A Mother's TRIAL

Nurse wrongly accused of child abuse forges career bridging law and medicine to help others

BY KEVIN DAVIS

On a November morning in 2019, Alexcia Stees was at home cleaning the kitchen when her 11-month-old daughter climbed onto an open dishwasher door, tumbled off and hit her head. Stees, a certified pediatric emergency nurse, picked up the crying little girl, who seemed OK. Stees' husband, Joe, was upstairs getting ready to take the little girl, the youngest of their three daughters, to a pediatrician's appointment they already had made that morning because she had cold and flu symptoms all weekend. Alexcia told Joe to mention the fall to the doctor—just to be sure she was all right.

During the exam, the pediatrician noted that the girl seemed lethargic and was concerned her flu-like symptoms might be due to an infection. She suggested they go to Northwestern Medicine Central DuPage Hospital in suburban Chicago. Joe drove back home to pick up Alexcia to join them.

At the emergency room, Stees told doctors about the fall from the dishwasher and mentioned the girl also had fallen off a bed a day earlier while with her 7-year-old sister. She requested a head CT scan, and the image showed a subdural hematoma—a collection of blood—inside the right side of her brain and the presence of an arachnoid cyst.

Concerned about the brain bleed and lethargy, doctors decided to intubate the girl and called in a helicopter to fly her to Lurie Children's Hospital, about 30 miles east in downtown Chicago, where she could have emergency surgery if necessary. There, a neurosurgeon said the bleeding had stopped and recommended holding off on surgery.

Alexcia was escorted to a room where she met with another doctor and a social worker. The doctor, Norell Rosado, had a few questions.

"He said, 'I'm one of the doctors. Can we talk about what happened?' I said, 'Absolutely,'" Stees recalls. "I wanted to tell him everything to treat her."

Stees told Rosado about her daughter's two recent falls. She was taken aback at his next question: "He said, 'How do you discipline your daughter?'"

Rosado said her explanations for the falls did not seem consistent with the girl's injuries.

"He said. 'We're looking into everything,'" Stees recalls. "He wanted me to know that if they couldn't find a medical cause for it, they would be looking at shaken baby syndrome. That, I wasn't expecting at all. But I wasn't worried. I had nothing to hide."

Stees did not realize that Rosado was a child abuse pediatrician, a specialist who evaluates patients for signs of abuse and neglect.

"You don't know when you're going through this that the doctor you're talking to is investigating you," Stees says.

It was the beginning of a long journey during which Stees, a mother of three, would stand accused of child abuse and build a new career to help others in similar situations.

Under suspicion

In his report, Rosado ruled out accidental injury and declared it a case of "abusive head trauma." The hospital, as required by law, called the Illinois Department of Children and Family Services to report a suspected case of child abuse. There would also be a separate criminal investigation by police.

Children and Family Services ordered Stees to make a "safety plan" while the case was under investigation. That meant Stees had to be separated from her children with strict rules for visitation. She went from being a mom and nurse to a suspected felon.

"I never even had a speeding ticket," she says.

Stees arranged to live at her mom's house while her mom stayed with the children at Stees' house.

"It was either I moved out or they had to leave, and I didn't want them to leave their home. I didn't want them impacted by it," she says.

The impact on Stees was far greater. "You go through that humiliation. And then, because I was a nurse, I was told I had to quit my job or else they would call my boss and let them know that I was being investigated," she says.

Desperate for help, Stees went online to Google and typed "wrongly accused of child abuse."

She came across the Family Justice Resource Center, a nonprofit based in Peoria, Illinois, that helps families facing medically based wrongful allegations of child abuse. Michelle Weidner, the executive director, listened to her story.

"It was reassuring to have someone say you're not the first person this has happened to," Stees says. "I had never heard of it happening to anybody. She was the first person I talked to who said, 'I believe you.'"

Weidner says the center connects parents with defense lawyers and legal nurse consultants who are skilled at sorting through complex medical records and reports.

"We advocate for due process and evidence-based medicine in child abuse investigations," she says. "Our goal is to get to the truth. We view the client to be the child, and want to make sure that we're doing the right thing for the child."

Michelle Weidner, executive director of the Family Justice Resource Center, believed Stees was innocent.

That means they won't take every case. "Our criteria is that there needs to be exculpatory medical evidence that hasn't been considered," Weidner says.

There are many conditions and symptoms that might be mistaken for child abuse, according to the center, such as intracranial hemorrhages, fractures, bruises and developmental delays. These conditions can result from dozens of causes other than abuse. They call them "medical mimics of abuse."

Weidner comes to her role with firsthand experience. She and her husband were accused of child abuse in 2010 when a CT scan showed their infant son's skull was fractured. When doctors reviewed the scan again, it showed the so-called fracture was actually a blurred line on the image. That led her to found the center.

Photo courtesy of Michelle Weidner

Weidner referred Stees to Zachary Bravos, a Chicago-area lawyer who specializes in defending people accused of shaken baby syndrome, among other things.

Bravos advised Stees to cooperate with investigators. "I believe innocent

people should act like innocent people," he says. "That means that you're not afraid to talk to the police as long as you know your lawyer's present. As long as I'm confident myself that I'm dealing with someone who is not an abuser, if you want to talk to my client, no problem."

He asked Stees to provide every record about her daughter. "I always tell people to give me everything. Even the stuff that I'm not going to need. I want it all—school records, babysitting, if they're in child care, all those records, all of the hospital records, all the prenatal care records, ultrasounds," Bravos says. "Because we've found cases where the so-called abusive injury can actually be observed in utero. So we know that it was not inflicted."

Bravos uncovered research that showed infants with arachnoid cysts were more easily prone to brain bleeds, even with small bumps on the head. This would be key evidence to show that the abusive head trauma allegation against Stees was misguided, and the brain bleed was more likely caused by a medical condition. Bravos provided this information to the police and would use it in an administrative hearing later.

A growing legal specialty

Unable to return to her nursing job, Stees spent time thinking about how other parents facing similar allegations needed help.

"I thought there might be some way to combine a medical career with a legal career," she says. "Then I learned about legal nurse consulting."

Stees found a textbook on legal nurse consulting practices. She enrolled in a forensic nursing course online through the University of California at Riverside and befriended a forensic pathologist who became a mentor.

She eventually got referrals from Weidner at the Family Justice Resource Center to work on actual cases—examining medical records, diagnostic reports, lab results and images to help determine how and why children came to have conditions that were considered signs of abuse.

"I BELIEVE INNOCENT PEOPLE SHOULD ACT LIKE INNOCENT PEOPLE."

—ZACHARY BRAVOS

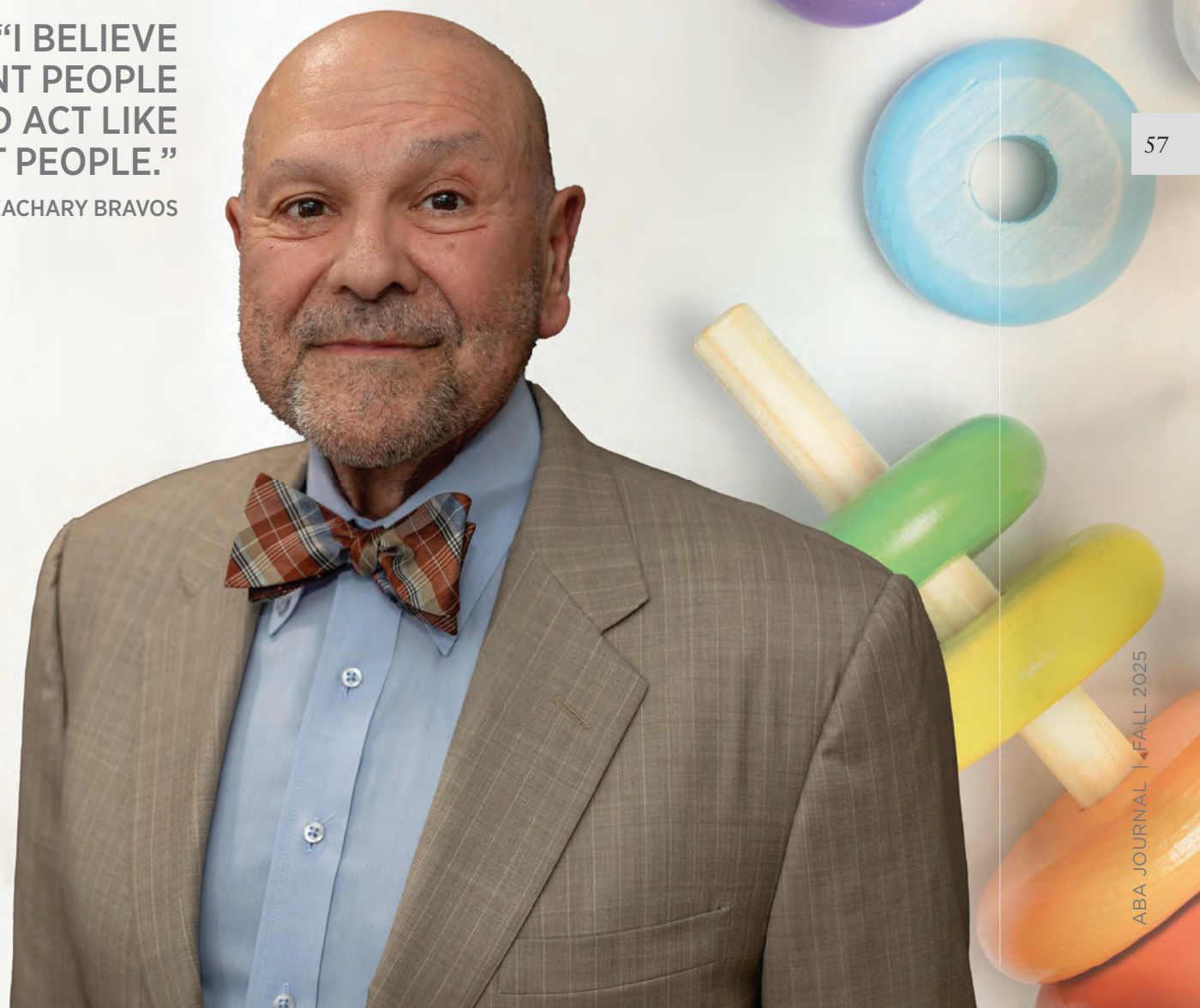

Photo by Bridget Brown Photography; Shutterstock

Stees has chosen to work mostly for defense attorneys, and she will withdraw if she believes the evidence does not support their case.

"Everyone deserves a defense, but I won't take cases where I think they are guilty," she says. "That's not why I got into this. I have turned down cases because my job is to protect the innocent."

While Stees specializes in child abuse, legal nurse consultants can handle a variety of complex cases, including medical malpractice litigation, health care fraud and more. Attorneys can save significant time and expense by having these consultants screen medical data before deciding whether to move forward with cases.

While the number of nurses who do this work is not known, the American Association of Legal Nurse Consultants is a professional organization with about 1,300 members nationwide.

Tamara L. Karlin-Bossier, president-elect of the nonprofit organization, believes the number is growing. Karlin-Bossier worked in neonatal and pediatric intensive care for about 20 years before shifting careers. A friend and personal injury lawyer asked her to review some medical malpractice cases, and she enjoyed the challenge.

"I love the puzzle pieces, putting the legal and medical together," Karlin-Bossier says. "I've learned about everything from traumatic brain injuries to orthopedics. We focus on the medical while the attorneys work on the legal."

Karlin-Bossier sees her role as that of an unbiased researcher.

"It doesn't matter what side you're on. You have to be objective. I can't be afraid to tell them the truth," Karlin-Bossier says. "I've had cases where I've had to say, 'You cannot defend this.' If I find out stuff that's not good for them, I have to tell them."

Legal nurse consultants don't usually serve as expert witnesses, but rather as interpreters. They pore through medical reports, read journal articles and work to understand complex medical cases that lead lawyers to the actual experts.

"Our job is to make the attorneys smart when it comes to the medical," Karlin-Bossier says.

Elizabeth Murray, a legal nurse consultant and vice chair of the ABA Health Law Section's Nursing and Allied Healthcare Professionals Task Force, has been consulting for more than 20 years. She's written articles for the task force newsletter, taught seminars and collaborated with many ABA attorneys in health care law.

As a legal nurse consultant, she's worked with the Department of Justice in health care fraud cases, with the September 11th Victim Compensation Fund, as well as with litigators.

"I work behind the scenes," she says. "I explain what's going on in a case, the standard of care, and I help prepare expert witness testimony."

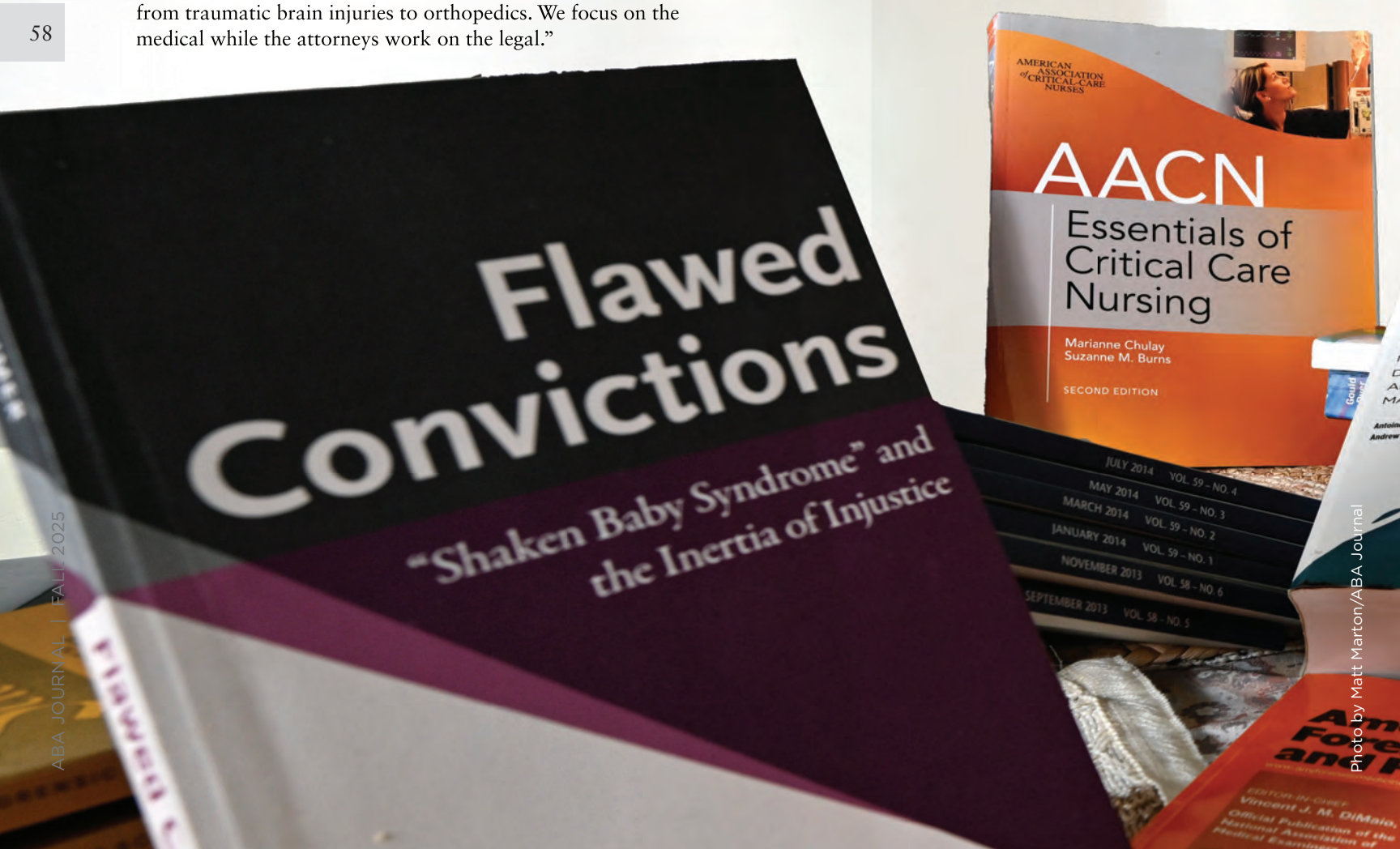

Photo by Matt Marton/ABA Journal

One of a legal nurse consultant's most important tasks is to find out why certain medical conditions occur.

"My job is to really explain what happened. Sometimes people think someone is at fault for what happens naturally," she says.

Attorney Rachael Levine, who specializes in child protection and family law in Connecticut, represented her first client accused of child abuse about four years ago.

"I had no idea how bad these cases were and how impactful they were on families," she says.

She hired Stees in the case of a father accused of causing fractures in his son's ribs and leg. The father told Levine he heard a pop during a diaper change and took him to the hospital. An X-ray showed a leg fracture, but a day later, the hospital called them back for a full body X-ray and found healing rib fractures.

Stees found there were possible explanations for the fractures, including poor bone density.

"She took thousands of pages of medical reports and summarized them into 14 pages," Levine says. "Her value to me is that she takes the medical piece out of it and puts it in layman's terms."

Levine says the father was charged because a child abuse pediatrician failed to rule out other possible causes of the injury.

"There were a lot of things they skimmed over and other possibilities of what may have happened," she says.

Child abuse pediatricians and the law

It was a child abuse pediatrician who put Stees in that same position, concluding her daughter's injury was from abuse.

Marie Taraska, a Chicago attorney who handles abuse and neglect cases and has worked with Stees, says this happens frequently to her clients. According to Taraska, a former prosecutor, "Child abuse pediatricians are getting more scrutiny. Judges would believe everything they say."

There's also a question of due process. Child abuse pediatricians are often paid in full or in part by the state, according to Weidner, making their role seem more like that of a law enforcement investigator than a treating physician.

Lawmakers have taken notice and proposed measures to clearly define that role. Illinois Senate Majority Leader Kimberly A. Lightford first introduced the Protecting Innocent Families Act in 2023 to help prevent children from being wrongfully removed from their homes due to unfounded allegations of abuse or neglect.

"Charging a parent or guardian with neglect or abuse should not be the sole decision of a single DCFS investigator," Lightford said in a statement at the time. "This measure will allow families to obtain a second medical opinion and provides protections to ensure children are

Stees immersed herself in textbooks and online courses to learn about law, medicine and forensic nursing.

not needlessly ripped from their homes on the basis of a single individual's assessment of the situation."

Dr. Jill Glick, a professor of pediatrics at the University of Chicago and board certified in child abuse pediatrics, opposed a similar bill that Langford sponsored during the same legislative session. She wrote: "This is a bill drafted by DEFENSE ATTORNEYS and parents who CLAIM they were wrongfully accused of medically based child abuse." She added that, "Using victims of the system for filling a personal vendetta is shameful."

Neither of the Langford-sponsored bills passed in that General Assembly. Langford reintroduced the Protecting Innocent Families Act this year, and it has yet to move forward through the legislature.

Weidner says the law is meant to help protect children who are actually abused and neglected by ensuring resources are not misdirected toward investigating innocent families.

In 2021, Texas passed a law giving parents suspected of child abuse the right to a second medical opinion. A bill was proposed in the New York Senate in 2023 that would have

Photo by Matt Marton/ABA Journal

required Child Protective Services to disclose certain information to parents and caretakers who are under investigation, but it died in committee.

In 2024, *JAMA Pediatrics*, a journal of the American Medical Association, published an article titled "Disclosure Is an Essential Component of Ethical Practice: I Am the Child Abuse Pediatrician." It cited increased scrutiny of child abuse pediatricians in courtrooms and in the media and called for the creation of clear guidelines and ethical standards.

Josh Gupta-Kagan, a professor at Columbia Law School, was among the article's three authors.

"This is something that has become controversial, and it's a relatively new specialty," he says.

Gupta-Kagan says when a child abuse pediatrician asks a parent questions, it's not legally considered a custodial interrogation because a doctor is not a law enforcement officer. But he agrees it's a gray area.

"They are trying to figure out what happened, and they are also connected to the state," he says. "Their job description includes working closely with child protection agencies."

Mical Raz, a doctor and medical historian at the University of Rochester and another author of the article, also raises the question of the child abuse pediatrician's role.

"You assume they are taking care of your children, not that they are amassing evidence against you," she says. "You might decide you want legal representation. People who are at the most vulnerable in the hospital should have the right to know who is in the room. They have vast influence in determining whether an injury has been the result of maltreatment."

Still, these doctors come with good intentions. "They have an important role, and they have value," Raz says. "I'm not here to question them."

Levine agrees on the importance and value of child abuse pediatricians. "It evolved out of a good place and has done a lot of good," she says.

Will the nightmare end?

Bravos was determined to prove the child abuse pediatrician at Lurie Children's Hospital was wrong to accuse Stees. He provided statements, medical reports and journal articles to police in the town of Plano who were investigating her. That information showed there was no real evidence Stees abused her daughter, and that the bleeding in her brain was likely caused by the cyst.

The Plano Police Department closed the case, and the Kendall County State's Attorney's Office declined to file child abuse charges. A judge ordered the children returned to Stees eight months after they were taken away from their mother.

But there was more. Stees needed her record cleared. In April 2022, an administrative judge heard the case. Bravos came prepared with medical reports and top experts. During a remote hearing, child abuse pediatrician Rosado acknowledged that he was not a pediatric radiologist or neurologist, which Bravos says should have disqualified him from making judgments on the girl's brain images or determining that the cause of her brain bleed was from abuse.

Rosado testified that the fall from a bed or dishwasher would not have the force to cause a subdural hematoma and must have been from rapid acceleration or deceleration.

Dr. Julie Mack, a pediatric radiologist for the defense, testified that the subdural hematoma was caused by the falls, which aggravated the cyst. Her testimony agreed with a report from Dr. David Frim, who had been professor and chief of neurosurgery at the University of Chicago, who also said the cyst predisposed the girl to a subdural hematoma. Frim died in 2023.

Administrative Law Judge Laurie Sikorski ruled that the state failed to meet its burden of proof, writing that Stees "was not a perpetrator of child abuse or neglect."

Stees was finally cleared. But the ordeal had taken a toll.

"I lost 70 pounds not being able to see my children," she says. "There are people that would say, 'Well, see? The system worked. They got to the truth.' But look at how much damage was done on the way."

Other women like Stees served time in prison before being cleared. According to the National Registry of Exonerations, 40 people convicted in cases related to the diagnosis of shaken baby syndrome have been exonerated.

"In almost all, the exonerees were convicted on a widely discredited theory that violent shaking of infants can produce immediate and extreme neurological damage or death without external or skeletal injuries," the report says.

Many of the brain injuries thought to be caused by shaking babies, according the registry report, were caused by unrelated accidents or undiagnosed pathologies.

While angry and frustrated by what happened, Stees harbors no ill will against Rosado, who made the wrong diagnosis that led to her ordeal.

"I have nothing bad to say about him. He actually was kind to me," she says. She's bothered, however, by "his rush to judgment and reluctance to consider other explanations. As a person, I actually liked him. I do think he means well and does not want to harm anyone."

A spokeswoman for Lurie Children's Hospital declined to comment on the case or to make Rosado available for an interview, citing patient privacy and active legal matters.

Stees' daughter is now 6 and thriving.

"She is the happiest little girl. She still has some issues with fine motor skills and with her arm," she says.

"She's had a good recovery. She's doing well, and that's all I care about." ■