

Pathology Biology Section – 2010

G2 Child Abuse vs. Accidental Falls: Judicial Outcomes in Alleged Child Abuse

James A.J. Ferris, MD*, Department of Forensic Pathology, LabPlus, 85 Park Road, Grafton, PO Box 110031, Auckland, NEW ZEALAND

After attending this presentation, attendees will learn that the incidence of accidental head injuries in infants and children is greater than previously accepted.

This presentation will impact the forensic science community by demonstrating how accidental short distance falls may simulate child abuse.

This presentation will review the trial outcomes in 14 cases from personal case files of alleged child abuse in which the defense claimed that the head injuries were as a result of short distance accidental falls (40-120cm) or relatively minor head impact trauma.

The nature and extent of the pathology will be presented and the incidence of subdural and retinal hemorrhage will be presented. Twelve cases were found to have unilateral subdural hemorrhage and in two cases the subdural hemorrhage was bilateral. Eight cases had bilateral retinal hemorrhages and four cases had ipse-lateral retinal hemorrhages. There were three cases of skull fracture but in one case with bilateral skull fractures no retinal hemorrhages were described. In four cases there was evidence of a prior head injury.

Cerebral edema or raised intracranial pressure was documented in 12 cases. However, in one case, a six-week-old infant born seven weeks premature with several documented hypoxic episodes, who had apparently fallen 60 cm from a bed, had unilateral subdural hematoma, bilateral retinal hemorrhages and no evidence of increased intracranial pressure.

The evidential basis for the respective arguments by the prosecution and defense will be presented and the possible reasons for the verdicts will be analyzed. It may be significant to note that in two cases there was a history of minor shaking as attempt at resuscitation after the infant had exhibited signs of collapse and seizing. The defense council decided to plead his client guilty to shaking as he was afraid to expose the accused to a jury because of the widespread adverse publicity related to Shaken Baby Syndrome.

The problems relating to the presentation in court of the controversies relating to the pathogenesis and interaction of hypoxia and raised intracranial pressure on the development of subdural hemorrhage and retinal hemorrhages will be discussed.

The influence of these current controversies, particularly relating to Shaken Baby Syndrome, had on the outcome of each case will be discussed.

Child Abuse, Head Injury, Accidental Falls