

ALL-DAY CONFERENCE

# CHILD ABUSE EVIDENCE:

Perspectives from Law,  
Medicine, Psychology +  
Statistics

Friday, November 6 from 8:30 a.m. to 4:30 p.m.

University of Michigan Law School Honigman Auditorium, 100 Hutchins Hall

# A Probabilistic Analysis of Short Fall Arguments in Legal Cases of Abusive Head Trauma

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Carnegie  
Mellon  
University

When a defendant claims an accidental short fall caused the damage, Chadwick's 2008 paper is often cited.

REVIEW ARTICLE

## Annual Risk of Death Resulting From Short Falls Among Young Children: Less Than 1 in 1 Million

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### ABSTRACT

**OBJECTIVE.** The objective of the work was to develop an estimate of the risk of death resulting from short falls of <1.5 m in vertical height, affecting infants and young children between birth and the fifth birthday.

**METHODS.** A review of published materials, including 5 book chapters, 2 medical society statements, 7 major literature reviews, 3 public injury databases, and 177 peer-reviewed, published articles indexed in the National Library of Medicine, was performed.

[www.pediatrics.org/cgi/doi/10.1542/peds.2007-2281](http://www.pediatrics.org/cgi/doi/10.1542/peds.2007-2281)

doi:10.1542/peds.2007-2281

**Key Words**

abuse, accident, fall, injury, fatality

**Abbreviations**

Plunkett 2001 and Moran 2012 also study short fall deaths, but they do not provide other values for the risk of death due to short falls in children.

*The American Journal of Forensic Medicine and Pathology* 22(1):1-12, 2001. ©2001 Lippincott Williams & Wilkins, Inc., Philadelphia

## Fatal Pediatric Head Injuries Caused by Short-Distance Falls

John Plunkett, M.D.

Physicians disagree on several issues regarding head injury in infants and children, including the potential lethality of a short-distance fall, a lucid interval in an ultimately fatal head injury, and the specificity of retinal

Many physicians believe that a simple fall cannot cause serious injury or death (1-9), that a lucid interval does not exist in an ultimately fatal pediatric head injury (7, 12), and that retinal hem-

2012

## Shaken Baby Syndrome, Abusive Head Trauma, and Actual Innocence: Getting it Right

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Chadwick et al. report the estimate of short fall deaths in California (1999–2003) by using the EPIC database.

**Explicit claim:** Chadwick's argument using EPIC data from 1999–2003:

Number of infants who have died from a short fall in CA

---

Number of all infants in CA

=  $P(\text{Death and short fall} \mid \text{Individuals is an infant in CA})$

= 0.48 in a million

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**Explicit claim:** Chadwick's argument using EPIC data from 1999–2003:

$$\frac{\text{Number of infants who have died from a short fall in CA}}{\text{Number of all infants in CA}}$$
$$= P(\text{Death and short fall} \mid \text{Individuals is an infant in CA})$$
$$= 0.48 \text{ in a million}$$

**Implicit claim:** The following is implicitly argued in court:

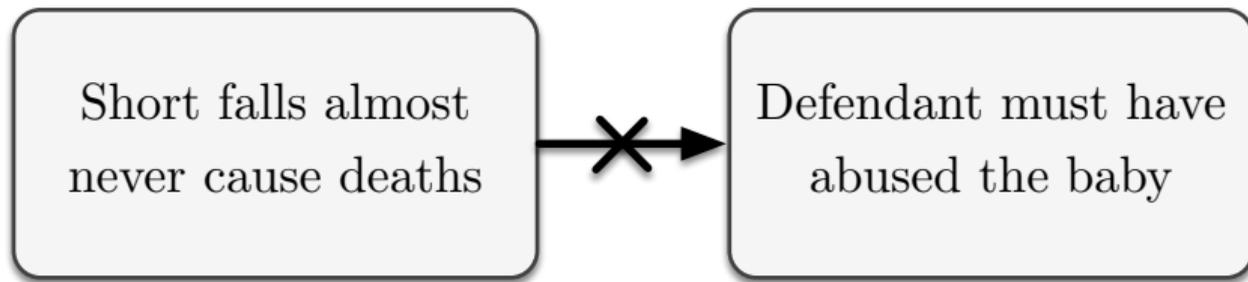
$$0.48 \text{ in a million} = P(\text{Short fall} \mid E),$$

where E = Evidence (infant with head trauma and death).

Although Chadwick's quantity correctly reports the risk of short fall deaths, it is improperly used in court.

Assuming  $P(\text{Short fall} \mid E) = 0.48$  in a million

implies  $P(\text{Shaken} \mid E) = 1 - 0.48$  in a million = 99.9999%.

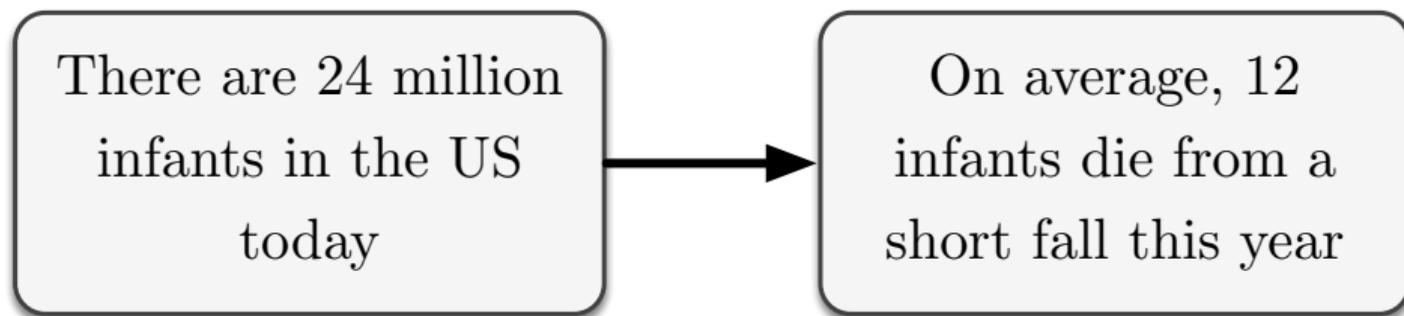


⇒ Chadwick's quantity was calculated correctly. But **this argument** is flawed.

Criticisms of the implicit argument made in court by using Chadwick's quantity.

## Criticism: Rare events are not impossible.

- ▶ Death due to short fall (EPIC 1999–2003): 0.48 in a million.



⇒ This argument has been mentioned by the Moran, Findley, Barnes, Squier 2012 paper and various expert witnesses in court.

Some other reported values are also very small:

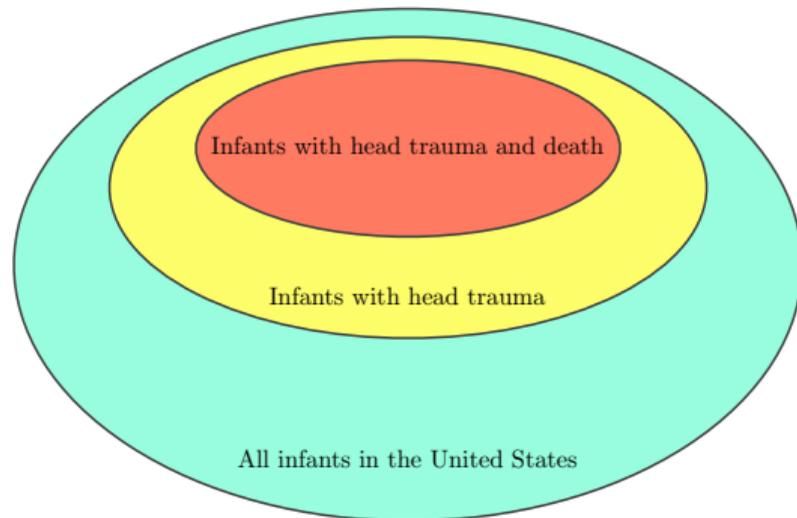
- ▶ Death due to struck by lightning (KID 2012): 0.63 in a million.
- ▶ Having Abusive Head Trauma (KID 2012): 85 in a million.

Criticism: One must restrict the population *in light of the evidence* to a subset of individuals.

⇒ Chadwick's quantity is calculated for the entire population of infants.

⇒ But we have additional information, not just that this is an infant:

$P(\text{Shaken} \mid \text{Infant with head trauma and death})$ .



⇒ This argument has also been mentioned by various expert witnesses in court.

## Criticism: One must compare competing hypotheses in light of the evidence.

- ▶ Chadwick et al.'s quantity is in isolation.
- ▶ They calculate the probability that one event happens, but not the probabilities that any other possible cause happened for comparison.
- ▶ How likely are the other possible causes?

⇒ Comparing 1/1 million to 1/400 million. 1/million seems large!

Could estimate:

“Were the injuries caused by a short fall?”

$$\frac{P(\text{Short fall} \mid E)}{P(\text{No short fall} \mid E)}.$$

Eventually want to estimate:

“Were the injuries caused by shaking/child abuse?”

$$\frac{P(\text{Shaken} \mid E)}{P(\text{Not shaken} \mid E)}.$$

where E = Evidence, head trauma and death, or just head trauma.

We can expand the ratio to include the probability that given the evidence the child had a short fall or other causes.

- Recall  $E$  = the Evidence. We want

$$\frac{P(\text{Shaken} \mid E)}{P(\text{Not shaken} \mid E)}.$$

- In the denominator, there are several explanations (e.g. short fall, rickets, vitamin D deficiency, etc.) given the evidence  $E$ :

$$\frac{P(\text{Shaken} \mid E)}{P(\text{Not shaken} \mid E)} = \frac{P(\text{Shaken} \mid E)}{P(\text{Short fall} \mid E) + P(\text{Other causes} \mid E)}.$$

Obtaining a value for

$$\frac{P(\text{ Shaken } | \text{ E } )}{P(\text{ Not shaken } | \text{ E } )}.$$

For the purposes of this talk, one can define the evidence as the “triad” of symptoms.

- Let the evidence (E) be head trauma defined by the classical constellation of injuries in Abusive Head Trauma (the triad):
  - ▶ Retinal hemorrhage
  - ▶ Cerebral edema
  - ▶ Subdural hemorrhage

⇒ It is possible to add more! This is just a starting point.

The statistician can only estimate the part of the value that relies on data.

$$\frac{P(\text{Shaken} | E)}{P(\text{Not shaken} | E)} = \underbrace{\frac{P(E | \text{Shaken})}{P(E | \text{Not shaken})}}_{\text{From data}} \underbrace{\frac{P(\text{Shaken})}{P(\text{Not shaken})}}_{\text{From case}}.$$

⇒ From data: The statistician can only estimate the first term.

⇒ From case: e.g. amount of time spent with the child, child has injuries from prior abuse.

The information required to calculate the values for the odds.

Need to fill in this table:

	Triad	No triad
Shaken		
Not shaken		
Short fall		
No short fall		
Other causes		
No other causes		

Need:

- ▶ Probability sample
- ▶ Large sample

The information required to calculate the values for the odds.

Need to fill in this table:

	Triad	No triad	Triad and death*	No triad and death*
Shaken				
Not shaken				
Short fall				
No short fall				
Other causes				
No other causes				

\* These are for the cases in which the child passed away.

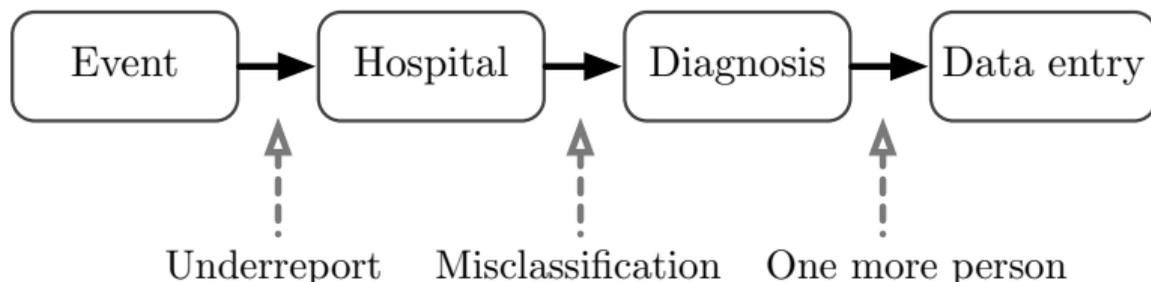
## Some major databases are insufficient.

**EPIC** — Epidemiology and Prevention for Injury Control

- ▶ Small sample (for rare events)
- ▶ Not representative of the US population.

**KID** — Kids' Inpatient Database:

- ▶ Only contains information from hospital records.
- ▶ Biased by several factors.



⇒ Cannot calculate the value because the data themselves are the problem.

## Summary: How to answer the question, “Could this child’s injuries have been caused by a short fall?”

- ▶ The Chadwick quantity should not be used in court because of four criticisms:
  1. Rare events are not impossible.
  2. One must restrict the population in light of the evidence.
  3. One must compare competing hypotheses in light of the evidence.
- ▶ A better method would be to calculate the ratio:  $\frac{P(\text{Evidence} \mid \text{Short fall})}{P(\text{Evidence} \mid \text{No short fall})}$ , which can be combined with evidence from the case.
- ▶ But the data available today are not of high enough quality to allow for this calculation to be made properly.
- ▶ A correct statistical argument about the population cannot be made to answer the question above.

⇒ If you use a statistical argument in court, make sure you have high quality data and appropriate analysis.

# References

-  D. L. Chadwick, G. Bertocci, E. Castillo, L. Frasier, E. Guenther, K. Hansen, B. Herman, and H. F. Krous.  
Annual risk of death resulting from short falls among young children: Less than 1 in 1 million.  
*Pediatrics*, 121(6), June 2008.
-  Agency for Healthcare Research and MD Quality, Rockville.  
Hcup national inpatient sample (NIS). healthcare cost and utilization project (HCUP).  
[www.hcup-us.ahrq.gov/nisoverview.jsp](http://www.hcup-us.ahrq.gov/nisoverview.jsp), 2012.
-  D. A. Moran, K. A. Findley, P. D. Barnes, and W. Squier.  
Shaken baby syndrome, abusive head trauma, and actual innocence: Getting it right.  
*Houston Journal of Health Law & Policy*, 12(2):209–312, 2012.
-  J. Plunkett.  
Fatal pediatric head injuries caused by short-distance falls.  
*American Journal of Forensic Medicine and Pathology*, 22(1):1–12, 2001.

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