Evaluating Suspected Child Sexual Abuse in Clinical and Forensic Practice

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NHCVA Webinar
May 23, 2012
Disclosures

• Pfizer stock – no mention of medications in presentation
• Consult, evaluate and testify in legal cases involving child maltreatment
• Evaluate and treat abused children and adults
• Chaired group that founded American Professional Society on the Abuse of Children (APSAC)
• Member, Chair, Co-Chair – AACAP CAN Committee
• President-Elect, Academy on Violence and Abuse (AVA)
• Past Chair National Health Collaborative on Violence and Abuse (NHCVA) as former AACAP liaison

    Executive Producer, AVA ACE Study DVD
Overview and Objectives

• Brief review - modern history of sexual and physical child abuse awareness
• Influential formulations
  – Battered Child Syndrome
  – Child Sexual Abuse Accommodation Syndrome
  – Traumagenic Dynamics of Child Sexual Abuse
• Professional Guidelines
  – AACAP and APSAC
• Clinical vs. Forensic Roles
• My Forensic Evaluation Process
• Recent research findings and developments
History of Sexual and Physical Child Abuse Awareness

• 19th Century
  – Villerme 1840
  – Tardieu 1850s & 60s
  – Freud 1896 – *The Aetiology of Hysteria*

• 20th Century
  – Ferenczi 1932 - *The Passions of Adults and Their Influence on the Character Development and Sexual Development of Children*
  – Kempe et al. 1962 – *Battered Child Syndrome*
  – Summit 1983 – *Child Sexual Abuse Accommodation Syndrome*

Roland C. Summit

The Child Sexual Abuse Accommodation Syndrome
*Child Abuse and Neglect*, 1983, 7(2), 177-193

- Secrecy
- Helplessness
- Entrapment and Accommodation
- Delayed, Unconvincing Disclosure
- Retraction

Proper use of CSAAS
David Finkelhor and Angela Browne

The Traumatic Impact of Child Sexual Abuse: a Conceptualization

Am J Orthopsychiatry, 1985, 55(4), 530-541

• Traumatic Sexualization
• Betrayal
• Stigmatization
• Powerlessness
Current Professional Guidelines

• Guidelines for the Psychosocial Evaluation of Child and Adolescent Sexual Abuse – APSAC, 1995

• Practice Parameters for the Forensic Evaluation of Children and Adolescents Who May Have Been Physically or Sexually Abused – AACAP, 1997

• Practice Parameter for the Assessment and Treatment of Children and Adolescents With Posttraumatic Stress Disorder – AACAP 2010

• Practice Parameters for Child and Adolescent Forensic Evaluations – AACAP, 2011
# Clinical vs. Forensic Roles

Adapted from AACAP Forensic Parameters, Table 1. ©2005 Joseph V. Penn, M.D.

<table>
<thead>
<tr>
<th>Clinical Evaluation</th>
<th>Forensic Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Purpose – Relieve suffering</td>
<td>• Purpose – Answer legal question</td>
</tr>
<tr>
<td>• Primary duty is to patient’s best interest</td>
<td>• Primary duty is to court, attorney or retaining agency</td>
</tr>
<tr>
<td>• Help heal patient</td>
<td>• Inform and teach retaining agency, judge, or jury</td>
</tr>
<tr>
<td>• Confidentiality usually applies</td>
<td>• Privilege may apply</td>
</tr>
<tr>
<td>• Diagnosis and Treatment Plan</td>
<td>• Conduct objective evaluation – diagnosis may be nonessential</td>
</tr>
<tr>
<td>• Treatment rendered</td>
<td>• Not treatment although may be recommended</td>
</tr>
</tbody>
</table>
Clinical vs. Forensic Roles
Adapted from AACAP Forensic Parameters, Table 1. ©2005 Joseph V. Penn, M.D.

**Clinical**
- Data from self-report, sometimes outside sources
- Therapeutic bias/alliance for patient to get better; willingness to advocate for patient
- Objective is to establish a therapeutic relationship and to improve patient’s well-being

**Forensic**
- Extensive data collection from records, documents, multiple interviews, and collateral informants
- Aspire to objectivity and neutrality; no investment in outcome
- Objective is to answer the referral question in form of verbal or written report; deposition and/or testimony
My Forensic Evaluation Process

• Initial Contact – Questions - Expertise, Possible Conflicts, Timing, Fees & Terms, Agreement
• Obtain Background Information – Records
• Interviews – Who, When and Where, Licensure Issues, Video Recording, Attorneys
• Collateral Sources of Information
• Review Data and Report Findings and Opinions
• Testimony – Deposition / Trial
• Feedback and Records Retention/ Destruction
Psychological Testing

- Trauma Symptom Checklist for Children (TSC-C)
- Trauma Symptom Checklist for Young Children (TSC-YC)
- Child Sexual Behavior Inventory (CSBI)
- Expectations Test (ET)
- Personality Testing
  - MMPI-2 and MMPI-Adolescent version
  - MCMI-2 and MAPI
Recent Research Findings

Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

Felitti & Anda 1998
Childhood Experiences Underlie Chronic Depression

Felitti, 2011
ACE Study
The Adverse Childhood Experiences Study: Background, Findings, and Paradigm Shift

Robert F. Anda, MD, MS, Co-Principal Investigator
Vincent J. Felitti, MD, Co-Principal Investigator
Frank W. Putnam, MD, Discussant

The ACE Study has made that which was known to the few, credible to the many

Adverse Childhood Experiences
Disrupted Neurodevelopment
Social, Emotional, and Cognitive Impairment
Adoption of Health-Risk Behaviors
Disease, Disability & Social Problems
Early Death
Death

Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

To order a copy of the ACE Study DVD or to register for AVA-ACEs Updates visit:

www.avahealth.org
or call
952-974-3270

For additional information about the ACE Study visit:

www.avahealth.org
www.cdc.gov/nccdphp/ace/
www.acestoohigh.com
www.RobertAndaMD.com

Academy on Violence and Abuse
1160 Vierling Dr. Suite 130
Shakopee, MN 55379 USA
# Cross Sectional Studies

<table>
<thead>
<tr>
<th>Study</th>
<th>Population</th>
<th>Childhood Experience</th>
<th>Adult Medical Correlation</th>
<th>Adult Psychiatric Correlation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Felitti et al., 1998</td>
<td>&gt;9,500 adult members of Kaiser Health Plan in 1995-1996</td>
<td>Adverse Childhood Experiences (ACE)</td>
<td><em>Odds Ratios:</em> &gt;3 ACEs</td>
<td><em>Odds Ratios:</em> &gt;3 ACEs</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Heart dx 2.2</td>
<td>Suicide 12.2</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Cancer 1.90</td>
<td>Depressed 4.6</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Stroke 2.4</td>
<td>Alcoholism 7.4</td>
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<td></td>
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<td></td>
<td>Severe lung disease 3.9</td>
<td>Illicit drug use 4.7</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Obesity 1.6</td>
<td>IV drug use 10.3</td>
</tr>
</tbody>
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| **Molnar et al., 2001** | >5800 adults in 1990-1992 National Comorbidity Survey | Childhood Sexual Abuse       | Odds Ratios: Females  
  Depression 1.9  
  PTSD 10.2  
  Severe drug dependence 1.9  
  Any mental illness 2.3  
  Males  
  PTSD 5.3  
  Any mental illness 2.3 |
| **Green et al., 2010** | >5600 adults in 2001-2003 National Comorbidity Survey | Childhood Adversity     | Population Attributable Risk Proportions:  
  Mood 26.2%  
  Anxiety 32.4%  
  Substance use 21%  
  Disruptive behavior 41.2% |
### Cross Sectional Studies

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</table>
| **Dube et al., 2010** | >5,300 adults in the Texas Behavioral Risk Factor Surveillance System Survey of 2002 | Adverse Childhood Experiences (ACE)    | **Odds Ratios:**
|                     |                                                                            |                                        | Any Childhood Abuse  
|                     |                                                                            |                                        | Obesity 1.5       
|                     |                                                                            |                                        | Fair or poor health 1.7  
|                     |                                                                            |                                        | Abuse and Household Dysfunction  
|                     |                                                                            |                                        | Obesity 1.3       
|                     |                                                                            |                                        | Fair or poor health 2.0  |
| **Scott et al., 2011** | >18,000 adults from various countries                                       | Childhood Family Adversities           | **Hazard Ratios:**
|                     |                                                                            |                                        | >3 adversities  
|                     |                                                                            |                                        | Heart Disease 2.19 
|                     |                                                                            |                                        | Asthma 1.55       
|                     |                                                                            |                                        | DM 1.59          
|                     |                                                                            |                                        | OA 1.44          |
## Meta-Analysis

<table>
<thead>
<tr>
<th>Study</th>
<th>Number of Studies</th>
<th>Childhood Experience</th>
<th>Adult Medical Correlation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wegman &amp; Stetler, 2009</td>
<td>24 studies</td>
<td>Childhood Physical and Sexual Abuse</td>
<td>Cohen $d$ Effect Sizes: Poor Health 0.42 Cardiovascular 0.66 Respiratory 0.71 Gastrointestinal 0.63 Neurological 0.81 Musculoskeletal 0.94</td>
</tr>
<tr>
<td>Irish et al., 2010</td>
<td>31 studies</td>
<td>Childhood Sexual Abuse</td>
<td>Odds Ratios: General health problems 1.48 Gastrointestinal symptoms 2.12 Gynecologic symptoms 1.90 Pain 1.65 Cardiopulmonary symptoms 1.36 Obesity 1.73</td>
</tr>
</tbody>
</table>
# Meta-Analysis

<table>
<thead>
<tr>
<th>Study</th>
<th>Type</th>
<th>Number of Studies</th>
<th>Childhood Experience</th>
<th>Adult Psychiatric Correlation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chen <em>et al.</em>, 2010</td>
<td>Meta-Analysis of Longitudinal Studies</td>
<td>37 studies</td>
<td>Childhood Sexual Abuse</td>
<td><em>Odds Ratios:</em> Anxiety 3.09, Depression 2.72, PTSD 2.34, Suicide attempts 4.14</td>
</tr>
</tbody>
</table>
### Longitudinal Studies

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<tr>
<th>Study</th>
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<th>Adult Psychiatric Correlation</th>
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<tbody>
<tr>
<td>Springer et al., 2007</td>
<td>&gt;2,000 middle aged adults in the Wisconsin Longitudinal Study last interviewed in 1994</td>
<td>Childhood Physical Abuse</td>
<td><em>Odds Ratios:</em> Arthritis 1.34, Asthma 1.64, Bronchitis/Empysema 1.49, Hypertension 1.43, Ulcer 1.84</td>
<td><em>Odds Ratios:</em> Anxiety 1.78, Depression 1.61, Anger 2.02</td>
</tr>
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## Longitudinal Studies

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<tbody>
<tr>
<td>Schilling et al., 2007</td>
<td>&gt;1,000 high school seniors from the public school system</td>
<td>Adverse Childhood Experiences</td>
<td>Beta Coefficients: Depression .260 Drug Use .267 Antisocial Behavior .219</td>
</tr>
<tr>
<td>Fergusson et al., 2008</td>
<td>&gt;1,000 adults followed until age 25 in New Zealand</td>
<td>Childhood Physical and Sexual Abuse</td>
<td>Odds Ratios: CSA Mental Illness 2.4 CPA Mental Illness 1.5</td>
</tr>
</tbody>
</table>
The Impact of Sexual Abuse on Female Development: Lessons from a Multigenerational, Longitudinal Research Study
Penelope K. Trickett, Jennie G. Knoll & Frank W. Putnam
*Development and Psychopathology* 23 (2011), 453-476

- 23-year longitudinal study of impact of intrafamilial sexual abuse on female development
- Cross-sequential design with six assessments from median age of 11 at first to 25 at sixth assessment
- Mothers took part in early assessments and offspring took part in sixth assessment
- Examined psychological and psychobiological factors
Sexually abused females showed more:

- Earlier onsets of puberty
- Cognitive deficits
- Depression
- Dissociative symptoms
- Maladaptive sexual development
- Hypothalamic-pituitary-adrenal attenuation
- Asymmetrical stress response
- High rates of obesity, major illnesses and health care utilization
- Dropping out of high school
- Persistent PTSD and self mutilation
Sexually abused females showed more:

- DSM-IV diagnoses
- Physical and sexual re-victimization
- Premature deliveries
- Teen motherhood
- Drug and alcohol abuse
- Domestic violence
- Offspring at risk for child maltreatment and overall maldevelopment
“Interpersonal and domestic violence, including...”
IOM Report 7/19/11

“...intimate partner violence and childhood abuse, is a pattern of coercive behaviors that may include:”

• Progressive social isolation
• Deprivation, intimidation, psychological abuse
• Childhood physical and/or sexual abuse
• Sexual assault
• Repeated battering and injury
• Familial or intimate relationship with the victim
• Women and adolescent girls of all ages (10+ years)
Thoughts and Opinions after Thirty Plus Years of Clinical and Forensic Practice
Addressing Child Sexual Abuse

• Video recording is the best documentation.
• Teams have advantages over individuals.
• Evidence based treatments and opportunities for future courses of treatment is best recommendation.
• How much long-term damage associated with child sexual abuse can be prevented or diminished by effective treatment remains to be seen.
Selected References


Korean Women’s Development Institute: (copy link to browser)

http://eng.kwdi.re.kr/briefList.kw?sgrp=S02&siteCmsCd=CM0095&topCmsCd=CM0098&cmsCd=CM0122&pnum=1&cnum=0