

MEDICAL EVIDENCE IN CHILD ABUSE CASES:
SEXUAL ABUSE, FRACTURES, AND
SHAKEN BABY CASES

Multidisciplinary Training
KwaZulu Natal
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Presented by:

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I. Pre-trial Preparation

- 1. Expert's Opinion-How is it Formulated?**
 - a) History-Who is the reporter of the allegations?
 - b) Disclosure-Is it consistent?
- 2. Records/Notes**
- 3. Personal background/bias/prejudice**
 - a) The C.V.: In Order or Inaccurate?
 - b) Is the expert neutral and professional?
- 4. Consulting v. Examining Professional**
 - a) What is expert's role/involvement?
Fact Witness v. Expert Witness
 - b) Fees-Paid for time, not for testimony
- 5. Who can be a medical expert?**
 - a) M.D., D.O.
 - b) N.P.
 - c) R.N.
 - d) S.A.N.E.

6. **History/Reporter of allegations**
 - a) How much do they need to know?
 - b) When do they need to know it?
7. **Protocol-Guideline, Not Gospel**
Which do they subscribe to?
8. **Valid conflicting opinions**
 - a) How to handle valid professional disagreement
9. **Knowledge of the Literature**
 - a) how to present it
 - b) how not to present it
10. **Procedures/Techniques Used to Examine**
 - a) Examination positions
 - b) Use of Colposcope
 - c) rape kit
 - d) proper documentation
11. **Choice of Appropriate Medical Terminology**

II. Preparation for Court

1. **Review of depositions, trial testimony, photographs**
 - a) How much should they know about the case?
 - b) Where should they get their information from?
2. **Meeting with attorney/Contacting attorney**
 - a) preparing expert's testimony with the attorney
 - b) What to do when contacted by the opposing attorney
3. **Preparing exhibits**
4. **Helping to educate the attorney/jury/judge**
 - a) Expert as teacher
 - b) How to Effectively Explain the Examination
 - c) Penetration: in v. on
 - d) Demonstrative Evidence

III. Consideration of "Non-abuse" Physical Findings regarding sexual abuse

1. Common genital findings in non-abused girls:

- a) erythema of vestibule
- b) labial adhesions
- c) posterior fourchette friability
- d) fourchette midline avascular
- e) Hymenal orifice diameter
- f) Hymenal configuration
- g) failure of midline fusion in posterior fourchette

2. Common perianal findings in non-abused children:

- a) erythema
- b) venous congestion
- c) anal dilation
- d) Perianal redundancy
- e) smooth areas
- f) skin tags
- g) "Glistening"
- h) hyperpigmentation
- i) failure of midline fusion of perianal tissue
- j) midline, wedge-shaped, smooth area

3. Dermatologic Conditions

- a) diaper rash
- b) pinworms
- c) irritants (bubble bath, heat, moisture, friction)

4. How specific injuries heal

5. How to interpret symptom specific statements and examination findings

IV. Shaken Baby Syndrome

1. Basic Biomechanics and definition:

SBS is an acceleration/deceleration injury causing rupturing of the bridging veins between the skull and brain

2. Physical Findings

a) Eye Injuries:

- i) Retinal Hemorrhages**
- ii) Sclera Hemorrhages**
- iii) Vitreous bleed**
- iv) Pre-retinal Hemorrhages**

b) Subdural Hematomas

c) Cerebral Edema

V. Skeletal Injuries

- 1. Long Bone injuries**
- 2. Rib Fractures**
- 3. Metaphyseal fractures**
- 4. Spiral fractures**
- 5. Skull fractures**

VI. Effective Demonstrative Techniques for the Courtroom

- 1. Photographs**
 - a) Colposcope slides**
 - b) Color Prints: Full Size v. Actual Size**
 - c) Measurement standard**
 - d) Proper identification of patient**
- 2. Drawings/Charts**
- 3. Anatomical models**
- 4. Other types of in-court demonstrations**