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# She brought her baby to the doctor. Then she was accused of abuse. Why a controversial expertise courts rely on is facing troubling questions

The debate over the reliability of child maltreatment pediatrics strikes at the heart of the discipline: Can a doctor diagnose abuse?



By Rachel Mendleson Staff Reporter

In a Brampton courthouse last summer, Dr. Emma Cory took the stand to testify about evidence she had provided in a child abuse case.

Two and a half years earlier, in December 2021, the mother on trial had brought her infant to a clinic. Akanksha Sriram was worried because her daughter had a fever and skin markings that she said had appeared out of nowhere.

The markings looked like bruises. That concerned doctors, who couldn't immediately identify a medical explanation. They sent the three-month-old girl to Toronto's [Hospital for Sick Children](#), where Cory leads one of the country's oldest and most prestigious units for suspected child abuse.

Cory examined the baby. Her findings pointed to abuse. Police arrested Sriram.

"Those bruises were caused by somebody," the detective said while questioning a potential witness. "The medical field say this is what's happened, this is what the diagnosis is."

But in court, the defence lawyer poked holes in Cory's medical opinion.

Cory conceded that she did not review a swath of the baby's medical records before finalizing her opinion on the case. She agreed that her report misstated the normal range for a blood protein that affects how easily the skin bruises, so did not note that the baby's level was low.

When confronted with the opinion of a pathologist who said Cory hadn't thoroughly ruled out natural disease, which the pathologist believed had caused the marks, she agreed that there are "some factors" that suggest the possibility of an underlying medical cause.

"I think it is appropriate to have a high level of concern about these markings, and no physician can conclude 100 per cent what they were caused by," Cory said.



Akanksha Sriram's life was upended after she was accused of abusing her child, who had developed mysterious markings on her skin.

R.J. Johnston Toronto Star

## Medical opinions face concerns of reliability

Across Canada, child maltreatment specialists like Cory practice in pursuit of a noble cause — to [protect kids](#). These doctors lead medical investigations into the causes of unexplained bruises and fractures. They don't treat, rather they provide opinions on whether the symptoms were likely caused by an underlying medical condition, an accident or are inflicted injuries. Their findings can lead to children being removed from their homes. Parents may face [criminal charges](#).

Judges and medical experts have voiced concerns about the reliability of opinions rooted in the controversial discipline of child maltreatment pediatrics, raising troubling questions about the weight Canada's justice and child protection systems place on this kind of evidence.

Ten cases, from B.C. to Atlantic Canada, involve parents who sought medical treatment for their babies but wound up under a cloud of suspicion that upended their lives. They say they were wrongly accused of abuse, based on the flawed opinions of child maltreatment specialists.

These families fought back, obtaining evidence from other medical experts, who disagreed with the abuse findings. One such expert is Dr. Julie Mack, a Pennsylvania State University radiologist who says child maltreatment pediatrics purports to provide answers where no such medical certainty exists.

When faced with something like an unexplained broken bone, Mack said testing can rule out some underlying medical conditions. But when a pediatrician claims that a break was likely inflicted, they go beyond what science can reliably discern, Mack said.

She compares it to using an X-ray of a patient's lungs to not only diagnose pneumonia, but to also determine how they contracted the infection.

"Of course you can't do that," she said. "That's ridiculous."

The child maltreatment specialists involved in the 10 cases did not thoroughly investigate possible medical causes, the families and medical experts they retained to review the abuse findings say. In some cases, the families allege, doctors provided "misleading" and "biased" information to child protection workers or intervened inappropriately in child protection proceedings, and refused to revisit their findings, even as contradictory evidence mounted.

This story is drawn from thousands of pages of records, including medical reports and court testimony. The Star also obtained child protection files that would have ordinarily been shielded by strict privacy laws. The records illustrate in rare detail a system where police and child welfare agencies rely heavily on the opinions of child maltreatment specialists, without the checks and balances needed to scrutinize these opinions before families may be torn apart. A growing chorus of critics is calling for changes to prevent wrongful accusations, while allowing the system to continue in its crucial role of protecting vulnerable kids from abuse.

### **As case crumbles, a mother's relief turns to rage**

In the Brampton case, the certainty police expressed around the medical findings while interviewing witnesses contrasts with what Cory told the court.

"I never provide a definitive conclusion that something is 100-per-cent physical abuse," Cory testified. "I can raise a level of concern that something is inflicted trauma, but there are other systems that need to be involved in that assessment."

Cory testified that she and her colleagues take steps to avoid "implicit bias." Her medical opinions are reviewed by other doctors on the suspected abuse team, and allow for alternative explanations.

She said she may provide an opinion to child welfare agencies or police about the most likely cause of a child's symptoms or injuries, but doesn't "influence" their decisions about whether to apprehend children or press charges.

It was only under questioning from Sriram's lawyer, Phillip Millar, that Cory acknowledged the flaws in her opinion. Cory's findings were informed by the opinion of a dermatologist at SickKids, who had seen photos of the baby. If Cory "had to do this case again," she said she would have asked the specialist to examine the baby in person.

However, she testified that it was still her view that the markings on the baby's skin were "most likely" bruising, caused by trauma. She stood by her decision to report her concern for possible abuse.

None of the child maltreatment doctors named in this story agreed to be interviewed.

The Star sent detailed questions about three suspected abuse cases involving SickKids to the hospital and doctors in the [Suspected Child Abuse and Neglect \(SCAN\)](#) unit. Their lawyers responded that the questions were "not appropriate" and "include assertions and suggestions that are factually wrong." They threatened to sue if the Star published a story based on the allegations. Citing patient privacy, they said they could not answer questions about specific cases.

Speaking generally about the SCAN unit, SickKids spokesperson Sarah Warr said that doctors state the limitations of their opinions, which are supported by evidence in the medical literature.



Toronto's Hospital for Sick Children is home to the Suspected Child Abuse and Neglect (SCAN) unit. A hospital spokesperson said the SCAN doctors' opinions are supported by evidence in the medical literature.

Richard Lautens Toronto Star

SickKids and Cory are facing two separate lawsuits over suspected child abuse cases, including one filed in January by the Srirams. The defendants have not yet filed statements of defence in the Sriram case. The doctors and the hospital have denied the allegations in the other filing, saying they acted competently and met the standard of care.

The day after Cory's testimony in Brampton, the prosecutor told the court there was "not a reasonable prospect of conviction." The judge said he agreed with the prosecutor, and added that he had "some concern" about the evidence. He dismissed the charge.

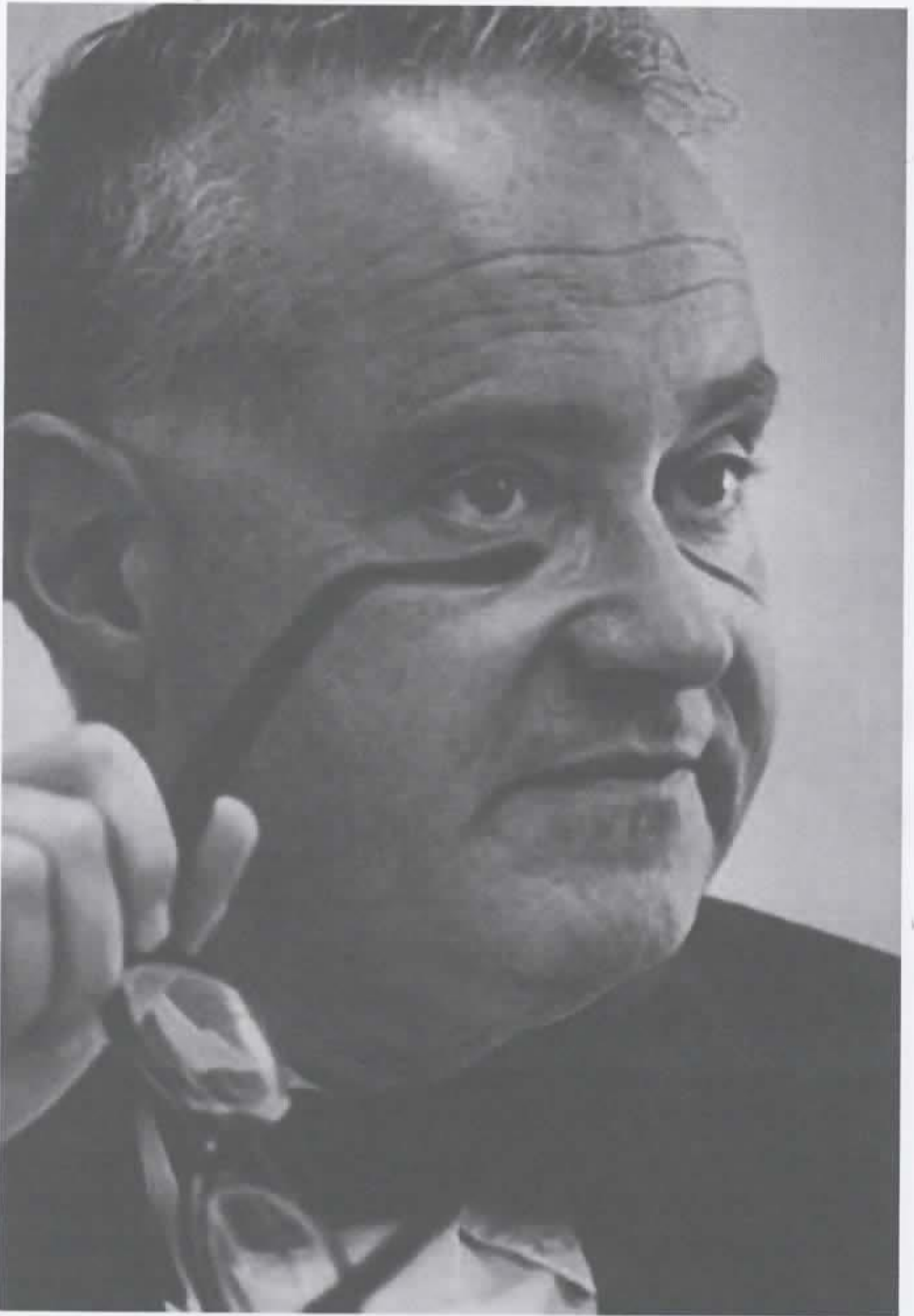
As Sriram sat in the courtroom, she was flooded with relief. Then anger rushed in. She had pulled away from friends, left her job due to stress and laid in bed awake at night, gripped by waves of anxiety and panic.

“(Cory’s) wrong diagnosis took away so many moments,” she said in an interview. “How can someone like that have that much authority to impact my life so much?”

### **Can a doctor diagnose abuse?**

The debate over the reliability of child maltreatment pediatrics strikes at the heart of the discipline: Can a doctor diagnose abuse?

The pioneers in the field believed they could. In 1962, an American pediatrician, disturbed by reports of children showing up in emergency rooms with serious, unexplained symptoms, such as fractures and brain bleeds, published an academic paper that implored doctors to regard such cases with suspicion.



In the 1960s, Dr. C. Henry Kempe and his co-authors provided a blueprint for diagnosing abuse.

Bill Wunsch/The Denver Post via Getty Images

Piecing together evidence from instances where child abuse was thought to have been confirmed, Dr. C. Henry Kempe and his co-authors provided a blueprint for diagnosing abuse that included interrogation techniques, physical examinations and x-rays.

“To the informed physician, the bones tell a story the child is too young or too frightened to tell,” the doctors wrote.

In Canada, some of the early adopters were based at SickKids, where doctors and nurses interested in the burgeoning field formed a dedicated child abuse team in 1973. As public concern mounted over high-profile child abuse cases, where it appeared authorities had missed red flags, the team was increasingly called upon to offer medical opinions.

By the early 1990s, the unit was known as the Suspected Child Abuse and Neglect (SCAN) team, and included Dr. Dirk Huyer, who is now Ontario’s chief coroner. In a 1991 decision in a child protection case, a Hamilton judge acknowledged that the concept of diagnosing child abuse was still relatively new, and there was no formal training available. Huyer, he said, was “basically self-taught through his own readings and studies, attendances at conferences, and his experiences and interactions with colleagues on the S.C.A.N. team.” Huyer declined to comment for this story.

Child abuse specialists formed a professional society based in Florida, trained authorities on how to detect abuse, and became trusted experts in court. The result, critics say, was an ecosystem that was allowed to flourish and continue self-reinforcing, because police, child protection agencies and the courts that kept calling on them often accepted their assessments without question.

Judges are “terrified of missing abuse,” said Dr. Waney Squier, a retired neuropathologist based in the U.K., who used to testify for the prosecution in suspected abuse cases but is now an outspoken advocate for wrongfully accused parents.

“It’s much better to take the baby away, and to keep your own ass covered, so to speak ... than to do the brave thing, and say, ‘Well, actually, I believe the parents,’” she said.

## Disputed diagnosis used in wrongful convictions

The conclusions the system grew reliant on were sometimes [deeply flawed](#). In the spring of 1993, Huyer spoke at a symposium at the former SkyDome Hotel in downtown Toronto. The audience of child protection workers and police officers listened as Huyer explained how to spot signs of “shaken baby syndrome” — a theory developed by U.S.-based pediatricians, who claimed infants were dying from violent shaking with no sign of external injury.



A 1993 Toronto Star story about a symposium at the former SkyDome Hotel in downtown Toronto, where an audience of child protection workers and police officers were instructed on how to spot signs of “shaken baby syndrome.”

Toronto Star

Critics have long noted that there has never been scientific proof of the theory that shaking could be diagnosed from a “triad” of symptoms — brain damage, alongside bleeding behind the eyes and between the brain and skull. It was based, in large part, on a single study on the effects of whiplash on monkeys, who were strapped into chairs on wheels and sent careening into a wall. The author of the monkey study later said that shaken-baby syndrome was “in the realm of mythology.”

Experts remain deeply divided on when, if ever, to consider shaking in cases of unexplained bleeding around the brain or eyes.

Squier initially supported the theory but later grew skeptical. She was barred from practising medicine in 2016 after a medical tribunal ruled her testimony disputing shaken-baby diagnoses was “deliberately misleading.” Squier has said she became a target for challenging the establishment, and successfully appealed the ruling. A judge cleared her of dishonesty and reinstated her medical licence.

CRIME

Woman implicated by Charles Smith's flawed evidence



## hopes for 'closure and peace'

In Canada, courts have [overturned wrongful convictions](#) that relied on the theory. Several cases involved disgraced former SickKids pathologist Charles Smith, whose flawed autopsy analyses were probed in a public inquiry. In some instances, including one shaken-baby case, SCAN doctors supported his erroneous opinions before he left the hospital in the mid-2000s.

Around this time Cory became a staff pediatrician in the SCAN unit. Concerns about the child maltreatment opinions persisted. In 2005, a prosecutor sought to include Cory's evidence that a burn mark on a child was "consistent with a non-accidental burn." The judge refused to admit the evidence.

Cory's opinion, the judge found, didn't "meet the threshold of reliability" because the technique she used to determine the burn had been inflicted on purpose couldn't be tested, and the court had "no idea what the known or potential rate of error might be." The judge also criticized the language Cory used, noting that a public inquiry into a wrongful conviction had warned that it was confusing and should be avoided.

In the spring of 2021, a Brantford judge refused to qualify a veteran Hamilton child abuse specialist as an expert in child maltreatment pediatrics.

The judge questioned Dr. Burke Baird's reliance on second-hand information in a child protection case, and questioned the reliability of "child maltreatment" theory, which she described as a "novel" science without universal standards or broad acceptance in the medical community.

Baird didn't respond to questions for this story. Cory testified in the recent Brampton case that her understanding has evolved over the past 20 years. She said she doesn't use the term "non-accidental," and that it isn't her role to opine on "intent." Baird and Cory are among roughly 20 doctors in Canada who are listed as having child maltreatment pediatrics as an area of focus.

There is no gold-standard test for abuse. Child maltreatment specialists argue that studies have found that certain types of fractures, such as rib fractures in infants, are red flags for abuse. But critics say such studies are of limited value because they are based on case studies where child abuse is believed to have been confirmed using the same methods and theories.

A 2023 paper published in the peer-reviewed journal *Children* asserts that unless rib fractures are accompanied by bruising or pain, they are more likely to have been caused by vitamin-D deficiency or birth trauma. However, as experts have often pointed out, there haven't yet been any rigorous studies to settle the dispute over purported hallmarks of maltreatment, because no parent or board of ethics would condone submitting infants to x-rays and blood draws for the purpose of such research.

To allow for alternative explanations, pediatricians who handle suspected maltreatment cases may use couched language in their reports, such as "highly concerning" for inflicted injury to flag possible abuse. But Mack, the Pennsylvania radiologist, said these phrases carry emotional weight, while being statistically meaningless — like saying, "I'm worried."

"We can't diagnose something by being worried about it," said Mack, who routinely reviews suspected abuse cases at no cost for accused parents. "There has to be a resolution. But in child abuse (cases), the resolution is the worry. And if the parents can't explain that away ... then they are still under suspicion."

### **'We were guilty until proven innocent'**

The opinions of child maltreatment specialists are rarely subjected to scrutiny in court, unless they are called to testify in a trial, where lawyers and judges can challenge their expertise and evidence.

In the absence of such scrutiny, parents who believe they have been wrongly accused can get outside experts to review the medical evidence. But the cases the Star analyzed raise questions about whether the system sufficiently considers those opinions once a child maltreatment specialist has raised concern for possible abuse.

One family whose case never went to trial obtained opinions from seven different medical experts at great expense to attempt to disprove the conclusions of Baird, the veteran Hamilton child abuse specialist.

Baird assessed the 12-week-old baby, who had 11 unexplained fractures, at McMaster Children's Hospital in the summer of 2021. The doctor cast doubt over the parents' explanations for what could have caused the breaks, and told a child protection worker that the injuries "would be inflicted and the result of significant force," according to case notes from the Family and Children's Services of the Waterloo Region.

Informed by the medical evidence, the CAS was planning to impose a 24/7-supervision order so the parents would not be left alone with their son, the records suggest.

Baird texted the worker, and implored him to take the hospital's findings seriously.

"Please don't let their co-operativeness lull the Society into under-reacting or allowing safety provisions to be relaxed too soon," he said.

When the parents got home, they say the CAS worker was waiting. The agency apprehended the baby and placed him with his grandparents. The Star is not identifying the family as details of their child protection case are covered by a publication ban.

Police didn't pursue charges, but the CAS pressed on. The CAS told the parents that Baird's report "clearly outlines the lack of medical explanation for the injuries." The agency concluded "on the balance of probabilities" that one or both of the parents caused the fractures.

The family's medical experts believed the fractures were due to a medical condition that was either overlooked or wasn't picked up by the testing and imaging. CAS case notes show Baird remained in the background, defending his opinion.

"We were guilty until proven innocent, and even when we had the case to prove our innocence, it didn't matter," the baby's father told the Star.

Eighteen months later, the CAS allowed the baby to live full-time at home with his parents, then continued relaxing restrictions until closing the case in February 2024, two and a half years after it started. The Family and Children's Services of the Waterloo Region declined to comment, citing privacy provisions.

Baird resigned from the hospital's Child Advocacy and Assessment Program (CAAP) in 2023. The hospital did not address questions related to this case or what, if any, process exists for parents to challenge the opinions of CAAP doctors.

The parents complained to the province's medical watchdog, claiming Baird colluded with CAS to "perpetuate unfounded allegations" of abuse against them. The College of Physicians and Surgeons of Ontario (CPSO) dismissed the complaint, finding Baird had a "solid foundation" for his opinion, and that he didn't identify the parents as the perpetrators. The parents are appealing the decision.

### **'Huge systemic problem'**

Mandatory reporting laws require doctors who suspect abuse to call child protection authorities and police. But in many cases, that's where their involvement ends.

The Star asked 17 hospital-affiliated child maltreatment units in Canada how they monitor cases after doctors reach their conclusions. Nine responded that they do not track the outcome, while the rest would not say. Most of those that did provide information said they had no formal process for doctors to learn whether a court later found that a wrongful accusation had been made based on their findings.

At SickKids, the SCAN team reviews written decisions from cases where their experts testify or where the team is “notified that a judge’s decision had raised concern” about its medical opinions, said Warr, the hospital spokesperson. But such cases are rare: SCAN experts are only called to testify in criminal court in less than two per cent of the 800 cases referred to the team each year, Warr said. They testify even less often in family court proceedings. Other hospitals with child abuse units do not track court appearances, or did not answer that question.

Retired SickKids doctor Miriam Kaufman said the fact that SCAN experts don’t routinely receive external feedback in cases where they aren’t called to testify is a “huge systemic problem.”

Kaufman, who was the head of Adolescent Medicine at SickKids and had worked with SCAN in the ’80s and ’90s, realized the extent of that problem when she was connected to a mother whose family was under suspicion for several months in the fall of 2018.

The mother, Brooke Richardson, had sought medical attention for purple dots on the baby’s arm. SCAN doctor Romy Cho concluded the marks were bruises, and ordered x-rays, which she said showed that the seven month-old had irregularities in both knees that were “highly suggestive” of fractures that “raise concern” for inflicted injury.



After seeking medication attention for purple spots on her child's skin, Brooke Richardson endured months of scrutiny by authorities before she was cleared.

Paige Taylor White Toronto Star

Richardson enlisted the help of a Toronto dermatologist, who found the purple dots were due to a benign condition. Mack also provided an opinion. She found there were no fractures; the irregularities in the images were “a normal variation” that one would expect to find in a growing baby’s bones.

Richardson endured several months of scrutiny, but was ultimately cleared of suspicion. The police didn’t press charges. Richardson complained to the CPSO about Cho and a SickKids dermatologist, whose allegedly flawed opinion Cho had relied on. Richardson said she understands the need for SCAN, but that doctors have an “obligation” to ensure their assessment is “based on facts and not conjecture.”

Cho disputed Mack’s opinion, noting that the x-rays had been reviewed by four SickKids radiologists, whose findings informed the SCAN conclusions, and responded that she wouldn’t do anything differently if “faced today with a young infant presenting as (the baby) did.”

The CPSO found Cho and the other doctor had met the “standards of the profession,” and did not display bias, based on the opinion of another doctor who assessed the complaint. The decision was upheld by the Health Professions Review and Appeal Board.

Richardson’s fight for justice left Kaufman feeling “disappointed that a more nuanced approach has not developed in what is still a relatively new field,” she said. “We need to have our eyes open and realize that, yes, we do make mistakes,” she said.

### **Advocates call for reform**

The opinions of child maltreatment doctors must be subjected to external scrutiny as early as possible, said Kate Judson, a defence lawyer who runs the Wisconsin-based Center for Integrity in Forensic Sciences.

Too often, Judson said, that feedback is only occurring in an “adversarial” context, where experts on both sides are primed to defend their positions and dig in. She suggested adding a defence lawyer to hospital-based suspected abuse teams, so that these units benefit from more diverse perspectives.

In Texas, the parents of a child whose rare medical condition was mistaken for abuse successfully lobbied the state to allow families in such cases to seek a second opinion. The law, which came into effect in 2021, also prohibits the removal of children from their homes based on one medical team’s opinion. A senator in Florida is pushing for a similar law.

Checks and balances must be strengthened in Canada, said former B.C. Premier Mike Harcourt, who is advocating for change after learning of families whose “lives have been almost ruined by accusations” rooted in allegedly flawed medical evidence.

Child welfare workers and others who rely on the opinions of child maltreatment specialists must receive more training on the limitations of these opinions and medical conditions that can mimic abuse, he said.

In Ontario, more parents are speaking out about the problem. One of the families featured in a 2022 documentary by CTV’s W5 has created an online group called Medical Kidnapping Ontario. The website includes contact information for medical experts who have challenged the opinions of child maltreatment specialists.

Some families pursue justice through the courts.

In a statement of claim filed in Toronto Superior Court in 2021, the parents of triplets allege that doctors overlooked obvious signs of bone fragility and wrongfully blamed fractures on abuse.

The babies were one month old in 2019 when x-rays detected the fractures. They were apprehended and placed in foster care. The parents claim the babies then suffered more fractures — further proof, they say, that an underlying bone condition caused the breaks. But Cory and other SickKids doctors refused to revise their opinions “despite this compelling new evidence,” the lawsuit states.

The parents got their babies back in late 2020 and Children’s Aid closed the file the following year. The police didn’t press charges. The Star is not identifying the family as details of their child protection case are covered by a publication ban.

In a joint statement of defence, Cory, Cho and another doctor denied the allegations, and claimed that they “acted in a careful, competent and diligent manner that met the standard of care required in the circumstances” and was “in the best interests” of the triplets, one of whom the doctors said also had bleeding around the brain. SickKids has also denied the allegations.

In January, the Srirams launched their own lawsuit, claiming SickKids, the police and children’s aid “succumbed to tunnel vision, implicit bias, and professional overconfidence.”



Akanksha Sriram and her family have filed a lawsuit, accusing the hospital, police and children's aid of "tunnel vision, implicit bias, and professional overconfidence."

R.J. Johnston *Toronto Star*

The Srirams allege that Cory and other doctors relied on questionable scientific assumptions, overinterpreted results, "provided misleading and/or biased opinions to support a finding of abuse," and that they failed to correct errors once new data became available, according to a statement of claim filed in Kitchener Superior Court.

The Srirams are seeking \$3 million. No statements of defence have yet been filed. The Peel Regional Police Service and Peel Children's Aid Society declined to comment for this story, citing confidentiality rules and the ongoing legal proceedings.

Sriram didn't see Cory in court last summer, when the charge against her was dropped. She was disappointed. Sriram had hoped she could muster the courage to speak with the doctor, to get her to "step back and think about her actions" and "rethink how she draws conclusions."

"I thought, it might not do anything, but she should hear it from the person it impacted," she said.



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