



Exploring the controversy in child abuse pediatrics and false accusations of abuse



Steven C. Gabaeff

*Clinical Forensic Medicine, Sacramento, CA
Diplomat Emeritus American Board of Emergency Medicine
Fellow American Academy of Emergency Medicine
Fellow American College of Emergency Physicians
Member American Academy of Forensic Sciences (Associate)*

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ABSTRACT

There is a controversy in child abuse pediatrics between an established corps of child abuse pediatricians aligned with hospital colleagues and law enforcement, and a multi-specialty challenger group of doctors and other medical professionals working with public interest lawyers. The latter group questions the scientific validity of the core beliefs of child abuse pediatricians and believes that there are a substantial number of false accusations of abuse occurring. An unproven primary hypothesis, crafted around 1975 by a small group of pediatricians with an interest in child abuse, lies at the foundation of child abuse pediatrics. With no scientific study, it was hypothesized that subdural hemorrhage (SDH) and retinal hemorrhage (RH) were diagnostic of shaking abuse. That hypothesis became the so-called “shaken baby syndrome.” Through the period 1975–1985, in a coordinated manner, these child abuse specialists coalesced under the American Academy of Pediatrics and began working with district attorneys and social workers, informing them of the ways in which their hypothesis could be applied to prosecutions of child abuse and life-altering social service interventions. In a legal context, using then-prevailing evidentiary rules which treated scientific expert testimony as valid if it was “generally accepted” in the field, they represented falsely that there was general acceptance of their hypothesis and therefore it was valid science. As the ability to convict based on this unproven prime hypothesis (SDH and RH equals abuse) increased, some defense attorneys were professionally compelled by their own doubts to reach out to experts from other fields with experience with SDH and RH, trauma, and biomechanics, for second opinions. Medical and legal challenges to the established thinking soon emerged, based on both old and new evidenced-based literature. As the intensity of the controversy increased, the probability of false accusation became more apparent and the need to address the issue more pressing. Since false accusations of child abuse are themselves abusive, efforts to eliminate such false accusations must continue.

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E-mail address: stevengabaeff@gmail.com

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1. Background

There is a controversy in child abuse pediatrics. A relatively small corps of physicians (about 350 board certified child abuse pediatricians) stands in opposition to a challenger group (numbering about 120). These two groups together comprise the medical professionals at the core of the academic disagreements discussed herein. Together they represent the very small number of professionals most familiar with the relevant literature concerning child abuse who are qualified to offer commentary on these issues.

In the United States, around 1975 modern child abuse pediatrics developed around a small group of self-selected pediatricians who had an interest in child abuse and a desire to cultivate this area of pediatrics into a specialty. This group assumed, based on no independent scientific study, that the presence of subdural hemorrhage (SDH) was a diagnostic sign of abusive shaking of a child, commonly called the shaken baby syndrome (SBS). As the number of work-ups for child abuse based on the presence of SDH increased, the common association of SDH and small hemorrhages in the retina, retinal hemorrhage (RH), was noted in the eyes in the patients diagnosed as having been abusively shaken. These RH, an almost constant co-finding with SDH, then generated a second unproven hypothesis: vitreous traction. At that time and since, the child abuse pediatricians chose to disregard existing scientific literature [1–5], some of which dated back to 1900, which accounted for RH in the context of SDH based on increased pressure within the skull known to impact the retinal capillaries, termed “Terson’s Syndrome.” Instead, the new hypothesis posited that shaking produces traction on the retina by the jelly of eye (the vitreous) resulting in torn sub-retinal capillaries that formed small discreet hemorrhages. Vitreous traction was never tested with any scientific methodology and was never proven in animal models. Episodes of repeated forceful abusive shaking caught on nanny-cams, with immediate examination thereafter, had no RH or SDH [6]. Although unproven, this second purported diagnostic finding of shaking abuse was added to SDH, and RH was included in their prime hypothesis: SDH and RH in combination as diagnostic of shaking abuse/SBS.

In spite of the fact that the prime hypothesis had never been scientifically tested, and was never true, it quickly gained traction with prosecutors. The conviction rate in the first decade of its use was >94% [7]; when evidence was presented, with apparent certainty, by authority figures to police, social workers, judges, and/or juries, it was easy to convict caregivers of SBS. With such success (and a lack of defense experts versed in the issues), a powerful wave swept over the country under the rubric of protecting children. The pace of accusing and convicting, using the prime hypothesis, increased. Furthermore, the child abuse community began to tout, completely unscientifically, that the ability to convict in court provided validation of the SBS hypothesis. Within the legal system, this argument worked.

To under-informed or uninformed professionals, the media, and the public, the prime hypothesis and SBS became accepted based, not on science, but by who was promoting it. As prominent authority figures already anointed with titles and powerful positions in academic institutions, child abuse pediatricians were able, unchallenged, to say that SDH and RH was diagnostic of SBS/child abuse and that the presence of these findings proved that “abuse and

only abuse” was the etiology of the findings. Their ideas were accepted on blind faith in the institutions that supported them and their credentials. The child abuse pediatricians soon found a collegial and warm welcome among police, prosecutors, and the social service system, and a marked increase in stature and power within the legal community and over almost all of their medical colleagues, who in key specialties (ophthalmology and radiology), for unknown reasons, became like-minded in their acceptance of the prime hypothesis. These colleagues appear to have done so without any scientifically valid research within their own fields. They accepted the prime hypothesis in much the same way as others, on unwarranted blind faith in the American Academy of Pediatrics (AAP) and their own child abuse colleagues. Efforts to export the American approach to diagnosing and prosecuting child abuse have been successful in England, but have met resistance in other countries who favor more rigorous scientific standards (discussed below).

To be clear, real child abuse and false accusations of child abuse are completely separate medically and have little to do with each other from any legitimate forensic perspective. Those working in the field or in emergency departments see real child abuse and its tragic consequences. Real child abuse is not the issue. Focusing on the increasing number of false accusations of abuse and decreasing and eliminating them is the purpose of this article.

2. Clinical and pathological observations

2.1. Subdural hemorrhage (SDH)

SDH is bleeding around the brain from physical or metabolic damage to the capillary layer of the outer covering of the brain: the dura. SDH has been known since the beginning of medicine to have many different etiologies. In modern times, birth-related trauma and complications, central nervous system (CNS) infections [8], and accidents are the most common causes of SDH [9]. Other more rare problems surfaced from time to time as well [10]. In 1975 however, it was decided, again without any basis, that other causes of SDH such as those mentioned above could be disregarded or dismissed without a meaningful differential diagnosis or work-up, in favor of the newly crafted prime hypothesis. The child abuse pediatricians promoted in a forensic framework that SDH and RH, in the absence of major trauma (commonly referred to by the child abuse pediatricians as equivalent of a 40 mph car crash or a two-story fall), could **only** be caused by human shaking and are therefore diagnostic of shaking abuse/SBS. As noted above, this hypothesis was never tested, and both then and now exceeds the limits of science. It remains unproven by any valid scientific methodology and, in fact, is believed to be false by many informed professionals; some willing to speak up and others, not.

2.2. Retinal hemorrhage (RH)

What was known (and disregarded) in 1975 was that SDH (one of many causes of increased pressure in the head), predictably causes RH when a threshold degree of increased pressure is present. In the restricted space of the head of babies, or any patient with SDH, the blood and inflammation associated with SDH causes

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