

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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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

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:

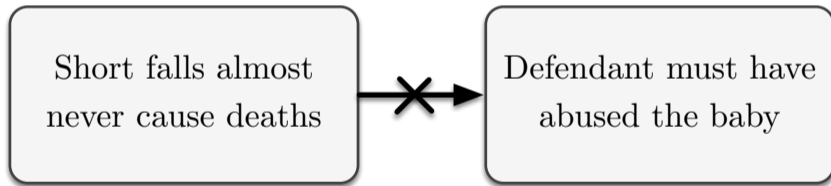
$$0.48 \text{ in a million} = P(\text{Short fall} \mid E),$$

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%.

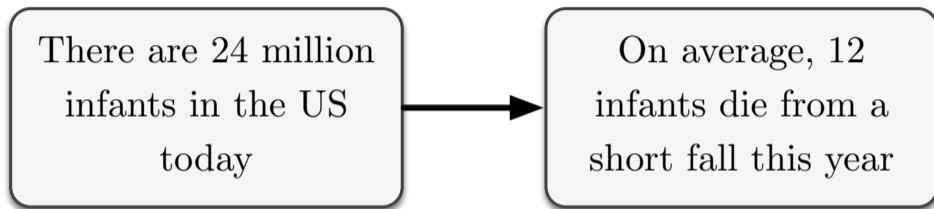


⇒ Chadwick's quantity was calculated correctly. But **this argument** is flawed.

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:

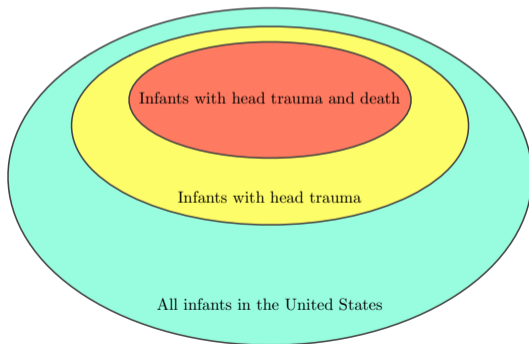
- ▶ Death due to struck by lightning (KID 2012): 0.63 in a million.
- ▶ Having Abusive Head Trauma (KID 2012): 85 in a million.

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

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

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

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

Obtaining a value for

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

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.

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

⇒ 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.

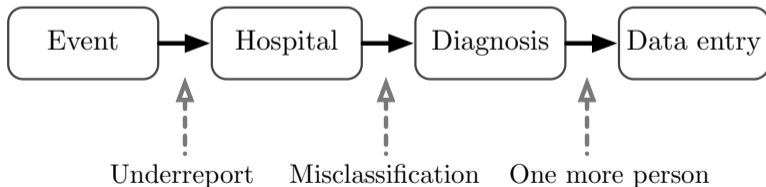
Some major databases are insufficient.

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.

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