



# Protecting Innocent Families

**Imagine bringing your child to the hospital seeking diagnosis and treatment for some urgent and concerning symptoms, but instead of your child receiving care, you're accused of abuse by a child abuse pediatrician who you thought was part of your child's treatment team.**

Child abuse pediatricians report to CPS, police, and prosecutors, all without disclosing their true role. They are directly involved in decisions about whether a parent should lose custodial rights or even go to prison. Parents usually have no idea that the doctor they thought would give answers about their child's health would turn into the State's star prosecution witness against them. Since our founding in 2018, the Family Justice Resource Center has been contacted by hundreds of families facing medically-based wrongful allegations of child maltreatment. Each case shares one common detail—the allegation came from a child abuse pediatrician who presented themselves to the parents as a treating physician while actually working pursuant to contracts and working agreements with child welfare agencies and Children's Advocacy Centers.

**Too often, child abuse pediatricians function as cops in white coats without transparency or sufficient checks and balances to protect family rights.**

Child abuse pediatricians don't merely provide medical input to child welfare agencies—they actively participate in investigations, order medical tests to gather evidence, make recommendations about removing a child from their parents, sit on the multidisciplinary team at the Children's Advocacy Centers where decisions are made about criminal charges, and they even testify as medical experts for the prosecution at legal proceedings in juvenile, criminal, and administrative court. There is an alarming absence of adequate checks for the reliability of abuse determinations from a child abuse pediatrician. Parents are routinely cut off from the treating doctors who could provide an independent second opinion to the courts.

**BIPOC families, immigrant families, and parents of children with rare diseases are especially vulnerable to experiencing family separations and even criminal convictions due to medically-based wrongful allegations from child abuse pediatricians.**

The recent verdict in *Kowalski v. Johns Hopkins* and the Netflix hit documentary *Take Care of Maya* puts a much needed national spotlight on how major systemic injustices in child abuse pediatrics are harming vulnerable families and placing child abuse pediatricians in a position that is adversarial towards a parent who brings their child to the hospital for care.

**The Family Justice Resource Center is developing a toolkit focused on highlighting the systemic issues that enable child abuse pediatricians to assume outsized roles that confuse treatment and forensic investigation.**



The growing toolkit provides detailed information, stories, policy recommendations, and resources aimed at instituting systemic reforms and implementing necessary guardrails that would eliminate the hidden, harmful, unethical, and often unlawful child abuse pediatric practices that are devastating families across the nation.

\* The pictures above are shared with permission from families the Family Justice Resource Center has helped reunite since our founding.



**Family Justice Resource Center**

PROTECTING CHILDREN BY PROMOTING SCIENCE & COMMON SENSE

HEADQUARTERED IN ILLINOIS

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# MEDICAL MIMICS OF ABUSE

## NON-TRAUMATIC CAUSES OF ICH (INTRACRANIAL HEMORRHAGES)

- Birth (46% of vaginal births cause ICH)
- Birth Trauma (*long labor, vacuum, c-section, etc.*)
- Prematurity
- Congenital Defect
- Prematurity
- Von Willebrand Disease
- Hemophilia
- Thrombocytopenia
- Late Hemorrhagic Disease of the Newborn
- Vitamin K Deficiency
- Vitamin D Deficiency
- Leukemia
- Henoch-Schonlein Purpura
- Ruptured Vascular Malformation
- Hypoxic Ischemic Encephalopathy
- Aneurysm
- Hydrocephalus
- Coagulation Disorders
- Vascular Malformations
- Vaccine Reaction
- Use of Blood Thinners
- Hypertension
- Blood Vessel Disorders (*e.g., Arteriovenous Malformation, etc.*)
- Benign Enlargement of the Subarachnoid Spaces
- Macrocephaly
- Accidental Injury
- Coughing or Vomiting
- Accidental Choking Episode
- Use of Anticoagulants (*e.g., Heparin*)

## NON-TRAUMATIC CAUSES OF FRACTURES

- Radiological Motion Artifact
- Dysplastic Bone Abnormalities
- Osteogenesis Imperfecta
- Metabolic Bone Disease
- Congenital Insensitivity to Pain
- Infectious Conditions
- Birth Trauma (*long labor, vacuum, c-section, etc.*)
- Scoliosis
- Osteomyelitis
- Congenital Syphilis
- Chondrodystrophies
- Congenital Hydrocephalus
- Osteoporosis
- Accidental Injury
- Osteopenia
- Neuroblastoma
- Nutritional Deficiencies
- Vitamin K Deficiency
- Vitamin D Deficiency
- Temporary Brittle Bone Disease

- Infantile Cortical Hyperostosis
- Infantile Myofibromatosis
- Perthes' Disease
- Osteomalacia
- Accidental Injury
- Steroid Use
- Alagille Syndrome
- X-linked Hypophosphatemia
- Ehlers-Danlos
- Inherited Systemic Hyalinosis

## NON-TRAUMATIC CAUSES OF RH (RETINAL HEMORRHAGES)

- Birth (45% of vaginal births cause RH)
- Birth Trauma
- Prematurity
- Hypertension
- Bleeding Disorders
- Leukemia
- Meningitis/Sepsis/Endocarditis
- Vasculitis
- Cerebral Aneurysm
- Retinal Disease (*e.g., infection, Hemangioma, etc.*)
- Carbon Monoxide Poisoning
- Anemia
- Hypoxia
- Hypotension
- Papilledema
- Increased Intracranial Pressure
- Glutaric Aciduria Type 1
- Osteogenesis Imperfecta
- Retinal Exams in Premature Infants
- Extracorporeal Membrane Oxygenation
- Hypo- or Hypernatremia
- Arteriovenous Malformations
- Subacute Bacterial Endocarditis
- Thrombocytopenia
- Late Hemorrhagic Disease of the Newborn
- Vitamin K Deficiency
- Vitamin D Deficiency
- Leukemia
- Henoch-Schonlein Purpura
- Ruptured Vascular Malformation
- Hypoxic Ischemic Encephalopathy
- Accidental Injury
- Coughing or Vomiting
- Accidental Choking Episode
- Use of Anticoagulants (*e.g., Heparin*)

## NON-TRAUMATIC CAUSES OF MEDICAL CHILD ABUSE

- Chronic Regional Pain Syndrome
- Connective Tissue Disorders
- Dysautonomia
- Eosinophilic Disorders
- Gastrointestinal Motility Disorders
- Mast Cell Disorder
- Mitochondrial Disorders
- Post-Infectious Encephalopathies
- Novel Genetic Disorders

## NON-TRAUMATIC CAUSES OF BURN-LIKE MARKINGS

- Phytophotodermatitis
- Impetigo (*causes cigarette-like burns*)
- Varicella
- Epidermolysis Bullosa
- Dermatitis Herpetiformis
- Diaper Dermatitis
- Chilblains
- Drug Eruption
- Mechanical Abrasion
- Chemical Burns (*including commercial vinegar*)
- Staphylococcal Scalded Skin Syndrome
- Accidental Burns

## NON-TRAUMATIC CAUSES OF BRUISING

- Mongolian Spots
- Fungal/Viral/Bacterial Infections
- Vasculitis
- Vascular Malformations
- Petechiae
- Thrombocytopenic Purpura
- Von Willebrand Disease
- Hemophilia
- Bernard-Soulier Syndrome
- Glanzmann Thrombasthenia
- Storage Pool Disease
- May-Hegglin Anomaly
- Wiskott-Aldrich Syndrome
- Hemorrhagic Telangiectasia
- EpisAXIS
- Cryoglobulinemia
- Pulmonary-renal Involvement
- Malignancies
- Ehlers Danlos Syndrome
- Osteogenesis Imperfecta
- Dermatomyositis
- Phytophotodermatitis
- Hemangiomas
- Meningococemia
- Incontinentia Pigmenti
- Erythema Multiforme
- Digitiform Parapsoriasis
- Pyoderma Gangrenosum
- Erythema Marginatum
- Eczema
- Nutritional Deficiencies
- Striae
- Skin Staining from Dyes
- Incontinentia Pigmenti
- Cushing's Disease
- Marfan's Syndrome
- Medications (*e.g., Heparin, steroids, NSAIDs, etc.*)
- Pressure (*from clothing, child restraint fasteners, etc.*)
- Accidental injuries

This list is not exhaustive. For more information, visit [www.famjustice.org](http://www.famjustice.org).