING & RESOURCES



PROMOTING A CULTURE OF
ETHICS



REFLECTING ON SYSTEMIC INEQUITIES: OUR ONGOING DUTY

CHALLENGE THE STATUS QUO

Question why disparities persist

DATA-DRIVEN ADVOCACY

Use your findings to inform policy

CROSS-SECTOR COLLABORATION

Work with public health, housing, education

CONTINUOUS LEARNING

Stay informed about emerging issues and threats



KEY TAKEAWAYS



Part I

ETHICAL CONDUCT

Is paramount in all
aspects of investigation

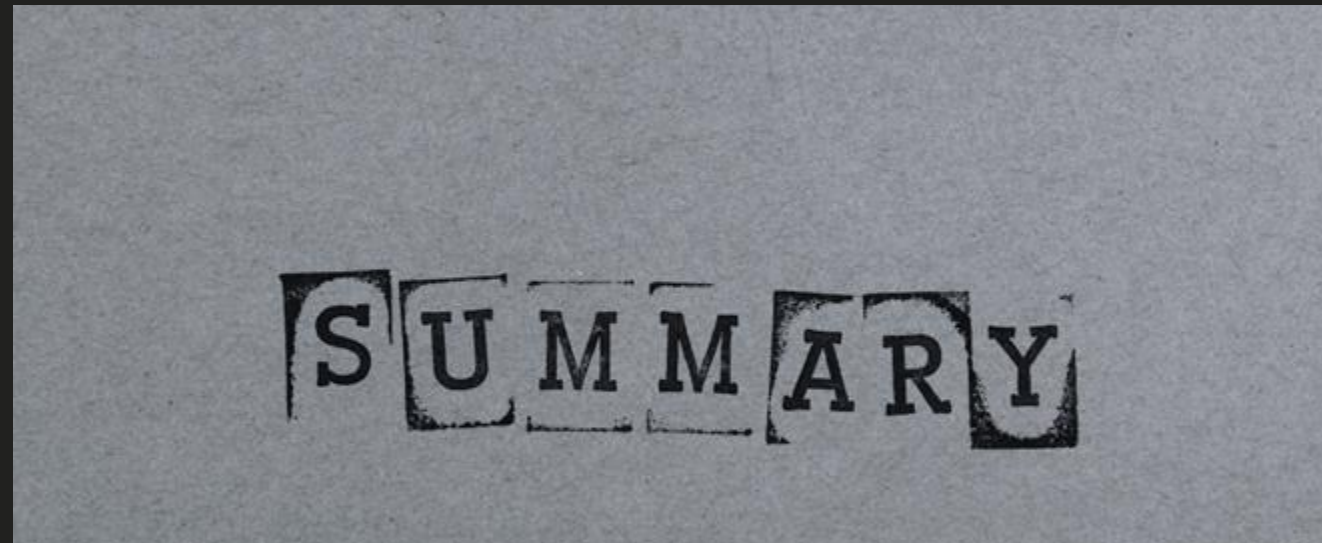
IMPLICIT BIAS

Is real and impacts our
work; self-awareness is
key

BELIEFS

Profoundly influence
family interactions and
context

KEY TAKEAWAYS



Part II

BE PROACTIVE

Employ strategies to
mitigate bias

APPLY RESPONSIVE PRACTICES

For accuracy and
respect

REFLECT

On systemic inequities
to ensure just outcomes

**YOUR ETHICAL PRACTICE BUILDS TRUST AND SUPPORTS
PREVENTION**

RESOURCES FOR FURTHER LEARNING

**NATIONAL
ASSOCIATION OF
SOCIAL WORKERS
(NASW) CODE OF
ETHICS**

<https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>

**INTERNATIONAL
ASSOCIATION OF
CORONERS &
MEDICAL EXAMINERS
(IACME) CODE OF
ETHICS**

<https://theiacme.com/page/Ethics>

**IACP (INTERNATIONAL
ASSOCIATION OF
CHIEFS OF POLICE)
ETHICAL POLICING**

<https://www.theiacp.org/resources/policing-code-of-ethics>

**FEDERAL BUREAU OF
INVESTIGATION**

<https://leb.fbi.gov/articles/perspective/perspective-strengthening-relationships-by-managing-biases>





THANK
YOU.

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