

## Orthopedic Aspects of Child Maltreatment

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Medical Director, Queens CAC  
December 14, 2016

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## Disclosure Statement

Jamie Hoffman-Rosenfeld, MD, has no financial relationships with any commercial interests.

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## Objectives

The learner will be able to:

- Articulate the concepts involved in the evaluation of orthopedic injuries and their relationship to child abuse.
- Explain the appropriate workup of an infant and a young child with suspicious orthopedic injuries.
- Review specific orthopedic radiologic findings associated with child abuse.

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**How often does child abuse involve skeletal injuries?**

- Fractures account for 10%-25% of childhood injuries.
- About 25% of fractures in children less than 1 year old are attributed to abuse.
- The percent diminishes with increasing age of the child.

Leventhal JM, Martin KD, Asnes AG: Incidence of fractures attributable to abuse in young hospitalized children: results from analysis of a United States database *Pediatrics* 2008; 122:602.

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**Specificity of Specific Fracture Types**

Specificity of Radiographic Findings

High Specificity

- Classic metaphyseal lesions
- Rib fractures, especially posterior

Kleinman, Paul K. *Diagnostic Imaging of Child Abuse*, second edition. Cambridge University Press. 2015 (page 10).

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**The CML**

- Cannot be dated.
- May not be symptomatic.
- Disappears in 4-8 weeks.
- The most common fracture identified in fatally abused infants!

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## Description of Fracture is Key!

- The specific fracture location along the bone (e.g., epiphyseal, diaphyseal, metaphyseal)
- The fracture type (e.g., transverse, oblique, spiral, buckle, CML)
- Whether there is displacement, separation, or comminution of the fracture
- Whether the fracture is open or closed
- Whether there is more than one fracture along the bone or more than one bone
- The extent of callus formation, if present

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## Types of Loading Leads to Predictable Fracture Patterns

Biomedical Condition: Torsion

Fracture Type: Spiral/Long Oblique

*Bones of children fail more readily under torsion than bending.*

*Child Abuse and Neglect: Diagnosis, Treatment and Evidence*, editor Carole Jenny, MD  
Chapter on Fracture Biomechanics, Gina Bertocci, PhD

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### Accidental and Nonaccidental Femur Fractures in Children

Susan A. Scherl, MD, Lisa Miller, MD, Nicole Lively, BA,  
Scott Ruscioff, MD, Christopher M. Sullivan, MD, MPH,  
and Paul Tornetta, III, MD

A retrospective review of 287 patients younger than 18 years of age who sustained nonpathologic diaphyseal femur fractures was done, which established the characteristics of accidental versus nonaccidental injury. There were 214 fractures in 123 boys and 91 girls; the gender of one patient was unknown. The average age of the patients was 2.7 years. Mechanisms of injury were pedestrian struck by a car (64 patients), falls (62 patients), and motor vehicle accidents (18 patients). Nineteen patients did not have a history of trauma. Seventy-six cases were interpreted as child abuse. The results of 13 forensic patients were positive. Overall, the morphologic features of the fractures were transverse (68%), spiral (27%), and oblique (1%), in the involved group; 27% of the fractures were transverse, 39% were spiral, and 15% were oblique. In those cases with positive results of the investigation, 96% of the fractures were transverse, 6% were spiral, and 7% were oblique. Although transverse fractures are most common in accidental and nonaccidental injuries, many practitioners think spiral fractures are pathognomonic of abuse. The current data show that although spiral fractures were less common than transverse fractures overall, and no more

Clinical Orthopaedics and Related Research  
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common in the cohort of patients in whom the results of the child abuse investigations were positive, they were overrepresented in the cohort that was investigated. This suggests that spiral fractures are viewed as particularly suspicious, which may lead to initial cases of nonaccidental injury in children with transverse fractures.

Femoral shaft fractures have been estimated to account for 1.6% of fractures in children.<sup>1,2</sup> Although these fractures are relatively uncommon, they virtually all result in the patient being admitted to the hospital. Many patients are treated with an orthopedic inpatient or require a general anesthetic. It also has been estimated that as many as 80% of femoral fractures in children younger than walking age, and as many as 20% of femoral fractures in children younger than 4 years of age are secondary to nonaccidental injury.<sup>3</sup> Given the social<sup>4</sup> and financial<sup>5</sup> implications of these data, there are surprisingly few studies that include data on the epidemiology of femoral shaft fractures in children.<sup>6-11,12,13</sup>

The purpose of the current study was to observe the characteristics of closed diaphyseal

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### Transverse Fractures of the Femoral Shaft Are a Better Predictor of Nonaccidental Trauma in Young Children Than Spiral Fractures Are

Ryan Murphy, BS, Derek M. Kelly, MD, Alize Moïkan, BSN, Norflett B. Thompson, MD, William C. Warner Jr., MD, James H. Beaty, MD, and Jeffrey R. Sawyer, MD

*Investigation performed at the Campbell Clinic, University of Tennessee, and Le Bonheur Children's Hospital, Memphis, Tennessee*

**Background:** Certain fracture configurations, especially spiral fractures, are often thought to be indicative of nonaccidental trauma in children. The purpose of this study was to determine whether femoral fracture morphology, as determined by an objective measurement (fracture ratio), was indicative of nonaccidental trauma in young children.

**Methods:** Consecutive patients who were three years of age or younger and had a closed, isolated femoral shaft fracture treated at an urban pediatric level I trauma center between 2005 and 2013 were identified. Anteroposterior and lateral fracture ratios (fracture length/bone diameter) were calculated for each patient by a fellowship-trained pediatric orthopedic surgeon who was blinded to the patient's clinical history. The presence or absence of a Child Protective Services referral as well as institutional Child Assessment Program evaluations were reviewed. Nonaccidental trauma was deemed to be present, absent, or indeterminate by Child Protective Services or an on-site Child Assessment Program team. To further evaluate and quantify the likelihood of nonaccidental trauma, the criteria of the Modified Maltreatment Classification System were used.

**Results:** Of 122 patients identified, ninety-five met the inclusion criteria for this study. Of these ninety-five, fifty-one (54%) had either a Child Protective Services or a Child Assessment Program consultation because of suspected nonaccidental trauma. Thirteen (26%) were found to have nonaccidental trauma as determined by Child Protective Services or the Child Assessment Program team and seven (14%) had indeterminate Child Protective Services or Child Assessment Program investigations. All thirteen patients with nonaccidental trauma, as well as the seven patients with an indeterminate Child Protective Services or Child Assessment Program investigation, had positive Modified Maltreatment Classification System scores for physical abuse. Patients who had nonaccidental trauma had significantly decreased mean anteroposterior fracture ratios compared with those who had confirmed accidental trauma ( $p < 0.0001$ ).

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ARTICLE

### The Presence of Bruising Associated With Fractures

Melissa L. Peters, MD, Suzanne P. Starling, MD, Myra L. Barnes-Eley, BS, MPH, Kurt W. Heider, MS, MPH

**Objective:** To determine the occurrence of bruising near the site of fracture in a group of children with inflicted fractures.

**Design:** Case series.

**Setting:** Two children's hospitals.

**Participants:** Suspected child abuse victims with fractures.

**Main Outcome Measure:** The presence of bruising and fracture in a single body region or appendage.

**Results:** The study included 192 children with inflicted fractures. No bruising was found in 111 (57.8%) of the study participants. Every patient (20.8%) had bruising near the site of at least 1 fracture. Of these, bruising or subglottal hematoma near the site of a skull fracture was seen most often, in 43.3% of patients. Bruising in association with extremity fractures was seen much less commonly, ranging from 3.8% ( $n = 2$ ) of children with tibia fracture to 16.7% ( $n = 3$ ) of children with fibula fracture. Rib fractures also were associated uncommonly with bruising. When skull fractures are excluded, 45 (8.1%) of 555 fractures had bruising near the fracture site, in 13 (0.8%) patients.

**Conclusions:** In children with inflicted skeletal trauma, the fractured bones that most frequently have associated bruising are the skull bones. The presence of bruising near the fracture site is uncommon in extremity or rib fractures.

*Arch Pediatr Adolesc Med.* 2008;162(9):877-881

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### The Presence of Bruising Associated with Fractures

- More than 80% of metaphyseal fractures had no associated bruising!
- The absence of associated bruising does not imply that the force required to produce the fracture was trivial.

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**Does bruising help determine which fractures are caused by abuse? *Child Maltreat.* 2009 Nov;14(4):376-81.**

Valvano TJ, Binns HJ, Flaherty EG, Leonhardt DE.

**Abstract**

To determine whether the presence or absence of bruising can be used to differentiate between abusive and nonabusive fractures, a retrospective study was conducted of patients with acute fractures referred to a child abuse team. A bruise and fracture were considered associated if both occurred on the same body site. Chart summaries, excluding information on bruising, were reviewed by 2 abuse experts to assign cause of injury. Of the 150 participants, fractures of 93 (62%) were categorized as abusive and 57 (38%) as nonabusive. Bruising associated with a fracture was found for 26% of abused and 25% of nonabused children. Most children (61%) had no bruises anywhere on the body, and this did not differ significantly by cause of injury. The sensitivity of a bruise associated with a fracture to predict abuse was only 26%. The presence or absence of bruising was not useful to differentiate between abusive and nonabusive fractures.

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**Transverse Metadiaphyseal Fracture**

- 8 month old; chubby baby
- Left on bed while mother was in bathroom; she heard a thump and returned to find the baby on the floor.
- Irritable, noted swelling of leg.
- Promptly brought the baby to the ED.
- X-ray revealed femur fracture.

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**Types of Loading Leads to Predictable Fracture Patterns**

Biomedical Condition: Compressive

Fracture Type: Buckle/Impaction

Child Abuse and Neglect: Diagnosis, Treatment and Evidence, editor Carole Jenny, MD  
Chapter on Fracture Biomechanics, Gina Bertocci, PhD

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ORIGINAL ARTICLE

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**Transverse Fracture of the Distal Femoral Metadiaphysis**  
*A Plausible Accidental Mechanism*

Suzanne B. Haney, MD,\*† Stephen C. Boos, MD,‡ Timothy J. Kutz, MD,§||  
and Suzanne P. Starling, MD\*†

*Pediatric Emergency Care* 25:12; December 2009

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**Six Day Old with Proximal Femur Fracture**

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- 6 day old infant noted by family to have extreme irritability after the visit to the pediatrician
- Pain with touching and movement of right leg, swelling
- Brought to community hospital where swelling and ? bruising noted
- X-ray reveals proximal femur fracture

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**Past Medical History**

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- Scheduled C-section for breech presentation
- Delivery hastened when non-stress test monitoring detected decreased fetal movement.
- Father peeked over the drapes in the DR and noted that rump was delivered first.
- Nuchal cord X3 and cord around torso
- Apgars 9 and 9

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**Review of DR  
and Nursery Records**

- ◉ No snap or pop recorded
- ◉ No details of delivery maneuver
- ◉ Normal entry and discharge nursery exam

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**Pediatric Visit on Day #6**

Pediatrician reports that lower extremity and hip exam was normal.

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**Parent History**

- ◉ Since birth, seemed to cry only during diaper change.
- ◉ Crying stopped when he was swaddled.
- ◉ Father noticed more movement on the left side; "I think he's going to be a lefty."

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### Learning Points

- ◉ Fractures can happen from delivery, including femur fractures.
- ◉ C-section is not necessarily protective!
- ◉ Presentation of parturitional femur fracture might be delayed.
- ◉ Even good doctors can miss things.
- ◉ Use all sources of information available to put the puzzle pieces together – in this case, the family’s photo and video clip were essential.

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### References

- ◉ Morris, et. al. Birth associate femoral fractures: incidence and outcome, *Journal of Pediatric Orthopedics* (2002) 22: 27-30.
- ◉ Shigeki Matsubara, et. al. Femur fracture during abdominal breech delivery. *Arch Gynecol Obstet* (2008) 278:195–197.
- ◉ Cebesoy, et. al. Bilateral femur fracture in a newborn: extreme complication of cesarean delivery. *Arch Gynecol Obstet* (2009) 279:73–74.

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### 4 ½ Month Old With Shoulder Swelling

- ◉ Father notified by the babysitter that the shoulder is swollen and arm not moving.
- ◉ Generally healthy
- ◉ Five day history of fever and fussiness
- ◉ Mother noted that he wasn’t moving as much as usual for several days but did not notice any particular limb injury.

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**Physical Exam**

- ◉ Pain with movement
- ◉ Swelling and tenderness at left shoulder
- ◉ Bruise on right mandible
- ◉ Dried blood in left ear concha

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**Other Evaluations and Laboratory Tests**

- ◉ Ophtho exam normal
- ◉ Head CT normal
- ◉ Skeletal survey normal

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**Left Shoulder Salter 1 Fracture/  
Dislocation of the Proximal Humerus**

- ◉ Epiphyseal separation injury
- ◉ Moderate specificity for child abuse according to Kleinman
- ◉ Considerable traction forces required

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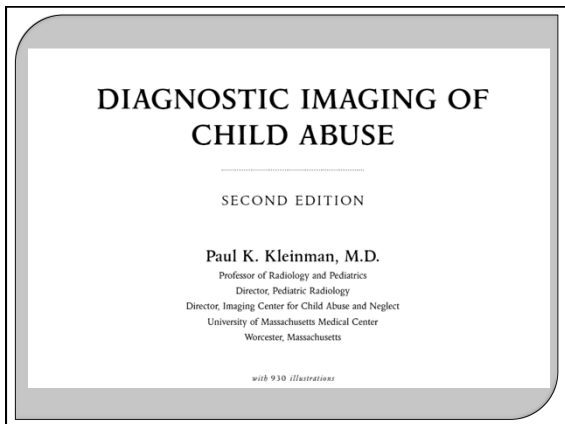
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**Kleinman's Discussion of  
Epiphyseal Separation, Page 80**

- “suggest that a continuum exists between the CML and the epiphyseal separation of the proximal humerus”
- “the degree of force required to cause epiphyseal separation is likely to be greater than those causing the cml”
- “it is reasonable to assume that the traction, torsion, acceleration and deceleration forces commonly applied during infant assaults result primarily is osseous disruption without significant epiphyseal displacement...when massive injury occurs, a mainly cartilaginous injury with epiphyseal separation results”

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**Dénouement**

Six year old son of babysitter reported seeing the babysitter's husband swing the baby like a teddy bear because he wouldn't stop crying.

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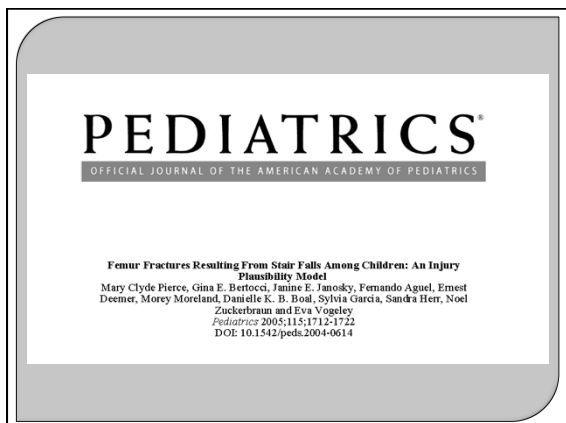
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**Fracture Assessment and Injury Plausibility**

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- Possible is not the same as plausible; must consider all features of the history.
- What is the particular type and magnitude of loading required for the particular type of fracture?
- Is the history described in a clear and consistent fashion with details?
- What was the child's response, symptoms, etc.?
- Was there an appropriate caretaker response or was there a delay in seeking medical care?

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**6 ½ Month-Old Twins with Fractures**

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- Twins were in the crib together.
- This baby cried and father reached over other twin to lift this baby from the crib.
- Heard a snap; thought his bracelet had hit the crib side rail.

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**6 ½ Month-Old Twin  
Initial Presentation**

Could this be an accident???

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**Skeletal Survey Results of  
Asymptomatic Twin**

- Healing left distal femur fracture
- Left tibial spiral fracture with periosteal reaction
- Right humerus periosteal reaction along diaphysis
  
- Toddler brother – thick periosteal reaction around distal right humerus

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**Conclusions**

- Children who have been physically abused often sustain bony fractures.
- Different fracture types have been described as having a high probability for abuse while others are more nonspecific.
- No one fracture *in isolation* is specific for physical abuse.
- The details are in the history!

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### 5 Month Old with Marks on Skin

- 5 month old brought to the ED because of bruises to the buttocks.
- Previously healthy without chronic health conditions
- One prior ED visit at 2 months of age because of bruises to buttocks; the father said he fell while holding the baby and she fell against the foot of the bed.
- The mother works and leaves the baby in the care of the father; they live with the maternal grandmother.
- The grandmother reports that the father spends many hours in the bedroom with the baby; bedroom door closed and baby crying.

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### Findings

- Healing left metacarpal fracture
- Healing right posterior 11<sup>th</sup> rib fracture
- Edema of gluteal soft tissue and anus inflammation
- Right parietal skull fracture

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## PEDIATRICS<sup>®</sup>

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

#### Development of Guidelines for Skeletal Survey in Young Children With Fractures

Jouane N. Wood, Oluwalopo Fakere, Chris Feudtner, Valerie Mondesin, Russell Localio and David M. Rubin  
*Pediatrics* 2014;134:437, originally published online June 16, 2014;  
DOI: 10.1542/peds.2013-3242

OBJECTIVE: To develop guidelines for performing initial skeletal survey (SS) in children 24 months old with fractures, based on available evidence and collective judgment of experts from diverse pediatric specialties.

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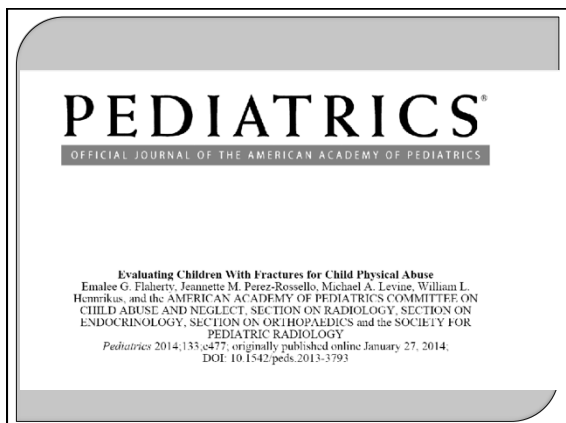
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**Differential Diagnosis**

- Osteogenesis Imperfecta
- Prematurity
- Vitamin D Deficiency Rickets
- Osteomyelitis
- Disuse Osteopenia
- Scurvy, Menkes, Copper Deficiency
- Accidental Injury
- *Temporary Brittle Bone Disease*

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**Infant with Knee Pain and Fever**

- Pain noted when placed in exersaucer.
- Seen by pediatrician and diagnosed with soft tissue injury.
- Developed high fever and taken to an urgent care center; X-rays and blood tests done.
- Called back and told to go to CCMC because of + blood culture and fracture seen on X-ray.

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**Femur Fracture in Infants: A Possible Accidental Etiology**

**ABSTRACT.** Femoral fractures in nonambulating infants are generally felt to be attributable to abuse in the absence of significant trauma or underlying organic pathology. The investigation of such fractures includes a report to appropriate social service and law enforcement agencies, and legal involvement. This paper describes 2 nonambulatory infants who sustained identical oblique distal femoral metaphyseal fractures extending through the growth plate after playing in an infant stationary activity center called an Exersaucer. It is possible that the twisting motion provided by the Exersaucer (Evenflo, Picqua, OH) might be consistent with the generation of forces necessary to cause these fractures. *Pediatrics* 2001; 108:1009-1012. *femoral fractures, infants, child abuse.*

**ABBREVIATION.** CML, classic metaphyseal lesion.

Femoral fractures are reported in 12% to 29% of physically abused children.<sup>1</sup> Femoral fractures in nonambulating infants, particularly spiral fractures, are believed to be highly specific for inflicted injury. This association has been replicated over time. In 1983, a retrospective chart review of all children <4 years of age seen at a university hospital for a femur fracture found that 30% were attributable to abuse.<sup>2</sup> The most common reason for suspicion of abuse was lack of any history of injury. In that study, the radiographs did not distinguish between abused and nonabused children, as the most common site of fracture for both was the mid-diaphysis. The authors

application of a torsional force resulting from manual torsion with abuse, or twisting against a planted foot with a fall. As is the case with accidental injuries, most inflicted fractures of the femoral shaft involve the middle and distal third.<sup>3</sup> Leventhal et al<sup>4</sup> performed retrospective chart reviews of children <3 years of age who were examined for a fracture. For femoral fractures, the child's age was the best distinguishing feature of etiology: in children <12 months, 60% were classified as abuse compared with 0% in children older than 23 months. History characteristics were found to be vague in the abuse cases where the second most commonly occurring event was when the caretaker noted a change in the child's behavior, such as a nonmoving extremity; the majority (79%) in this group were classified as abuse. This type of history along with an abnormality in the child, such as swelling without report of any accident, occurred in 52% of the abuse cases. In contrast to nonambulatory children, oblique midshaft femur fractures have been reported to occur as a result of accidental injury in ambulatory children.<sup>5</sup>

The following 2 case reports document the possibility of distal femur fractures in infancy in a manner other than child abuse. Two infants, both <9 months old, with oblique femur fractures, were referred to the Broward County Child Protection Team for possible physical abuse. During the course of the investigation, it was learned that both infants had reportedly played in a product called an Exersaucer (Evenflo, Picqua, OH) before their parents suspecting an injury to their legs. The Exersaucer is a stationary activity center and is a successor to the infant walker. The Exersaucer's seat swivels as the child

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**Views on Skeletal Survey**

- Metaphyseal fracture not well seen; minimal irregularity and sclerosis noted.
- Subperiosteal fluid collection/abscess

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**Osteogenesis Imperfecta**

- Heterogenous disorder with defects in CollA1 and CollA2, the genes that encode for Type 1 collagen which supports the framework of bone.
- Denovo mutations and autosomal recessive variants may account for absent family histories.
- Diagnosis suggested by family history, blue sclera, dentinogenesis, short stature, and radiographic evidence of osteopenia.

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- ◉ Most common fracture type is transverse diaphyseal fractures of long bones.
- ◉ Unusual to have multiple long bone fractures or rib fractures in infancy without other stigmata, either radiographic or clinical.
- ◉ If fractures continue in a protected environment, consider additional workup.
- ◉ Abuse is more common than OI.

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- ### Prematurity
- ◉ Decreased bone mineralization at birth which normalizes after the first year of life.
  - ◉ Particular risk: <1500 grams, <28 weeks, prolonged TPN (>4 weeks), BPD, steroids and diuretics.
  - ◉ Osteopenia presents between 6 and 12 weeks of life.
  - ◉ Premature babies are at risk for abuse.

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- ### Vitamin D Deficiency
- ◉ Vitamin D insufficiency (<30 ng/ml) is common in otherwise healthy infants and toddlers.
  - ◉ Despite this, Rickets is uncommon.
  - ◉ The claim that Vitamin D insufficiency or deficiency is commonly mistaken as abuse is unsupported.
  - ◉ Studies of patients with Vitamin D deficiency without evidence of Rickets does not show increased fracture prevalence.
  - ◉ Fractures in Rickets are in older, mobile infants = insufficiency fractures.

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Laboratory Evaluation: The clinical evaluation should guide the laboratory evaluation. In children with fractures suspicious for abuse, serum calcium, phosphorus, and alkaline phosphatase should be reviewed, although alkaline phosphatase may be elevated with healing fractures. The physician should consider checking serum concentrations of parathyroid hormone and 25-hydroxyvitamin D, as well as urinary calcium excretion (eg, random urinary calcium/creatinine ratio) in all young children with fractures concerning for abuse, but these levels should certainly be assessed if there is radiographic evidence of osteopenia or metabolic bone disease.

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### 4 Month Old with Multiple Fractures

- ◉ 4 month old, grandmother points out to mother that she is not moving her arm.
- ◉ After 4 days, taken to outside hospital.
- ◉ Humerus fracture diagnosed.
- ◉ Skeletal survey done but other fractures not identified.
- ◉ Admitted to CCMC.

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### History

- ◉ Maternal cholestasis of pregnancy
- ◉ Induced and delivered at 36 6/7 weeks
- ◉ Tight nuchal cord
- ◉ Delayed transition with TTN, transfusion, phototherapy
- ◉ Defense expert opines: metabolic bone disease of prematurity, maternal cholestasis, Hypophosphatemic Rickets

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### **Defense Witness Hypothesis**

- ◉ Hypophosphatemic Rickets
- ◉ Prematurity
- ◉ Maternal Cholestasis
- ◉ Chest Physiotherapy

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### **Toddler with Facial Injuries Brought for Evaluation**

- ◉ Left 10<sup>th</sup> posterior rib fracture
- ◉ Compression fracture of lumbar vertebrae
- ◉ Lumbar compression fractures
- ◉ Right posterior acetabular fracture
- ◉ Head CT with soft tissue swelling

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### **Investigation**

- ◉ Child too young to be interviewed.
- ◉ Mother maintained he fell in the bathtub.
- ◉ Mother arrested for endangering but nobody could be charged with the abuse/assault.
- ◉ Newborn baby removed once the mother delivered.

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**After the Family Court Trial....**

- ◉ Mother informed her attorney of domestic violence.
- ◉ She said her boyfriend would slam the boy's head against the bathtub and slam him onto his butt.

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