

# Reunification Heroes



## Michelle Weidner

No one is an unlikelier target of a child abuse investigation than Michelle Weidner, a white middle-class from middle America: Peoria, Illinois. Or so she thought until suddenly she was wrongly accused of causing her infant son's reported skull fracture in 2010. But the system didn't know who it was messing with. After exonerating herself and her family, Michelle went on to shine a light on medical mistakes that are perpetrated against innocent families. In 2018 she co-founded the Family Justice Resource Center and serve as its Executive Director. FJRC has helped hundreds of families, including winning high-profile exonerations.

By India Jones, Legal Intern at the ABA Center on Children and the Law, JD candidate at Howard University School of Law



**Tell me something interesting about yourself (something you don't mind sharing with the world). E.g., interesting hobbies, adventures, backgrounds.**

Something that surprises some people is that I am a veteran of the U.S. Air Force. I served active duty for four years from 1995-1999, where I was stationed in Korea and Germany. Throughout my time in the service, I worked as a broadcaster for the American Forces Network, a radio and television station that provides American programming for military members overseas.

**What made you interested in child welfare?**

I did not know how broken the child welfare system is until it personally impacted my life. When my third child was born in 2010, he was quite ill due to a genetic condition called pseudohypoadosteronism. When he was 5 weeks old, he stopped breathing in the ER and was rushed into a CT scan. During the scan, he moved, resulting in a blurred line. Dr. Channing Petrak, a child abuse pediatrician at the Children's Hospital of Illinois, wrongly called the blurred line a skull fracture. In fact, she said it was a large, displaced fracture that could only have resulted from abusive head trauma.

Based on her opinion alone, we were accused of child abuse, despite the lack of any external injuries. Our three children were subjected to a "safety plan," which required that we had constant supervision from approved family and friends. Our older boys, who were only 4 and 6 at the time, were asked by investigators, "Did you see your mommy or daddy hurt the baby?" They were terribly confused and anxious.

In less than two weeks, the chief pediatric neuroradiologist, who had been out of town, told investigators that there was no fracture at all. We hoped that would end the case, but the child welfare investigators told us, "Even though the neuroradiologist says there's no fracture, we are contractually obligated to go with the opinion of the child abuse pediatrician." In fact, he told us that the local prosecutor always follows the child abuse pediatrician's opinion and that we would likely face criminal charges. Regardless, since the child welfare agency did not actually believe there was a fracture, they dropped the "safety plan".

Once we could be alone with our kids and travel, we took our infant son to Cincinnati Children's Hospital. Rather than do new scans and expose our son to more radiation, they simply examined the existing scans and were able to determine with 100% accuracy what we already knew— there was no fracture. We immediately notified the child welfare investigator and child abuse pediatrician of this news, but we were shocked when nothing changed. It took three months before the case was finally closed.

At first, we thought that our experience was an outlier, but I came to learn that parents are routinely accused of abuse if their child has any medical finding that they cannot explain. Birth injuries, undiagnosed medical conditions, household accidents, or, in our case, a simple radiology interpretation error can easily result in a child and their siblings being removed from their innocent parents.

At the time this happened to my family, I was a stay-at-home mom, but I had a Master's in Public Administration degree. Rather than simply leave my family's bad experience behind us and move on, I decided to do everything I could to help protect other families. I started by reaching out to hospital administrators, child welfare agency leaders, and even the Joint Commission. My concerns were met with silence. It was then that I began to understand that the broken child welfare system does not remain broken because of lack of knowledge, but because there are individuals and entities who benefit from the status quo. I also came to realize that I was in a privileged position to speak out and be listened to, unlike so many people who are less fortunate and have to overcome racial and other barriers to being heard.



**How long have you worked in child welfare? What types of positions or roles have you had during that time?**

Shortly after my family's story was published in a local paper in 2011, I began to get calls from families and attorneys dealing with medically based wrongful allegations. To start with, I gave fairly simple recommendations, such as obtaining medical records, getting an experienced attorney, and getting a second opinion.



In 2016, I formed an informal organization called Pediatric Accountability in Central Illinois with Attorney Louis Milot. In 2018, I was approached by Diane Redleaf, the founder, Executive Director, and Legal Director of the Family Defense Center in Chicago from 2005 until 2017, who I had been working with on behalf of Peoria families and others across the state to help find them legal and medical resources to defend themselves against potentially medically erroneous allegations. This request followed a decision by the Family Defense Center's board to make cuts in its staff that caused the elimination of the organization's medically complex case defense. Early in 2018, Diane asked me to consider heading up a new 501(c)3 organization focused on helping families facing medically based wrongful allegations. While the new organization could not take on legal defense directly as the Family Defense Center had done, by that time I had formed many contacts with lawyers and doctors and had an understanding of what families have to navigate. Together with some other families helped by Family Defense Center and my central Illinois network, we formed what is now known as the Family Justice Resource Center. I became the Executive Director, and she became the first Board President. Our current board president is Bloomington Illinois attorney Alan Novick; we are now in our fifth year of operations.

Since 2011, I have had the honor of playing a role, sometimes small and sometimes big, in reunifying hundreds of families.

**What was one experience that had a big impact on the way you think about reunification?**

Before my own family experienced a wrongful allegation, I believed the old saying, "Where there's smoke, there's fire." I thought if someone was accused of harming their child, they probably did it. I think a lot of people think that, and that this belief comes from a sincere place of fear. They worry that something bad will happen if a child is returned home.

What I did not understand back then, and what many people continue not to understand, is that separating a child from a parent is, in and of itself, one of the most traumatic and damaging things that can happen to a child.

Study after study shows that children suffer when they are separated from their biological parents, even if the foster parents are caring people. In fact, separation results in what is considered toxic trauma that impacts a child not only emotionally, but also physically and even neurologically. My husband is a clinical psychologist who works with veterans with PTSD, and what he sees in veterans is what I've seen happen with children who've been taken from their innocent parents— fear, hypervigilance, distrust, flashbacks, nightmares, difficulties making secure relational attachments, and failure to thrive. This is made much worse when there are foster parents trying to undermine reunification.

In short, the experience that has had the biggest impact on my thinking about reunification has been realizing how wrong I use to think about child welfare.

### **What are some of the strengths of the child welfare system in your area?**

I do believe that many people initially get involved with child welfare to help children who are actually being abused. Unfortunately, the system is completely dysfunctional, and very few cases are handled correctly in a way that actually helps children.

### **What are some of the weaknesses?**

One of the greatest weaknesses I have seen in the child welfare system is the over-reliance on child abuse pediatricians (CAPs). Within most court houses, child abuse pediatricians are considered uncontested experts in child abuse. The reality is that CAPs are not treating doctors with special diagnostic skills above and beyond those of other specialists like pediatric orthopedists or neurosurgeons but are actually state-contracted investigators whom the state tends to defer to even when reasonable doctors with more advanced knowledge of the particular injury or symptoms. Hospitals and prosecutors often defer to the CAPs to the exclusion of better, stronger medical opinions pointing to either diseases that weren't considered or accidental explanations that were discounted. The system puts the burden on the parents to defend themselves and often makes it difficult for families to gain access to exculpatory medical evidence.



One of the families helped by the Family Justice Resource Center has filed a federal lawsuit against their child abuse pediatrician, the Children's Hospital of Illinois, and several child welfare investigators. The federal complaint for Krueger vs. Petrak lays out how the CAP directed the child welfare investigators to remove the parents' children, including a newborn, despite ample evidence that there was no merit to the allegation.

### **Describe efforts you have made to improve child welfare practice in your area?**

Through the Family Justice Resource Center, I strive to ensure that medically based child abuse investigations are rooted in due process and evidence-based medicine. We have developed a basic process to help achieve this goal. First, if a parent does not have an attorney, we help them find one. This can be a challenge. In some states, low-income parents cannot be appointed an attorney until after their child is removed and they are in court, usually about 48 hours later. This leaves families very vulnerable during the investigation. We have had increasing success getting public defender offices to provide legal advice prior to when a child is removed.

If a parent can pay for private counsel, we help connect them with someone in their area who is experienced in handling medically based abuse allegations. If a parent contacts us and they already have an attorney, we work in partnership with the attorney.

The next thing we do is we work with the parent and/or attorney to obtain the child's medical records so that we can have the records independently evaluated by objective medical experts. This process should be quite easy, but some child abuse pediatricians and hospitals block parental access to medical records once the parent is accused, and a child protection or police investigation has been initiated. Even if the parents or attorneys can get the records, they often find that some of the records are missing. While helping families, I've come across cases in which the records are suddenly missing exculpatory medical evidence such as brain scans that show signs of a neonatal stroke, x-rays that show healed fractures that date back to a traumatic birth, or laboratory results that show a child has a clear metabolic condition that can cause capillary or bone fragility.

One thing I'm currently really focusing on is increasing awareness among attorneys of parent's right to a complete audit trail of their child's electronic medical record. An audit trail consists of metadata that shows



every time a doctor or nurse accesses a child's medical record and exactly what they did while in the record—including every entry, deletion, edit, or chat with other providers. It is this level of data that will pave the way to ensuring that exculpatory medical evidence is not withheld from consideration. To learn more about a parent's right to their child's audit trail, read *Angela Prieto vs. Rush University Medical Center*, a recent case out of the Cook County Circuit Court. If anyone wants more information, please feel free to contact me through [info@famjustice.org](mailto:info@famjustice.org).



**What is one thing you recommend in working with parents to increase the likelihood of reunification?**

The first instinct of an innocent person facing a wrongful allegation is to protect themselves and their family— and that is good and right.

However, when a person is in an overwhelmed and emotional state it is hard to navigate the situation. It's important for parents to understand that the child welfare system, as it stands today, involves an arduous process that will take time and patience.

I encourage parents to focus on one day and task at a time and just do the next right thing as they go through the process. In the beginning, which means getting legal counsel and being as cooperative as possible with investigators, even though that can be very difficult and counterintuitive. Later this means completing recommended services, such as counseling or parent training. When parents focus on the entire ordeal, it becomes too much to handle and I have seen parents truly begin to feel helpless, but when they focus on one thing at a time, they begin to see rays of hope and are able to keep their eyes on the prize of the day they are back together as a family.

**What advice would you give to other professionals who work in child welfare? Or to individuals considering working in child welfare?**

First things first, if you work in child welfare, you need to have empathy for both children and parents. If you do not have empathy for both children and parents, you should not work in child welfare. It is as simple as that.

Second, accountability is essential. Everyone involved in the child welfare system should be holding each other accountable. If you see someone violating medical ethics, child welfare agency policies, state laws, or federal laws, you must speak out.

Third, you must stay positive and focus on each case. When I think about the extent of the brokenness and corruption in our child welfare system, it is easy to become overwhelmed and ineffective— but when I focus on achieving good outcomes for the cases in which I'm directly involved, I feel like I'm making a difference.

**What advice would you give to judges, agency directors, legislators, governors or the president about how to improve the system?**

The current child welfare system does not work. Not only does it directly harm children, but it also wastes so many resources.

According to 2020 statistics from the Children's Bureau (HHS Child Maltreatment, 2020) over 7,000,000 children are called into the hotlines for abuse or neglect suspicion (and that actual number is the first drop in recent years) Of that number, 618,000 children are found to be victims of abuse or neglect. This means that 91% of children subjected to investigations are deemed NOT to be victims (even by the state's own determinations, which incorporate high overfunding rates too). These error rates result in grave consequences. Children are unnecessarily and traumatically removed from loving parents while children who are actually being abused often go undetected because the child welfare resources, they need are often wasted investigating innocent parents.

Elected officials and agency officials need to take a hard look at these statistics and realize they have two choices: they can turn a blind eye and be complicit in maintaining the status quo, or they can decide to rise up and be agents of change by calling out the policies, practices, contracts, and specific individuals harming children, both through wrongful removals from innocent parents and failing to remove children from abusive parents.

June is National Reunification Month  
For more information see [www.ambar.org/nrm](http://www.ambar.org/nrm)

