

## **RES IPSA LOQUITUR IN CHILD PROTECTIVE PROCEEDINGS**

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### **Meaning of "Res Ipsa Loquitur"**

Literally, "a thing that speaks for itself." In tort law, the doctrine which holds a defendant guilty of negligence without an actual showing that he or she was negligent. Its use is limited in theory to cases in which the cause of the plaintiff's injury was entirely under the control of the defendant, and the injury presumably could have been caused only by negligence.

### **Historic Roots of the Res Ipsa Loquitur "presumption".**

*Historic English case: Byrne v. Boadle*, Court of Exchequer, 1863. 2 H. & C. 722, 159 Eng.Rep. 299

A barrel of flour falls on Plaintiff's head as he walks down street. Plaintiff has no other evidence except that barrels do not fall out of windows without negligence. Under *res ipsa loquitur*, Plaintiff has enough evidence to show negligence on the part of the owner of the store who also was in control of the barrels.

The first prerequisite for invocation of the doctrine of *res ipsa loquitur*, and the inference of negligence it permits, is that the injury-causing event be of a kind that ordinarily does not occur in the absence of negligence.

### **First Reported Case Applying "Res Ipsa Loquitur" as an Evidentiary Inference in Family Court Child Protective Proceeding**

**In the Matter of S  
Family Court of New York, Kings County  
46 Misc. 2d 161; 259 N.Y.S.2d 164; 1965 N.Y. Misc. LEXIS 1929**

**May 10, 1965**

### **OPINION BY: JUDGE HAROLD FELIX**

In respect to the reserved decision on respondents' motion to dismiss the neglect petition at the end of the petitioner's case affecting child Freddie, and after discharge from the petition of the other named children therein: This article 3 proceeding [Family Ct. Act] was initiated undoubtedly by a consensus of view, medical and social agency, that the child Freddie, only a month old, presented a case of a battered child syndrome. Proof of abuse by a parent or parents is difficult because such actions ordinarily occur in the privacy of the home without outside witnesses. Objective study of the problem of the battered child which has become an increasingly critical one, has pointed up a number of propositions, among them, that usually it is only one child in the family who is the victim; that parents tend to protect each other and resist outside inquiry and interference and that the adult who has injured a child tends to repeat such action and suffers no remorse for his conduct.

**Therefore in this type of proceeding affecting a battered child syndrome, I am borrowing from the evidentiary law of negligence the principle of "*res ipsa loquitur*" and accepting the**

**proposition that the condition of the child speaks for itself, thus permitting an inference of neglect to be drawn from proof of the child's age and condition, and that the latter is such as in the ordinary course of things does not happen if the parent who has the responsibility and control of an infant is protective and nonabusive. And without satisfactory explanation I would be constrained to make a finding of fact of neglect on the part of a parent or parents and thus afford the court the opportunity to inquire into any mental, physical or emotional inadequacies of the parents and/or to enlist any guidance or counseling the parents might need. This is the court's responsibility to the child.**

I find therefore that a prima facie case has been made out by the petitioner and deny the respondents' motion to dismiss.

**The New York State Legislature Adopts Res Ipsa Loquitur as an Evidentiary Rule in Child Protective Proceedings**

**FCA § 1046. Evidence**

**(a) In any hearing under this article and article ten-A of this act:**

**(ii) proof of injuries sustained by a child or of the condition of a child of such a nature as would ordinarily not be sustained or exist except by reason of the acts or omissions of the parent or other person responsible for the care of such child shall be prima facie evidence of child abuse or neglect, as the case may be, of the parent or other person legally responsible;**

**The Lead Res Ipsa Case in Child Protective Proceedings in New York.**  
**The full text of the New York Court of Appeals *Matter of Phillip M . case***

**Matter of Phillip M . 82 NY2d 238, 604 NYS2d 40 (1993)**

**OPINION BY: Simons, J.**

Family Court has found respondent parents responsible for the sexual abuse of two of the five children living in their home. Accordingly, it ordered all five children placed under the supervision of the Child Welfare Administration (CWA) of the petitioner Department of the Social Services for a period of 12 months. Petitioner established its case by presenting evidence that respondents "allowed" two of the children, while under their care, to contract chlamydia, a sexually transmitted disease. The issue presented is whether respondents satisfactorily rebutted petitioner's prima facie case that they were legally answerable for the children's condition. I.

Respondents are the parents of four children,

Philip, 15; Jacob, 12, Brandon, 8, and Belit,5

The children lived with respondents in a three-bedroom home which the parents have maintained for the last several years.

Angel, age 9, a nephew of the mother, also lived with them.

In 1989, at the request of petitioner, respondents took Angel's sister and brothers,

Cathy, Wilfredo and Alfredo, into their home. (later removed)

During April or May of 1990, Belit's mother observed Alfredo, then six years old, lying on top of Belit. Both were naked below the waist. As a result she insisted that petitioner remove Alfredo, Wilfredo and Cathy. Seven months later she observed a discharge from Belit's vagina and sought medical treatment for her and advice from a consultation center. As a result, the incident was reported to petitioner and in April 1991, following an investigation, petitioner instituted this proceeding charging respondents with sexual abuse. Petitioner alleged that while in the sole care of respondents Belit had been vaginally penetrated and her hymen broken and that Philip, Brandon and Belit had tested positive for chlamydia.

At a fact-finding hearing before Family Court, petitioner presented two witnesses, Mr. Mendez, a social worker employed by the CWA, and Ms. Harrison, a pediatric nurse practitioner at Montefiore Medical Center. Mr. Mendez testified that he could learn little about how the disease was contracted during his investigation of the family. Respondents denied any knowledge of sexual abuse and although Belit eventually told him that she had been touched in the vagina by a "little kid" in a park near her home, the children gave him no explanation of how the abuse had occurred. The CWA requested respondents to have all the children tested for sexually transmitted disease. Belit was tested by Ms. Harrison at Montefiore Medical Center in December 1990 and the four boys were tested several weeks later. Ms. Harrison also made appointments to test Alfredo, Wilfredo and Cathy. They were living with their grandmother at the time, however, and respondents did not produce them for testing.

Ms. Harrison testified that the initial physical examination of Belit revealed that Belit's hymen was irregular and bled when touched. Tests done that day showed that Belit was infected with chlamydia in her vagina. Ms. Harrison testified that Belit told her she had been "bad touched", but would not identify the incident or the person who touched her. Respondents were provided with a prescription for Belit, and at a February 15, 1991 follow-up examination, she tested negative for chlamydia.

Ms. Harrison also examined the four boys. Brandon and Philip both tested positive for chlamydia in their rectal area but neither offered any explanation for the source of their [\*242] infections. The test results for Jacob and Angel were negative. Ms. Harrison concluded that Belit and Brandon had been the victims of sexual abuse, but made no determination about Philip. He may have been a victim she said but, because of his [\*\*\*43] age, he also could have acquired the disease through consensual sexual activity.

Both parents testified. They admitted that they alone were responsible for the care of the children but, other than conjecture, offered no explanation for how Belit had been injured or how the children had become infected. They also testified that they did not believe the positive test results for Brandon and Philip. Indeed, because they did not believe them, they had not given either Brandon or Philip the medication Ms. Harrison prescribed for the boys. Nor did they take either boy to a scheduled follow-up examination at Montefiore Medical Center. Instead, in March 1991, some two months after the initial examination, respondents had Philip and Brandon retested for chlamydia at another hospital. On the second examination the boys tested negative. Respondents offered no explanation for not believing the earlier positive test results or the possible source of the disease. They simply maintained that the earlier test results were incorrect. Respondents did not have themselves tested for chlamydia until March and April of 1991.

The record contains some evidence of a possible source for Belit's injury. There were the accounts of Belit and her mother of the incident in the park in which, as Belit said, an unidentified

boy touched her vagina or, as her mother testified at the hearing, touched Belit outside her clothing. There was also evidence of Belit's contact with Alfredo after he came to live with respondent in October 1989. Alfredo's sister, Cathy, told Mr. Mendez that during the time they lived with respondents she saw Alfredo touching Belit on two occasions, once in the living room and once in the bedroom. One of these was the incident Belit's mother observed in April of 1990, when she saw Alfredo lying on top of Belit. Alfredo admitted to Mr. Mendez that he had touched Belit's vagina with his hand once when Cathy was present and Mr. Mendez confirmed that Department records indicated that Alfredo had been sexually abused while in a foster home and that while living with respondents he apparently had asked both Belit and Cathy to have sex with him.

The children's mother testified that she had Wilfredo, Alfredo and Cathy moved to their grandmother's home immediately after witnessing the incident between Belit and Alfredo. Some seven months later, respondents noticed a vaginal discharge from Belit, which ultimately proved to be a symptom of chlamydia, and led to this proceeding.

Family Court found that petitioner had established injury to the children while under respondents' care and it had, therefore, established a prima facie case of child abuse under *article 10 of the Family Court Act*. It also found that respondents' explanation for the source of injuries failed to rebut petitioner's prima facie case. Accordingly, the court ordered the children released to respondents under CWA supervision for 12 months, during which time the parents were to seek counseling with their children. The Appellate Division confirmed the factual findings of Family Court and affirmed its order. We agree with the result reached by the Appellate Division but not with its view that once a prima facie case of child abuse had been established under the statute, the "burden of proof" shifted to respondents, who were then required to provide a "reasonable and adequate explanation of how the injuries were sustained" (*Matter of Philip M.*, 186 AD2d 462, 463).

II. Historically, it has been difficult to prove acts of sexual abuse involving young children because such acts "are predominantly nonviolent and usually occur in secret" making it difficult to acquire evidence fixing blame (*Matter of Nicole V.*, 71 NY2d 112, 117). Article 10 was enacted to alleviate these difficulties (*Matter of Christina F. [Gary F.]*, 74 NY2d 532, 535). It defines an "abused child" as a child under the age of 18 whose parent or other person legally responsible for the child's care "commits, or allows to be committed, a sex offense against such child" (*Family Ct Act § 1012 [e] [iii]*). *Section 1046 (a) (ii)* provides that a prima facie case of child abuse or neglect may be established by evidence of (1) an injury to a child which would ordinarily not occur absent an act or omission of respondents, and (2) that respondents were the caretakers of the child at the time the injury occurred. Unexplained sexually transmitted disease in a child is evidence of sexual abuse (*see, Matter of Tania J.*, 147 AD2d 252, 259).

The statute is fault based. There must be evidence of child abuse and petitioner must establish it by "a preponderance of the evidence" (*Family Ct Act § 1046 [b] [i]*; and *see, Matter of Tammie Z.*, 66 NY2d 1). The application of the statute, however, permits a finding of abuse or neglect based upon evidence of an injury to a child which would ordinarily not occur absent acts or omissions of the responsible caretaker. It authorizes a method of proof which is closely analogous to the negligence rule of *res ipsa loquitur* (*see, Dermatossian v New York City Tr. Auth.*, 67 NY2d 219, 226; *Plumb v Richmond Light & R. R. Co.*, 233 NY 285; *see also*, 2 McCormick, Evidence § 342, at 451 [Practitioner's 4th ed 1992]). Indeed, the statute is modeled on the *res ipsa loquitur* doctrine (*see, Matter of S.*, 46 Misc 2d 161, 162; *Matter of Roman*, 94 Misc 2d 796, 801-802).

As in negligence cases tried on the theory of *res ipsa loquitur*, once a petitioner in a child abuse case has established a prima facie case, the burden of going forward shifts to respondents to rebut the evidence of parental culpability. But contrary to the statement of the Appellate Division, the burden of proving child abuse always rests with petitioner; "[s]hifting the burden of explanation or of going on with the case does not shift the burden of proof" (*Plumb v Richmond Light & R. R. Co.*, 233 NY, at 288). It is sometimes said that once a prima facie case is established a "presumption" of parental responsibility for child sexual abuse arises but this refers to a presumption which is "evidentiary and rebuttable, whether by [respondent's] own testimony or by any other evidence in the case" (*People v Leyva*, 38 NY2d 160, 167; *see also, Dermatossian, supra*, at 226). While the fact finder may find respondents accountable for sexually abusing a child or allowing sexual abuse to occur after a prima facie case is established, it is never required to do so (*cf., Dermatossian, supra*, at 226).

**Once a prima facie case has been established, respondents may simply rest without attempting to rebut the presumption and permit the court to decide the case on the strength of petitioner's evidence or, alternatively, they may present evidence which challenges the establishment of the prima facie case.**

Their evidence may, for example,

(1) establish that during the time period when the child was injured, the child was not in respondent's care (*see, e.g., Matter of Vincent M.*, 193 AD2d 398, 403);

(2) demonstrate that the injury or condition could reasonably have occurred accidentally, without the acts or omissions of respondent (*see, e.g., Matter of Eric G.*, 99 AD2d 835); or

(3) counter the evidence that the child had the condition which was the basis for the finding of injury (*see, e.g., Matter of Smith*, 128 AD2d 784, 785-786).

III. In this case, respondents conceded that they were responsible for the children's care and they did not challenge the finding that Belit had been abused and had contracted chlamydia. To defeat petitioner's prima facie case, they relied principally on evidence that Belit's injury had another source.

Family Court found respondents' explanations "insufficient" to overcome petitioner's prima facie case. Insofar as the incident in the park was concerned, the boy was not identified and there was no reason to presume he was infected with chlamydia or that he transmitted the disease to Belit during the encounter. Moreover, the versions of Belit and her mother differed on whether the boy had touched Belit over her clothing or not. Family Court accepted the mother's version and since chlamydia could not be communicated in this way, it rejected the park incident as the source of Belit's injury.

The incident with Alfredo presented a closer question. Alfredo's contacts with Belit were witnessed by Cathy and Belit's mother and confirmed by Alfredo. Moreover, Alfredo apparently had a history of emotional and sexual abuse when he came to live with them, although respondents were unaware of it at the time and had no reason to take precautions to prevent Belit's injury. The evidence is not persuasive, however, that he caused Belit's infection. Considering that Alfredo was never tested for chlamydia to determine if he was the source, that Belit's symptoms of chlamydia did not manifest themselves until seven months after Alfredo was removed from respondents' home and that no evidence before the court showed Alfredo penetrated Belit, the court cannot be faulted

for rejecting Alfredo as a source of injury. Indeed, respondents did not advance the theory that Alfredo had infected Belit when the injury to her hymen was discovered or when the chlamydia was diagnosed. It was not until these proceedings were initiated that they suggested those possibilities.

Furthermore, respondents failed to present any evidence to rebut Brandon's injury or to explain why some of their children were infected with the disease but not others. Though they did not accept the positive test results from Montefiore Medical Center, they produced no evidence that the first test was flawed or that the second test, in which Brandon and Philip tested negative, was more reliable. Their simple refusal to believe the results of a medical test did little to counter petitioner's prima facie case, particularly when they accepted the Montefiore test results for Belit, Jacob and Angel without challenging the test's accuracy or reliability.

IV. Respondents fault this assessment of their defense, claiming that the trial court's insistence that they present evidence to support their explanations changed the burden of proof. They assert that such a procedure places reasonable, prudent, and caring parents lacking knowledge of how their child has become injured, in an impossible position because, by application of the statute, they may become the subject of coercive intrusion into their family life by the Department of Social Services.

*Section 1046 (a) (ii) of the Family Court Act* attempts to strike a fair and reasonable balance between a parent's right to care for a child and the child's right to be free from harm. **The establishment of a prima facie case does not require the court to find that the parents were culpable; it merely establishes a rebuttable presumption of parental culpability which the court may or may not accept based upon all the evidence in the record.**

**Before relying upon its provisions, the court should consider such factors as  
the strength of the prima facie case and  
the credibility of the witnesses testifying in support of it,  
the nature of the injury,  
the age of the child,  
relevant medical or scientific evidence and  
the reasonableness of the caretaker's explanation in light of all the circumstances.**

**In weighing the caretaker's explanation, the court may consider the inferences reasonably drawn from his or her actions upon learning of the injury. Certainly, the caretaker's failure to offer any explanation for the child's injuries, to treat the child, or to show how future injury could be prevented are factors to be considered by the court, for they reflect not only upon the caretaker's fault and competence but also the strength of the caretaker's rebuttal evidence.**

In this case, respondents appear to have acted responsibly concerning Belit's treatment, but they failed for reasons not sufficiently explained, to take steps which could assist in fixing the cause of the injuries or to insure that they were not repeated. For example, they waited three months after Belit, Brandon and Philip had tested positive for chlamydia, before they had themselves tested for chlamydia and, apparently believing Alfredo to be the source of the infection, they nevertheless failed to have him tested. Moreover, they failed to give Philip and Brandon the medicine provided by nurse Harrison and they waited some two months before having them retested for chlamydia.

Even if respondents doubted the accuracy of the tests performed by Ms. Harrison, they needlessly exposed their own children to harm by allowing two months to go by without taking any action to treat or retest Philip and Brandon. While no one of these facts is dispositive, once a prima facie case had been established, Family Court was entitled to consider all of them when determining respondents allowed the children to be abused.

Accordingly, the Appellate Division order in this case should be affirmed, without costs.

Chief Judge Kaye and Judges Titone, Hancock, Jr., Bellacosa, Smith and Levine concur.

Order affirmed, without costs.

### **SAMPLE RECENT CASE LAW under FCA 1046(a)(ii)**

#### **1990**

**Matter of Michael A. 166 AD2d 898 (4<sup>th</sup> Dept. 1990)** – 21 month old with untreated fracture of an arm, bone injury to other arm, multiple bruises all over body – expert says not accidental – mother and boyfriend offer no explanation – both are abusive.

#### **1991**

**Matter of Anthony R. C., Jr. 173 A.D.2d 623 (2<sup>nd</sup> Dept. 1991)** - 5 1/2-month old baby with fractured arm., healing rib fractures. Parents say fractured arm when child fell out of father's arms when father tripped while climbing stairs, rib fractures - parents thought that this injury was inflicted on the child in physical therapy. For petitioner two medical experts - arm and rib fractures not likely to have occurred as parents say - parents expert says arm fracture could have occurred as parents say and rib fractures may have occurred during the child's physical therapy, although this would not be common. Court rules that petitioner offered sufficient expert evidence establishing the applicability of *Family Court Act § 1046(a)(ii)*. but that parents met their burden of coming forward with a reasonable explanation with credible witnesses.

#### **1993**

**Matter of Heith S. 189 AD2d 875 (2<sup>nd</sup> Dept. 1993)** - Unexplained oral gonorrhea in one child and unexplained evidence of repeated anal sodomy in another – abuse finding

**Matter of Chollette W. 194 AD2d 616 (2<sup>nd</sup> Dept. 1993)** – mother rebuts the res ipsa presumption where child has shaken baby syndrome and child was with a babysitter for parent of the time and when LG calls babysitter to the stand, she takes 5<sup>th</sup> amendment

**Matter of Nassau County DSS ex rel Joseph H. 595 NYS2d 234, (2<sup>nd</sup> Dept. 1993)** – large number of random injuries – parent claims self inflicted, not consistent, no injuries since foster care placement – finding of abuse

**Matter of Vincent M 193 AD2d 398 (1<sup>st</sup> Dept. 1993)** - 3 month old child has current fractured leg, healed fractured rib, healed fractured skull – both within last 6 weeks – parents say all injuries were from accidents – court says the credibility of the “accident” explanations diminishes as the

number of accidents increases – very small likelihood that a 3 month old had 3 accidents in a 6 week period that resulted in broken bones – father is abusive as he was caretaker

## **1994**

**Matter of Dawn D. 204 AD2d 634 (2<sup>nd</sup> Dept. 1994)** – mother and stepfather are abusive where child has fractures of ribs, thigh and skull and brain injuries, parents first could not explain and then gave various explanations – prima facie case had been made and parents were obligated to offer a reasonable explanation of abuse and they did not

**Matter of NYC DSS o/b/o H and J 209 AD2d 525 ( 2<sup>nd</sup> Dept. 1994)** – 22 month old with spiral fracture of leg, bruises on body and burn on chin- parents claimed fracture may have occurred in tub fall and had medical expert who testified to that but court finds abuse as presence of other injuries may it unlikely that spiral fracture was an accident

**Matter of Tiffany F. 205 AD2d 429 (1<sup>st</sup> Dept. 1994)** – 4 year old with 9 lesions on her scalp, one behind her ear and two on her arm, petitioners doctor says they are cigarette burns and discounts parents claims they may be roach bites or injuries from a cat, also parents offered doctor who testified that she did not think that injuries were burns – but parents doctor could not rule out burns and had only seen child 9 hours after other doctor – abuse found against the parents

**Matter of C Children 207 Ad2d 888 (2<sup>nd</sup> Dept. 1994)** – Child had second degree burns on her hand, medical testimony that burn was caused by nonaccidental immersion in boiling liquid, mother claimed child had turned on tub faucet accidentally, also admitted she waited 2 days to take him to doctor, also admitted she hit him with a belt causing contusions for picking at scab caused by bruise – mother is abusive as her explanation was not consistent with the medical testimony and given her subsequent behavior

**Matter of Shetonya W. 203 AD2d 144 (1<sup>st</sup> Dept. 1994)** – 10 month old with skull fracture, uncontradicted medical testimony that it would not be likely to occur without abuse, mother’s explanation was not sufficient

## **1995**

**Matter of Julissa II 213 AD2d 18 (3<sup>rd</sup> Dept. 1995)** – very young child had scarring in vaginal area that looked “like a bad episiotomy” that medical experts said would not occur by accident – parents did not rebut this presumption of abuse with any appropriate explanation – both abusive

**In Re Christopher C. 631 NYS2d 666 (1<sup>st</sup> Dept. 1995)** – mother abusive where no explanation for 3 month old having multiple fractures of arm and ribs, failure to obtain medical attention in a timely way



### **1996**

**Matter of Matthew and Lucas D 642 NYS2d 526 (Family Court, Queens County 1996)** – parents were abusive where 2 month old had more than 20 fractures and no new fractures while in foster care, genetic test for brittle bone disease was negative and court rejected parent’s expert who claimed child may have “temporary brittle bone disease”

### **1997**

**Matter of Eric CC 653 NYS2d 983 (3<sup>rd</sup> Dept. 1997)** – 6 week old baby with numerous fractures. Parents claimed baby could have been injured during birth or due to medical examinations or due to “temporary brittle bone disease”. Res ipsa not overcome by these explanations – the medical community does not accept a diagnoses of “temporary brittle bone disease” – even if such a disease does exist, the child’s injuries here were caused by a considerable amount of force more common in battered child syndrome

### **1998**

**In Re Jessica H., 681 NYS2d 557 (2<sup>nd</sup> Dept. 1998)** - 6 week old baby with burned fingers, bruises on palm, thigh, multiple fractures of legs – 3 medical experts that injuries were from a trauma – parents explanations did not rebut the “statutory presumption”

**Matter of Brandon C. 668 NYS2d 655 (2<sup>nd</sup> Dept. 1998)** – both parents abusive where 17 week old baby has shaken baby syndrome, four broken bones, all at different times in a 4 week period – no appropriate explanation by parents

### **2000**

**Matter of Shawna K 11/22/00 3<sup>rd</sup> Dept. 2000** – 18 month old with broken clavicle – the mother and her boyfriend were caretakers and unable to say how it had happened but thought child may have fallen off a toy slide or off her bed or was hit by toy by other child, only hearsay evidence that boyfriend had prior history of child neglect, no medical witnesses called re likelihood of cause of injury, only hearsay and opinion of caseworker – dismissed for failure to prove prima facie case

**Matter of Brandyn P 278 AD2d 533 (3<sup>rd</sup> Dept. 2000)**– infant with spiral fracture of right leg – teenage father says child fell of couch, twisting leg, paternal grandmother testified that she heard fall and a “snap” sound – medical testimony that injury was highly suspicious for abuse and unlikely injury could have occurred as described, doctor did not see couch but caseworker who saw couch did not think injury could have been from couch – dismissed, injury is compatible with abuse but court did find father’s explanation credible

**In re Magnolia A. 707 NYS2d 176 (1<sup>st</sup> Dept. 2000)** – unexplained gonorrhea in a 5 year old – prima facie case of child abuse – burden shifts to parents to explain and they must do so or be found to be abusive

**Matter of Zachery MM 714 NYS2d 557 (3<sup>rd</sup> Dept 2000)** – 3 month old had skull fracture and 15 broken bones – day care provider told parents child had been injured in a fall, parents took child to doctor who found skull fracture and 15 previous fractures to ribs, legs, wrist. Parents claim day care provide must have done them all – parents had brought child to doctor in the past and no

broken bones had ever been seen – doctors testified that it was quite possible that parents had not noticed broken bones as even a doctor would have missed them without a full body x-ray which was not done until the allegations of the head injury in the fall – child may not have exhibited any unusual crying – parents abuse dismissed

**In re F Children 707 NYS2d 32 (1<sup>st</sup> Dept. 2000)** – mother is abusive where one year old has a broken wrist and two fractures in arm in separate incidents two months apart. Medical proof that such injuries are not normally sustained except due to abuse – mother has inconsistent and contradictory explanations

**Matter of Marquis W. 2/7/00 (2<sup>nd</sup> Dept. 2000)** – parents are not abusive where baby has shaken baby syndrome which is prima facie evidence of abuse but parents did rebut

**In re Quincy Y. 714 NYS2d 293 (1<sup>st</sup> Dept. 2000)** – child had unexplained 2 degree burns and mother did not seek medical care - mother is abusive

## **2001**

**In re Karla V. 717 NYS2d 598 (1<sup>st</sup> Dept. 2001)** – baby had fractured arm and mother was found to have abused, one year later mother sought to reopen case as she had located a medical expert who would now support her claim that injury had occurred accidentally when mother held child down during routine medical exam – court should allow her to present new evidence

**Matter of Trevon C 280 AD2d 473 (2<sup>nd</sup> Dept. 2001)** – child had second degree burns on 40% of his body, medical evidence that it would not have happened absent abuse, also respondent had not sought prompt medical attention – he was abusive

## **2002**

**In Re Malta L. 298 AD2d 141 (1<sup>st</sup> Dept. 2002)** – child was burned, mother gave a variety of explanations outside of court and in court claimed it was accidental cigarette burn but could not give a credible description of how it happened, she had failed to seek medical attention

## **2003**

**Matter of Sharonda S. 301 AD2d 532 (2<sup>nd</sup> Dept. 2003)** – 8 month old baby with fractured leg, medical testimony that injury was suspicious and mother offered no reasonable explanation - finding of abuse

**Matter of Marc A. 301 AD2d 595 (2<sup>nd</sup> Dept, 2003)** - 7 year old with round burn on shoulder – doctor says it is a cigarette burn or a hot circular metal object pressed into skin – doctor believes child was abused – parents say child fell into a wall and lower court believes injury “minor” and could be “self inflicted” – 2<sup>nd</sup> Dept. says parental explanations are unreasonable and unacceptable and made finding of abuse

**In Re Damen M 309 AD2d 569 (1<sup>st</sup> Dept. 2003)** – 2 month old with 1<sup>st</sup> and 2<sup>nd</sup> degree burns on

20% of body – medical proof that child was immersed in scalding water and not brought for medical attention for 1-2 days – parent’s present engineer who testifies that tub had faulty hot water valve which could have surged hot water – abuse finding as burns were immersion type not due to a surge of water

**In re Keone J., 309 AD2d 684 (1<sup>st</sup> Dept. 2003)** – child had six healing fractures to his ribs, symmetrical bruises on his arms and recent traumatic chest injury – ribs injured about 10-14 days earlier, chest injury 4 days old when brought to hospital by mother – mother says child may have fallen but this is inconsistent with the injuries, child had been at father’s home and also cared for at mother’s home by her and her boyfriend – court found father to have abused child as ribs injured during period when he was at fathers, mother and her boyfriend also abusive as chest injury would have been at time under mother’s care and they had delayed taking child to hospital and claimed not to have noticed child’s bruises and his pain

#### **2004**

**Matter of Peter and Matthew R. 779 NYS2d 137 (2<sup>nd</sup> Dept. 2004)** – ten month old bay had lump on head and doctor told mother to bring child in that day, parents waited 3 days when lump was much larger, said they did not know how baby had been injured and offer various explanations – child had a skull fracture – petitioner’s doctor said was not explained but parents claims that child could have rolled off a couch or been pushed over by a toddler brother. Parents offered doctor – who was family friend – to say that toddle sibling could have caused the injury and lower court also called its own witness who said it could have been accidental – App Dive finds abuse by parent s-mother was inconsistent, courts witness was not aware of parents testimony of details about the alleged falls.

**In Re Nicholas B. 8 AD3d 108 (1<sup>st</sup> Dept. 2004)** – mother is abusive where she is caretaker of child and can offer no reasonable explanation for child’s injury

**In Re Benjamin L., 9 AD3d 153 (1<sup>st</sup> Dept. 2004)** – 3 year old dies after serious burns - foster parent caretakers claimed child was left alone in tub for brief moment and turned on hot water and produced expert who said this was feasible – agency experts said burn patterns where consistent with being restrained in scalding water and said no evidence that he screamed or tried to get out of water as he would have if turned water on himself – foster mother had given different versions of the incident

**Matter of Angelique M. 10 AD3d 659 (2<sup>nd</sup> Dept. 2004)** - 6 month old with broken leg while in father’s care – he could not reasonably explain the suspicious injury – unlikely to be an accident

**Matter of Nyomi AD 10 AD3d 684 (2<sup>nd</sup> Dept. 2004)** – abuse where child has unexplained hymeneal injuries but not as to burns to a second child as that child was in care of babysitter at time of burns

**Matter of Infinite G., 11 AD3d 688 (2<sup>nd</sup> Dept. 2004)** – abuse where baby who had only been in parents care for 2 weeks had retinal hemorrhaging and subdural bleeding and was diagnosed with “shaken baby syndrome” – both parents were sole caretakers and could offer no explanation for injuries - did not rebut presumption of abuse

**Matter of Aniyah F. 13 AD3d 529 (2<sup>nd</sup> Dept. 2004)**- 5 month old with subdural hematoma, scalp injuries, scar on forehead, healed fractures of 2 bones in arm, lip abrasion – both mother and aunt are abusive as they were caretakers and neither offered an adequate explanation

**Matter of Randy V 13 AD3d 920 (3<sup>rd</sup> Dept. 2004)** – 18 month old with 1<sup>st</sup> and 2<sup>nd</sup> degree burns on her back in shape of an iron, including steam holes – father and paternal grandmother were caring for child and did not bring child to the doctor for 5-7 hours after burns, doctor says burns were not consistent with accidental fall of iron but with deliberate pressing onto child – who would have screamed and cried in pain for sometime – father was uncooperative and gave conflicting versions of what happened – abuse finding

**Matter of Kortney C., 3 A.D.3d 532(2<sup>nd</sup> Dept. 2004)** - An emergency room doctor testified that the seven-month-old child suffered a spiral fracture of the femur which could only have been caused by the intentional infliction of a twisting force to the child's leg. Since the testimony established that the baby was in the care of the appellant, Savitri L., at the time of the injury, the burden shifted to her to explain how the injury occurred. Respondent (apparently a babysitter named as a PLR) stated the child fell from a changing table and that she caught her on her stomach or by her arm, but she failed to tell either the parents or hospital personnel about the fall. The appellant did call the parents after the child began crying, and helped secure treatment for the child.

A medical expert testified that the spiral fracture could have been caused accidentally in two ways, either by the baby landing on her leg after a fall or by being caught by the leg in mid-air after falling. This testimony contradicted the appellant's explanation, as she testified that the child did not hit the ground and she did not grab the child's leg at any point. Res Ipsa finding affirmed

## **2005**

**Matter of Alyssa CM 17 AD3d 1023 (4<sup>th</sup> Dept. 2005)** – 14 month old with 2<sup>nd</sup> degree burns all over lower part of his body, including on soles of his feet, various stages of healing, medical evidence that they were inflicted and that some were in pattern of space heater in mother's home – child had bruises all over his body, adult finger marks on his head, two black eyes, multiple lacerations to his liver consistent with an adult kick or punch – medical testimony that he was abused – mother claimed other respondent said child had been burned by accident when touching the space heater – waited a day to ask someone else to take child to the doctor – mother found to have abused the child

**Matter of Ilene M., 796 NYS2d 87 (1<sup>st</sup> Dept. 2005)** – 9 month old twins – both have a fractured limb – medical proof said injuries could not have been sustained without maltreatment and mother has no credible explanation – abuse

## **2006**

**Matter of Tyranna M. 27 AD3d 472 (2<sup>nd</sup> Dept. 2006)** – both parents are abusive where child was severely burned and burns were of a nature that would not occur without maltreatment – parents were child's caretakers and they did not rebut the “presumptions of culpability”

**Matter of Daquan G. 29 AD3d 694 (2<sup>nd</sup> Dept. 2006)** – 17 month old with abrasions on nose and upper lip, bruises on face and belly, spine, back and chest, four fractured ribs and hematoma on adrenal gland – injuries are those that mother should be able to explain as she was child’s caretaker – her explanations are contradictory, implausible, unreasonable and not credible

**Matter of Ashley RR 30 AD3d 699 (3<sup>rd</sup> Dept. 2006)** – – respondents rebutted the res ipsa of sex abuse as some 40 other people also had access to sexually abused girls

**Albany County CYF v Ana P 13 Misc3d 855 (Family Court, Albany County 2006)** – - 3 year old with gonorrhea – both parents have it, no other caretakers have it – father is res ipsa abusive as highly unlikely mother could physically give a child gonorrhea and mother appropriate with child re medical needs so she has rebutted

**Matter of Seamus K. 33 AD3d 1030 (3<sup>rd</sup> Dept, 2006)** – – both parent are res ipsa abusive even though others had access as no proof that injuries occurred at time when child was with others and court found respondents not credible – strong dissent

## **2007**

**Matter of Fantaysia L. 36 AD3d 813 (2d Dept. 2007)** – - prima facie res ipsa abuse agst mother, stepfather with whom child lived and father and grandmother where child visited after 3 year old contracts gonorrhea but mother and stepfather rebutted as stepfather proved he was not a caretaker and mother had shown appropriate concern for child’s condition

**Matter of Tony B. 41 AD3d 1242\_ (4<sup>th</sup> Dept. 2007)** – - 4<sup>th</sup> Dept. says Erie County Family Court dismissal of abuse of 3 month old with fractured skull is upheld as respondents as well as others were caretakers within 48 hours before injury and DSS had no proof which/who was responsible for the injury

**Matter of Julia BB 42 AD3d 208 (3<sup>rd</sup> Dept. 2007)** – 3<sup>rd</sup> Dept. reverses Family Court in severe abuse finding, infant had many fractures, bruises and skin discolorations, also had an incident with an airway obstruction – lower court believed parents could not adequately explain injuries and patterns, 3<sup>rd</sup> Dept. says much evidence of parents being loving and trying to unravel medical question of child’s conditions and medical opinions varied

**Matter of Christopher Anthony M 46 AD3d 896 (2<sup>nd</sup> Dept. 2007)** - granted summary judgment for the father in an abuse case -18 month old child brought to the hospital for serious burns on his head and face - father testified at the FCA 1028 hearing that he was in the bedroom and the child was in the kitchen where an unrelated woman who shared the apartment was cleaning. The father heard the child screaming and came to the kitchen to find him burned. The woman told the father she had no idea how the child had gotten hurt. The medical testimony was that the child had been burned by a hot liquid pouring on the child’s head and pouring down his face. The burns could have been from either an accidental or a deliberate pouring of hot liquid on the child. At the FCA 1028 hearing, the father denied knowing how the child could have been hurt although there was testimony that the woman in the kitchen was known to sometimes have a thermos of boiling water. The woman refused to testify. The father had rebutted the res ipsa injury that he had been either

abusive or neglectful, shifting the burden to ACS to prove that there was a triable issue of fact and ACS failed to set forth any triable fact. - strong dissent citing that the purpose of the res ipsa exception is to in fact not require that the agency prove what happened.

**Matter of Sidney FE., 44 A.D.3d 1121 (3rd Dept. 2007)** - three-month-old child of respondent sustained several unexplained injuries, including rib and skull fractures in different stages of healing, and respondent's explanations of how the injuries had occurred while the child was in his care appeared to be highly unlikely. Petitioner submitted expert testimony that the child's fractures and other injuries could not have resulted from accidental events. Instead, each expert opined that only a more violent and abusive event could have caused such severe injuries. Because the expert testimony overwhelmingly supports the finding that the child's injuries were of the type which would not ordinarily occur absent some act by the adult responsible for her care and that the child was injured on at least three occasions while respondent admittedly was responsible for her, the burden shifted to him to "offer a reasonable explanation" for the injuries. Family Court expressly rejected respondent's attempt to do so, having discredited his testimony and that of his witnesses. According due deference to Family Court's credibility determinations, we find no error in its finding that respondent abused and neglected the child.

#### **2008**

**Matter of Seth G., 50 AD3d 1530 (4<sup>th</sup> Dept. 2008)** – mother failed to rebut res ipsa re 3 year old with extensive bruising on his face and shoulder which would have resulted from some pressure being put on his neck – mother gave various explanations which court discredited

**Matter of Samuel L., 52 AD3d 394 (1<sup>st</sup> Dept. 2008)** - - mother failed to rebut injuries to 5 month old. Child had bulging fontanel, bilateral subdural hematoma, skull fracture, retinal hemorrhages, injuries were not accidental and would have been inflicted days if not weeks before and no medical help sought – mother offers no plausible explanation

**Matter of Jordan XX., 53 AD3d 740 (3rd Dept. 2008)** – respondent failed to explain bruising and swelling in child's genital area – boy did not have injuries day before. Medical evidence that injuries were not accidental, explanations offered were speculative and implausible, respondent not credible

**Matter of Madeline A., 55 AD3d 430 (1<sup>st</sup> Dept. 2008)** – parents could not explain 3 months old baby have internal bleeding in the cranium, fractures of her knee, ankle and rib and retinal hemorrhaging - parents complaint that they were not provided with sufficient means to hire their own expert was without merit

**Matter of Arianna, 55 AD3d 733 (2<sup>nd</sup> Dept. 2008)** – prima facie proof of abuse established when child had first and second degree burns on upper body and medical testimony was that the burns were intentionally inflicted by the direct placement of a thermal object and this shifted burden to mother who could offer no reasonable explanation

**Matter of Chaquill R., 55 AD3d 97 (3<sup>rd</sup> Dept. 2008)** – prima facie proof of abuse where baby suffered second and third degree burns to buttocks and thighs from scalding water – burden shifted to mother to explain and mother’s explanation of a defective water heater was not proven. Other child had recently taken a shower with no problem. Mother admitted not mixing in cold water and burn patterns were consistent with child being held in the water

**Matter of Samantha M., 56 AD3d 299 (1<sup>st</sup> Dept. 2008)** – 2 year old with multiple bruises to face and body and severe duodenal hematoma - medical evidence that injuries were not accidental, BF and mother lie about when BF was alone with child – their expert says child has undiagnosed disease called Henoch-Schlein Purpura but their experts never examined; medically neglected child who seemed sick for 2 weeks and vomited several times in that period

#### **2009**

**Matter of Maddesyn K., 63 AD3d 1199 (3<sup>rd</sup> Dept. 2009)** – prima facie proof of excessive corp where child has bruises on jaw which look like someone grabbed face, subdural hematoma, retinal bleeding, infarct (dead brain tissue) all within a short period of time, parents said she had accidents including a seizure where she fell on a sidewalk - other child said parents were “mean” to this child and made a choking gesture

**Matter of Desmond LL., 61 AD3d 1309 (3<sup>rd</sup> Dept. 2009)** – neglect not proven where child has injury to tops of feet that DSS expert thinks are cigarette burns but mother’s expert says child had unusual behavior of rubbing own feet – caseworker had actually seen child doing the behavior

**Matter of Kaitlynn I., 64 AD3d 654 NYS2d 126 (2<sup>nd</sup> Dept. 2009)** – excessive corp where child has numerous bruises on body that expert says are not accident and were caused by being hit with a blunt flexible object – mother has no credible explanation.

**Matter of Aaron McC., 65 AD3d 1149 (2<sup>nd</sup> Dept. 2009)** – GM abusive where child had a left parietal diastatic skull fracture, bilateral subdural hemorrhages and diffuse retinal hemorrhages in both eyes; would not occur without abuse and GM did not rebut

#### **2010**

**Matter of Alanie H., 69 AD3d 722 (2<sup>nd</sup> Dept. 2010)**-prima facie case that the child had suffered an injury that would ordinarily not occur without an act of omission by the caretakers and the parents had been the caretakers at the time but parents rebutted the res ipsa case. Multiple medical experts testified that the child’s injuries were not caused by head trauma but by a form of meningitis, its sequelae and the treatment the boy received. The parents did obtain proper medical care except in one instance where they did medically neglect the child by not taking the child to the emergency room after having been directed to by the pediatrician.

**Matter of Takia B., 73 AD3d 575 (1<sup>st</sup> Dept. 2010)** -Five month old son had unexplained injuries - four broken ribs and a fractured clavicle

**Matter of Devre S., 74 AD3d 1848 (4<sup>th</sup> Dept. 2010)** -medical testimony was that the 2 week old infant sustained a fracture of the left leg and a laceration of the liver that the respondents did not adequately explain. The 18 month old child was derivatively abused and neglected due to this level of impaired judgment.

**Matter of Jacob B., 77 AD3d 936 (2<sup>nd</sup> Dept. 2010)** -Multiple fractures that the medical expert testified were intentionally inflicted and that there was no evidence of a bone disease. The mother did not rebut the prima facie case of child abuse.

**Matter of Jezekiah R.A., 78 AD3d 1550 (4<sup>th</sup> Dept. 2010)** Son had shaken baby syndrome and had a fracture of his femur, bilateral subdural hematomas and retinal hemorrhages. The injuries would have been inflicted at different times. The father would not testify at the fact finding. This is sufficient proof by a preponderance that the father abused the child or allowed someone else to do so. However, since the child was also in the care of the mother and the grandparents and no proof was deduced as to how the child actually was injured, there was not clear and convincing proof that the father severely abused the child. Severe abuse requires proof of serious physical injury but also proof that the child was abused by reckless or intentional acts under circumstances evincing a depraved indifference to human life and there was not such evidence offered.

## **2011**

**Matter of Jose Luis T., 81 AD3d 406 (1<sup>st</sup> Dept. 2011)** -Baby had a “single nondisplaced oblique fine-line fracture” of his femur. Although this is a res ipsa injury, rebuttal evidence was offered that the injury could have occurred accidentally when the mother bent down to pick up garbage while the infant was in a “snuggly” on her chest. Further any injury could have been exacerbated when later than day the pediatrician performed a “Barlow-Ortolani” procedure during a well baby visit.

**Matter of Alexander F., 82 AD3d 1514 (3<sup>rd</sup> Dept. 2011)** -Youngest child suffered bilateral subdural hematomas, bilateral infarctions of the brain, substantial loss of brain tissue and several rib fractures. The child will suffer from severe brain injury and other permanent disabilities. The medical evidence was that the injuries were caused by violent shaking, slamming against a hard surface or a deceleration injury and at least one of the injuries had occurred not more than 3 or 4 days before the child was taken to the hospital. The father claimed that he had not had contact with the child during that period of time and that he took the child to the hospital when the aunt told him the child was acting oddly. He claimed a babysitter watched the child. The caseworker testified that the oldest child told her that he had overheard the grandparents say that the father had hit the child on the head with a TV remote and had hit the child on the back. The court found that the father’s claim that a babysitter was watching the child was not convincing and that in fact the evidence showed that he was the child’s caretaker during the 3 days before the child was taken to the hospital. Further the oldest child’s out of court statements corroborated the medical proof.

**Matter of Keara MM., 84 AD3d 1442 (3<sup>rd</sup> Dept. 2011)** -Six week old son had a fractured left upper arm and collar bone, fractures in his upper and lower left leg, fractures in both bones in his right arm and six broken ribs. The medical evidence was that a child of this age could not have so



injured himself and that the injuries would have likely occurred in 3 or 4 separate incidents of trauma. The mother and the father were the child's primary caretakers. The maternal grandparents and a friend also lived in the house but they provided very limited care and there was no evidence that they had injured the baby. A paternal grandmother also cared for the child briefly for two periods but she testified and there was no indication that she was responsible. The mother admitted in criminal court that she had jerked the baby's arm and had broken it but also offered other explanations at times that were incredible and implausible. The mother had also told the father that she has "smacked" the child across the face shortly before the child's injuries were revealed and the father had also noticed bruises on the child's legs. The father denied that he had ever hurt the baby but reported that the mother had been violent towards himself and had thrown the older child onto the bed on one occasion.

**Matter of Jaiden T.G., 89 AD3d 1021 (2<sup>nd</sup> Dept. 2011)-** The four month old infant had a "greenstick fracture" of the right arm and prior to the petition, the mother offered multiple and inconsistent possible explanations. ACS filed res ipsa petitions against the mother and her boyfriend. The medical evidence was that such a fracture in a child of that age would not normally occur accidentally and the mother's pre-petition explanation that the child fell off a bed days earlier was not consistent with such an injury. However, at the fact finding hearing the mother provided credible proof that she was not at home when the child would have been injured and that the other respondent – her boyfriend – was the caretaker at the time.

## **2012**

**Matter of Autumn P., 93 AD3d 457 (1<sup>st</sup> Dept. 2012)** - father abused and neglected his six month old daughter. The infant had three leg fractures, a subdural hematoma and a cut to her mouth. This pattern of serious and unexplained injuries occurred when the father was the caretaker and the parents provided no explanation for most of the injuries.

**Matter of Wyquanza J., 93 AD3d 1360 (4<sup>th</sup> Dept. 2012)** - a mother had abused and neglected her 2 month old and derivately abused and neglected her two year old. The infant had fractures of the left humerus, the right humerus, the left tibia and several ribs. The injuries were inflicted at different times. The mother failed to rebut the prima facie case of abuse.

**Matter of Amire B., 95 AD3d 632 (1<sup>st</sup> Dept. 2012)** - mother abused and neglected her baby. The infant had a spiral fracture of her right leg that would not ordinarily occur absent abuse, establishing a prima facie case. The mother was unable to rebut by failing to offer a credible, reasonable explanation of the injury. The mother gave varying accounts of the incident and the court did not find her or her expert credible, while finding the ACS expert credible.

**Matter of Aliyah G., 95 AD3d 885 (2<sup>nd</sup> Dept. 2012)** - Reversal of lower court's dismissal of sex abuse petition - 3 year old with gonorrhea while in care of parents, parents offer no reasonable explanation – prima facie sex abuse

**Matter of Lorinda R., 97 AD3d 925 (3<sup>rd</sup> Dept. 2012)** – Schenectady mother sexually abused 9 year old daughter when cannot explain bleeding and trauma in genital and thigh area that med expert said is consistent with multiple attempts to penetrate child's vagina and anus; failed to take child to doctor for over 48 hours; injury would have occurred when child in mother's care; mother's

expert did not examine child, only saw photos and could not rule out sex abuse although opined could be nonsexual blunt force trauma or bacterial infection

**Matter of Shade B., 99 AD3d 1001 (2<sup>nd</sup> Dept. 2012)** –parents sexually abused when 4 year old has vaginal gonorrhea; also some inconsistent statements by the child that it might have been the father

**Matter of Amoya S., 100 AD3d 641 (2<sup>nd</sup> Dept. 2012)** – mother and aunt res ipsa sexual abuse of child as child had injury what would not occur absent caretakers omissions and they were caretaker

**Matter of Matthew O., 103 AD3d 67 (1<sup>st</sup> Dept. 2012)**

In a highly significant decision, the First Department affirmed a res ipsa loquitor physical abuse finding against both parents and the child’s nanny in a Bronx matter. The 5 month old baby girl was brought to the hospital for a swollen left arm. There it was discovered that the baby had seven fractures in various stages of healing - two left elbow fractures, a left wrist fracture, a fractured left tibia and fibula, and two skull fractures. The elbow fractures were recent, perhaps in the last week and they were corner bucket handle fractures, which are not accidental and are common in very violent shaking or tearing. It was very unlikely that the baby’s siblings would have the strength to cause the injuries. The left wrist fracture was between two weeks and three months old. This injury and the ones to the legs all would have caused significant pain and swelling. The skull fractures appeared to be “very recent”. The baby was also underweight and had moderate malnutrition – likely due to a loss of appetite due to all the pain she was in from the various injuries. The medical testimony was that all of the fractures were inflicted on the infant.

The two parents and the nanny were the only caretakers of the baby. The nanny had worked for the family in their home for some 8 years and worked 12 hours a day, 5 days a week. The fact finding consisted of 11 witnesses over a 42 day hearing. The nanny testified that she did not inflict any injury on the baby and claimed that she thought the baby appeared to be injured on several occasions and that she told the mother of this. The nanny testified that the parents were uninvolved with the children and that the mother was “disengaged” as a mother. The parents testified that until the baby was born, that the nanny had been a good nanny for their other children but appeared to become distracted and distant after this baby was born – perhaps due to personal and family problems. They testified that they did not harm the baby and that the “only explanation” is that the nanny had harmed the baby although the mother admitted that she had never seen the nanny behave in any manner that would have resulted in the baby’s injuries.

Since none of the three respondents denied being the caretakers of this infant and since none of them took responsibility or were able to specifically testify that they had seen another injure the baby, the lower court determined that they were all responsible for the baby’s abuse and also made derivative findings against all three regarding the siblings. The injuries to the infant were abuse as the medical proof was that at less than 6 months of age, someone inflicted enough force on the baby to cause seven different fractures to her bones by violent shaking or tearing and that the child was in pain and resulted in crying and loss of appetite. These injuries created a substantial risk of injury

that could likely cause death, disfigurement or impairment and were clearly child abuse.

ACS was not required to prove exactly when each injury occurred and who the caretaker was at each event. A prima facie case of child abuse was proved against all three caretakers given that the abuse was ongoing, apparently happening over at least a 3 month period and the three respondents were the infant's caretakers at that time. It became their burden to rebut the evidence of the abuse. The court differentiated the situation where there was one sole injury to a child and where it may then become significant to know what caretaker of the three had responsibility for the infant at the time of a sole injury. In this type of a factual pattern a "presumption of culpability extends to all the child's caregivers" particularly in cases where the caretakers are "few and well defined". To do otherwise would "automatically immunize entire households where multiple caregivers share responsibility for child care." Although here all three denied committing the abuse, none of them denied being the child's caretakers in the time period and none of them overcame the presumption.

## **2013**

**Matter of Tyler S., 103 AD3d 731 (2<sup>nd</sup> Dept. 2013)** - although there was a prima facie case of abuse proven, it was rebutted by the mother's proof via her expert who testified that the injuries could have been accidental trauma as the mother described. It was undisputed that the mother presented as a concerned parent, was forthcoming and cooperative with the medical professionals and the caseworkers involved. Witnesses testified that she was loving and caring as a mother and that she had no prior child protective record

**Matter of Amir L., 104 AD3d 505 (1<sup>st</sup> Dept. 2013)**- five month old child had a fractured femur. But respondents rebutted the presumption. While the fractured femur established a prima facie case of maltreatment, the father testified that he went to dispose of a soiled diaper and the child rolled over for the first time ever and fell off the couch. The respondents' experts' testified that this most likely caused the child to suffer a hairline fracture of his femur which later progressed to an oblique fracture. Although the respondents' had shown some inconsistency in their accounts of the child's symptoms, this was not enough to substantiate that their abuse caused the injury.

Also the respondents' expert witness who testified that the leg of a five month old baby is chubby and the swelling associated with a break may not be apparent. If the original break was a hairline one, it may have caused little or no pain until it had progressed to the full fracture. The respondents' presented a video of the child filmed the week after the fall off the couch which showed the child rolling over and moving his leg with no evident discomfort. Sometime later in the evening of that day of the video tape the child's injury became a full fracture and the child woke in distress during the night, causing the mother to call the pediatrician the next day who advised bringing the baby to the emergency room. Even at the emergency room, the child's pain scale was registered an only a 2 or 3 out of 10. The child had no other broken or healing bones and no other abnormalities or injuries and was up to date on all immunizations and had been given appropriate and timely medical care.

**Matter of Nyla W., 39 Misc 3d 1241 (Family Court, Kings County 2013)** - four months of age,

baby had four unexplained fractures to her left tibia, her ribs and the tip of a finger. The caretakers – mother, grandmother and father - could not explain the injuries. The ACS experts concluded the child had been abused based on the number of injuries to the child in such a short time. However, they did not speak to the parents, the foster parent, the child’s pediatrician, the foster care pediatrician or the radiologist. The respondent’s expert believed that the child’s leg injury could have happened if her foot had gotten caught in the bars of the crib – the child being described as a “kicker” - and that the ribs may have been broken during the difficult labor. The finger fracture was questionable and if it was fractured, it could have occurred in the hospital while she was being treated. The mother and the grandmother appeared to be devoted caretakers who had no prior history of neglect or abuse. The grandmother was a nurse. Neither one of them was mentally ill, a substance abuser or involved in domestic violence.

**Matter of Nicole C., \_\_\_ Misc 3d \_\_\_, dec’d 6/10/13 (Kings County Family Court 2013)** –no abuse petition against a father and mother, experts offered by the defense were more experienced with Rickets and vitamin D deficient bone disease and had done more careful and extensive evaluations of the child than the ACS experts. Further the defense experts took into account the respondents’ character and credibility. There was no prior history of child abuse, criminal charges, substance abuse or violence. The parents were happy about the pregnancy and prepared for it and cooperated fully with ACS and the medical professionals. They demonstrated their love and bonding with the child and she was affectionate to them and wanted to be held and comforted by them.

**Matter of Robert A., 109 AD3d 611 (2<sup>nd</sup> Dept. 2013)** - the abused child was deceased and he was mother’s only child, cited the *Alijah C.* 1 NY3d 375 (2004) decision and dismissed the mother’s appeal, medical proof was that the child’s rib fractures had been inflicted intentionally and that the child was in the care of the parents when he suffered the fractures. The burden shifted to the father to rebut the prima facie case of abuse and he could provide no reasonable explanation for the injuries.

**Matter of Jonathan Kevin M., 110 AD3d 606 (1<sup>st</sup> Dept. 2013)** -stepfather abused his 2 year old stepson. The child had contusions, lacerations, scratches, 13 bite marks, rib fractures and internal injuries. The marks were fresh – no more than 2 weeks old - and the stepfather admitted to the police that he and the mother had both struck and bitten the child. The examining doctor testified that the injuries could not have been self inflicted. The stepfather provided no evidence to rebut the showing of abuse. The mother did admit to having caused some of the injuries but the stepfather did not offer any explanation for the other injuries. His failure to testify allows for the strongest inference against him and although he had already pled guilty to felony assault in connection with the abuse, his failure to testify would be held against him even if the criminal case had still been pending.

**Matter of David T.C., 110 AD3d 1084 (2<sup>nd</sup> Dept. 2013)** - did not prove that a mother was responsible for the death of her 2 month old and therefore did not derivatively abuse of her twin 15 month old sons. The ACS medical expert was board certified in pediatrics and child abuse pediatrics and he reviewed the autopsy results and the ACS file. He testified that the child suffered a brain contusion within 24 hours before her death when she was in the sole care of her mother.

The ACS expert testified that it would have required a “tremendous” amount of force to inflict the infant’s injury and that it was a recent one given the “fresh, new blood” noted in the autopsy report. The mother’s expert was the forensic pathologist who performed the autopsy and she testified that the child sustained the brain injury a few days to one week before her death. No evidence was offered that the mother was the sole caretaker in the period that this expert said the injury occurred. The mother’s expert also testified that she was not able to determine if the child died from blunt force trauma to the head or from accidental asphyxiation due to being placed on her side on the mother’s futon and wrapped in blankets.

**Matter of Radames S., 112 AD3d 433 (1<sup>st</sup> Dept. 2013)** -an abuse adjudication of a Bronx mother. 8 month old baby had three separate injuries – two skull fractures and a fractured leg that would not have occurred ordinarily. The mother and the maternal grandmother were the only caretakers. The mother offered no reasonable explanation for the injuries and claimed the child fell in the crib about a month earlier and hit her head on a toy. This explanation was not sufficient to have caused the recent skull fracture or the leg fracture and did not explain the older skull fracture on the back of the head.

## **2014**

**Matter of Jordan T.R., 113 AD3d 861 (2<sup>nd</sup> Dept. 2014)** - father had abused his 4 month old infant - baby was admitted to the hospital with “shaken baby syndrome” and died of her injuries in a couple of weeks. The child had a bulging fontanel, multi-layered retinal hemorrhages, subdural hemorrhages and a subarachnoid hemorrhage. These injuries are not normally accidental. The father was unable to rebut the presumption of his culpability even with expert testimony. His expert acknowledged that the description of accidental events that the father had given at the hospital could not have caused the injuries and further the expert admitted that possibility that the injuries could have been accidental was “very rare” and that he in fact had never seen such a case. The mother’s abuse petition was properly dismissed as the mother rebutted the res ipsa injuries of the baby with credible proof that the baby was in the sole care of the father at the time of the injury. She had immediately sought medical help when she returned to the father’s apartment and found the baby limp and pale.

**Matter of Brayden U.U., 116 AD3d 1179 (3<sup>rd</sup> Dept. 2014)** - adjudication of abuse and neglect regarding the mother’s two children and the mother and father’s later born child. The two respondents were dating and spending significant time at the mother’s house – ultimately moving in together. Mother’s then youngest child was about 5 months old. He had serious seizure like symptoms that were life threatening. He was ultimately diagnosed with a skull fracture and intracranial bleeding and had to have surgery to drain fluid from the brain. DSS established a prima facie case of abuse against both respondents. The mother was the primary caretaker for the child at the time and the other respondent was physically present in her home about half the time. Although he was not often alone with the baby, he did participate in caring for the children and was a person responsible for the children. The medical testimony was that the baby had suffered two or

more episodes of seizure like events which would not normally occur in such a young and non-mobile baby. The damage to the child's skull and brain would have had to be caused by significant force. The respondents did not rebut the prima facie case. First the medical experts said that their explanations – that the child had slipped out of an infant swing inches to the floor or that another child had stuck the baby with a “super soaker” water gun – would not explain the severe injuries. The respondents also argued that other people had cared for the child. The lower court found that both grandmothers who had cared for the child at some points were credible in their denials of injuring or seeing injuries to the baby. A third relative, who was known to behave violently toward his own child had once been alone with the child but only for about 10 minutes and the child did not appear harmed in any way afterwards. The respondent's explanations were inadequate and “extremely suspect” . They did not rebut the res ipsa case.

**Matter of Ni’Kia C., 118 AD3d 515 (1<sup>st</sup> Dept. 2014)** - father abused his son and derivatively neglected his daughter. The 16 month old son had a transverse fracture of his femur bone which would not occur except by a caretaker's acts. The father was the caretaker at the time. The father could offer no credible or reasonable explanation for the child's fractured leg bone. In fact he failed to testify and therefore a negative inference could be drawn. Further the child also had a burn on his cheek which is likely to result in permanent scarring. The father claimed that the burn occurred when the child fell asleep on a frozen package of meat that the father had put on the child's cheek to treat a bruise. The father had not sought medical treatment for the burn. This is a failure of a minimum degree of care

**Matter of Jaylin C., 118 AD3d 872 (2<sup>nd</sup> Dept. 2014)** - four month old was in the care of the father and the paternal grandmother when she was brought to the hospital with a swelling above her ear. The child was diagnosed with cephalohematoma and a small subdural hematoma - a prima facie case of abuse was not established, The petitioner's own expert testified that the injury could have been caused by a fall of a couple of feet onto a hard surface. There was no discoloration with the swelling, the child was not in pain and was smiling and happy.

**Matter of Stephen Daniel A. 122 AD3d 834 (2<sup>nd</sup> Dept. 2014)** - mother abused her child. ACS proved a prima facie case of abuse. The one month old baby's injuries could not be explained by the mother's claim that an older sibling had dropped the baby. The mother failed to offer any reasonable and adequate explanation for the child's injuries.

## **2015**

**Matter of Bentleigh O., 125 AD3d 1402 (4<sup>th</sup> Dept. 2015)** - abuse and neglect adjudication against a mother. The child had multiple rib fractures, a partially collapsed lung, eye and ear injuries. Two treating physicians described the child's extensive nonaccidental injuries and there was evidence that the mother had twice forcibly squeezed the child's chest. The mother failed to testify which allows the strongest possible inference against her.

**Matter of Vivienne Bobbi-Hadiya S., 126 AD3d 545 (1<sup>st</sup> Dept. 2015)** - father and mother were severely abusive, abusive and neglectful of their 3 month old infant. The baby had 4 fractured ribs, a fractured collarbone, a fractured femur and subdural hematomas. The medical experts indicted these injuries resulted from being squeezed, shaken and possibly thrown and were not accidental. The parents were unable to explain the injuries. The mother worked and the father was the primary caretaker of the baby. The father had previously pled guilty to manslaughter for recklessly killing his 2 month old son under similar circumstances. This child had needed emergency assistance twice in her 3 month life and when she appeared lethargic and was vomiting while under the sole care of the father. The mother knew of the father's prior manslaughter conviction. She also knew he was convicted of a violent assault and of perjury; she therefore knew him to be violent and a liar. She did nothing to reevaluate his role as caretaker of her baby when this child needed medical assistance twice while he was the sole caretaker. She was reckless and allowed these injuries to occur to her baby.

**Matter of Kaiyeem C., 126 AD3d 528 (1<sup>st</sup> Dept. 2015)** - child sustained burns to both of her feet. The medical expert testified that the burns were immersion burns and had not been sustained accidentally. The burns could not have happened in the way the mother claimed.

**Matter of Angelica A., 126 AD3d 965 (2<sup>nd</sup> Dept. 2015)** - parents failed to rebut their culpability for abuse given the medical evidence that the child's injuries were inconsistent with the parents' explanations. The lower court found the medical testimony credible and not the parents' testimony.

**Matter of Natalie AA., 130 AD3d 50 (3<sup>rd</sup> Dept. 2015)** - reversed a neglect, abuse and severe abuse adjudication against a Clinton County father of two children in a significant case involving the current hotly debated issue of the reliability of the medical evidence of abusive head trauma (F/K/A "shaken baby syndrome") The youngest child, a 7 week old infant, arrived at the hospital flaccid and blue and with seizure activity. She had subdural hematomas, subarachnoid and retinal hemorrhages in one eye and intraventricular bleeding. The treating physicians diagnosed abusive head trauma. DSS failed to prove by a preponderance of the evidence that the father had abused and neglected the baby.

The father was a pediatric nurse who had sole care of the child when he said the child began to go limp and turn blue and he brought her to the hospital. He denied being upset with the child, shaking her, throwing her or doing anything to harm her. The parents did indicate that the child had colic. The treating physicians testified at length about the various tests performed on the child and the significance of them and that the child showed no external signs of trauma but was diagnosed with traumatic brain injury. The DSS also offered the opinion of a specialist in child abuse pediatrics who had not directly treated the baby but opined that the infant's injuries were most likely abusive head trauma given that no other explanation of the injuries had been offered. This witness testified that there had been shaking of the child at a minimum.

The father offered the testimony of a child neurologist who diagnosed the child as having a venous thrombosis ( a blood clot) which had led to the bleeding that had resulted in the seizures and the retinal hemorrhaging. These two non treating experts essentially disagreed as to the reasonableness

of the conclusion that an infant could be determined to have been shaken based on the combination of retinal hemorrhages, bleeding near the brain and brain swelling when there were no signs of external trauma like broken bones, neck injuries or bruises. The DSS expert did admit that the father did not possess the social risk factors common with non accidental trauma – except for one – that the baby was a fussy baby. The DSS expert testified that this risk factor was the most important one. ( the social risk factors being: uneducated parents, parental history of substance abuse, parental depression or ADD, an unwanted pregnancy, a nonbiological or unmarried father, a premature child, a child with special needs, a male child, a twin) The experts disagreed about the question of and the significance of the child having a fever after hospitalization. They disagreed on the significance of the location of the brain blood with the father’s expert claiming that the blood was not in a location one would expect for traumatic injury as opposed to a clotting disorder. They also disagreed on the significance of the fact that the baby had hemorrhaging in only one retina as well as the existence and significance of the baby having an elevated white cell count.

The Appellate Court reviewed all the evidence and placed great weight on the fact that the baby did not suffer any external trauma such as broken bones or neck injuries and that she had only a one sided retinal hemorrhage. Also the father was a professional pediatric nurse and showed none of the characteristics of a perpetrator of abusive head trauma. He had consistently denied any mishandling of the baby. The fact that the baby was fussy is not meaningful as many fussy babies are not physically abused. Brain swelling is typical with abusive head trauma but this child did not have brain swelling. (the three symptoms usually cited for abusive head trauma are subdural hematoma, retinal hemorrhaging and brain swelling) The one sided retinal hemorrhaging could be due to the subdural hematoma and not the result of a abusive trauma which would normally result in both eyes having retinal hemorrhaging. DSS had established a prima facie cases, the father’s expert offered a reasonable and persuasive account of how the baby’s symptoms could be better supported by the diagnosis of venous thrombosis which rebuts the prima facie case.

**Matter of Julian P., 129 AD3d 1222 (3<sup>rd</sup> Dept. 2015)** - a custodial grandmother had abused and neglected her grandchildren - the youngest child, then one year old had a fractured right thigh bone, fractures to the left shin bone, the left wrist and five ribs on both sides in various stages of healing and all would have occurred within the time frame since the children had been placed with the grandmother. The baby did not have brittle bone disease. (osteogenesis imperfecta) The medical proof showed that the baby had been injured in multiple instances of nonaccidental and significant trauma. No treatment was sought until the final fracture of the thigh bone. The children had been cared for by the grandmother, the mother and the mother’s boyfriend. The mother’s boyfriend pled guilty to criminal charges that he broke the child’s thigh and some of her ribs. The baby would have been in pain, crying and there would have been swelling and impeded mobility. Any caretaker would have known that the baby had been injured. The older children also described many acts of physical and mental abuse and neglect that the grandmother and mother had inflicted in the month since the placement with the grandmother. -- argument was made that the grandmother worked full time and that the boyfriend had injured the baby and that the injuries were not noticed by the grandmother. - boyfriend’s plea did not establish that he had caused all the injuries but in any event the grandmother, as custodian, was aware or should have been aware that the child was being mistreated.



**Matter of Richard S., 130 AD3d 630 (2<sup>nd</sup> Dept. 2015)**- Although DSS had established a prima facie case of abuse, the respondent mother, father and grandmother presented sufficient proof to rebut the allegations of abuse. Defense experts provided proof that the boy's perforated bowel and fractures to his left leg, and left arm and bruises may not have been intentionally inflicted by the respondents. However the proof did establish that the respondents medically neglected the child by failing to seek timely medical attention for the child's injuries.

**Matter of Ashlyn Q., 130 AD3d 1166 (3<sup>rd</sup> Dept. 2015)** – mother and her fiancé physically abused and neglected her then 6 month old daughter. The baby suffered a fracture of her left arm while in the care of the mother and her fiancé. The 6 month old was taken to the emergency room after the mother noticed that the child was unable to use her arm properly and had woken up in the middle of the night crying. The board certified pediatrician who examined the baby at the hospital testified that the mother offered no explanation and further that the child was incapable of inflicting such an injury on herself, that the injury was likely nonaccidental. The doctor opined that the injury occurred between 1 and 4 am that day when she was being cared for by the mother and the fiancé. The fracture was a recent one and the mother had told her that the baby was acting normally at 1AM when she was fed.

The fiancé's mother testified that her son had told her that 3 months earlier he had shook and thrown the then 3 month old baby when the baby would not stop crying. The caseworker also testified that the fiancé had told the police that he had shaken the baby before and that the mother also told the caseworker that she knew her fiancé had shaken the baby before. This prior incident had resulted in the mother, the fiancé's mother and the fiancé agreeing that he was not to care for the baby alone. The fiancé did acknowledge several incidents of violent outbursts directed at his son, his son's mother, and his own mother. His own mother testified that she was afraid of him. The only explanation for the broken arm offered by the respondents was that the fiancé's mother could have done it when she cared for the child during the day prior to the hospital visit. The lower court credited the fiancé's mother's denial of that.

**Matter of Kaylene H., 133 AD3d 477 (1<sup>st</sup> Dept. 2015)** - severe abuse findings regarding a mother. The medical testimony established that one of the mother's children sustained a fractured leg and fractured vertebrae that would not have occurred absent abuse and that required spinal surgery. The mother offered only implausible and unreasonable explanations.

**Matter of Zarhianna K., 133 AD3d 1368 (4<sup>th</sup> Dept. 2015)** - an abuse matter where DSS established a prima facie case that the child had injuries that would not ordinarily occur absent abuse and the father was the caretaker at the time. The father failed to rebut the presumption.

**Matter of Miguel G., 134 AD3d 711 (2<sup>nd</sup> Dept. 2015)** - although ACS proved a prima facie of abuse against the mother, the mother's expert witness successfully rebutted the case - child suffered an injury that would not ordinarily occur absent acts of abuse but the mother's expert opined that the child was injured at a time when the child was not in the exclusive care of the mother. Also the expert testified that the injuries could have happened from "alternate mechanisms".

**Matter of Nyheem E., 134 AD3d 517 (1<sup>st</sup> Dept. 2015)** - mother's seven week old infant suffered multiple fractures to his ribs, his left leg, and his skull and had retinal hemorrhages to both his eyes. These injuries would be the result of non accidental trauma that ordinarily would not occur absent acts of the parents who were the only caretakers. The mother failed to obtain medical treatment for the child in a prompt manner even though she could see the child was in pain and was twitching. There was no requirement that ACS needed to prove that it was the mother or the father who inflicted the injuries or even if they had both done so. The mother's attempt to blame the 3 year old for inflicting the injuries was insufficient rebuttal to the prima facie case of severe abuse.

**Matter of Nabel C., 134 AD3d 504 (1<sup>st</sup> Dept. 2015)** - mother and father and a grandmother abused their 7 week old infant. The baby had a life threatening condition as the infant had an opiate overdose of morphine, heroin and codeine. The baby lived with the mother and the grandmother and the father visited frequently. The three of them were responsible for the baby's care in the days before the child overdosed. The forensic toxicologist testified that it was not possible to determine exactly when the child would have been exposed to the opiates, correct to make an adjudication against all three of the caretakers. None of them rebutted the evidence that the child's exposure to the drugs occurred at a time when they were not a caretaker nor did any respondent offer any explanation as to how the child would have ingested the drugs.

