

Evaluating Suspected Child Sexual Abuse in Clinical and Forensic Practice

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NHCVA Webinar

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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)
Executive Producer, AVA ACE Study DVD
- Past Chair, National Health Collaborative on Violence and Abuse (NHCVA) as former AACAP liaison

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*
- Olafson, E., Corwin, D.L., and Summit, R.C. (1993). **Modern history of the child sexual abuse awareness: Cycles of discovery and suppression.** *Child Abuse and Neglect*, 17:7-24.

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.

Clinical Evaluation

- Purpose – Relieve suffering
- Primary duty is to patient's best interest
- Help heal patient
- Confidentiality usually applies
- Diagnosis and Treatment Plan
- Treatment rendered

Forensic Evaluation

- Purpose – Answer legal question
- Primary duty is to court, attorney or retaining agency
- Inform and teach retaining agency, judge, or jury
- Privilege may apply
- Conduct objective evaluation – diagnosis may be nonessential
- Not treatment although may be recommended

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

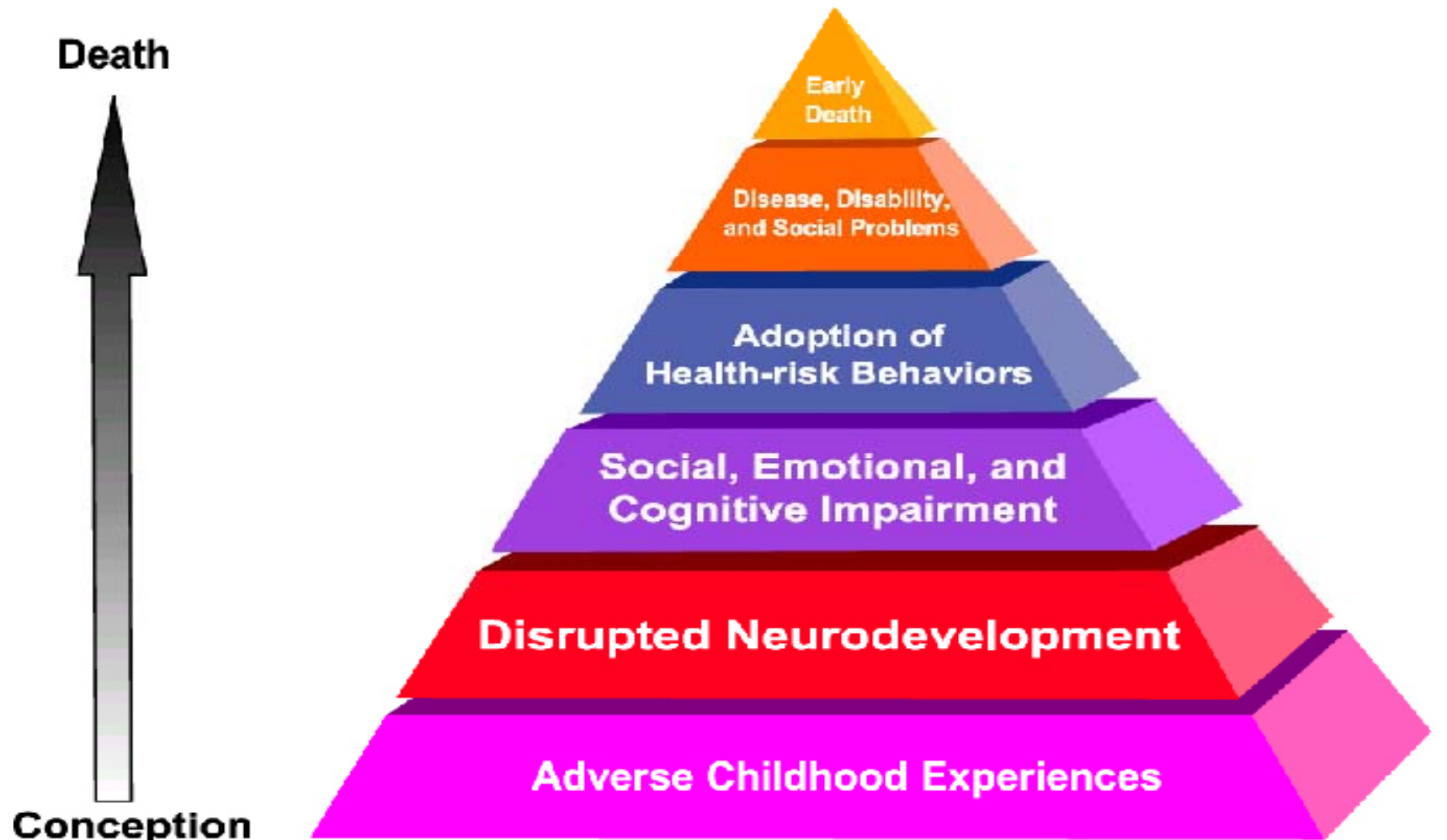
My Forensic Evaluation Process

- 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

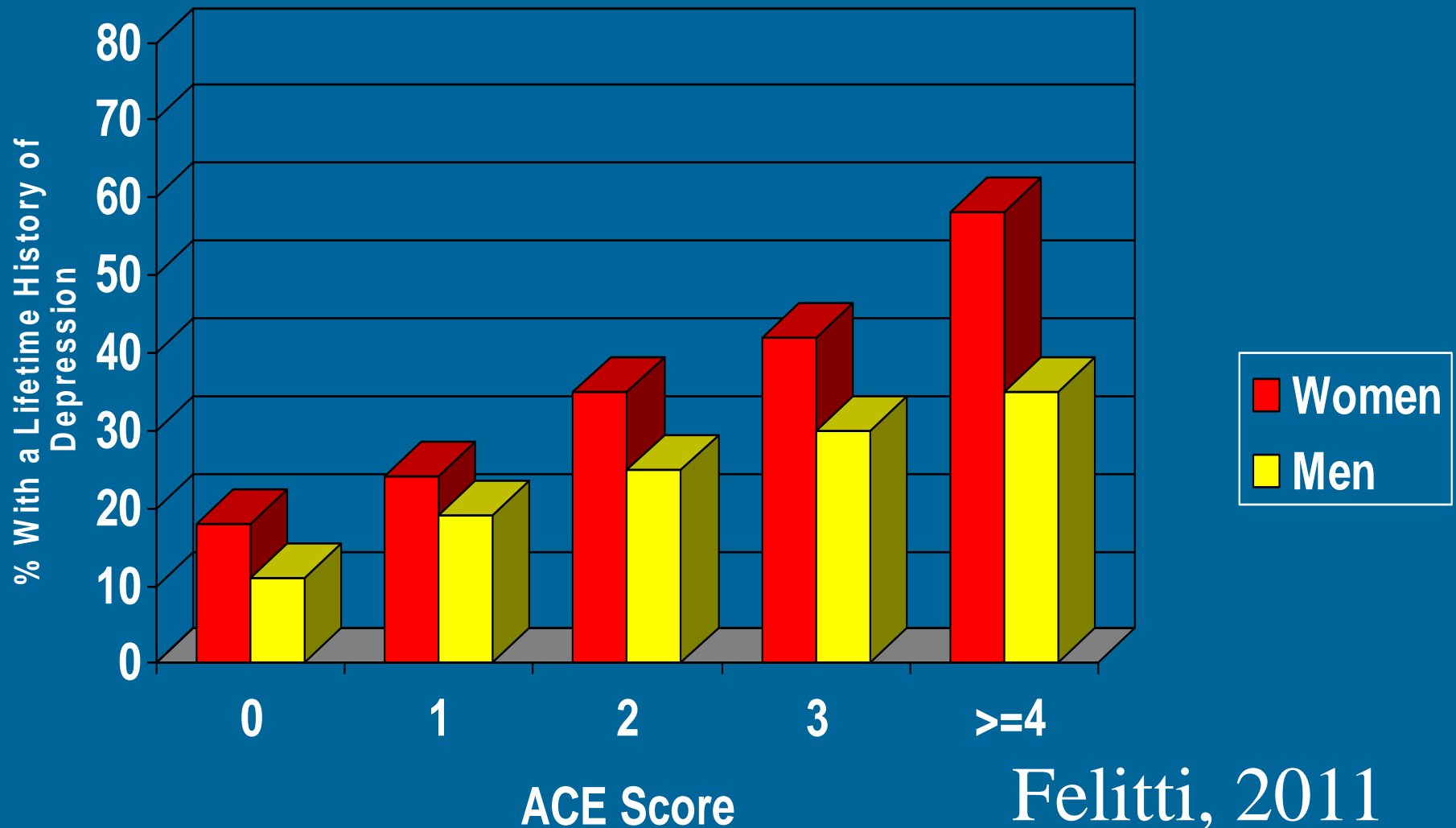
- Trauma Symptom Checklist for Children (TSC-C)
- Trauma Symptom Checklist for Young Children (TSC-YC)
- Child Sexual Behavior Inventory (CSBI)
- Expectations Test (ET)
- Personality Testing
 - MMPI-2 and MMPI-Adolescent version
 - MCMI-2 and MAPI

Recent Research Findings



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

Childhood Experiences Underlie Chronic Depression



Felitti, 2011



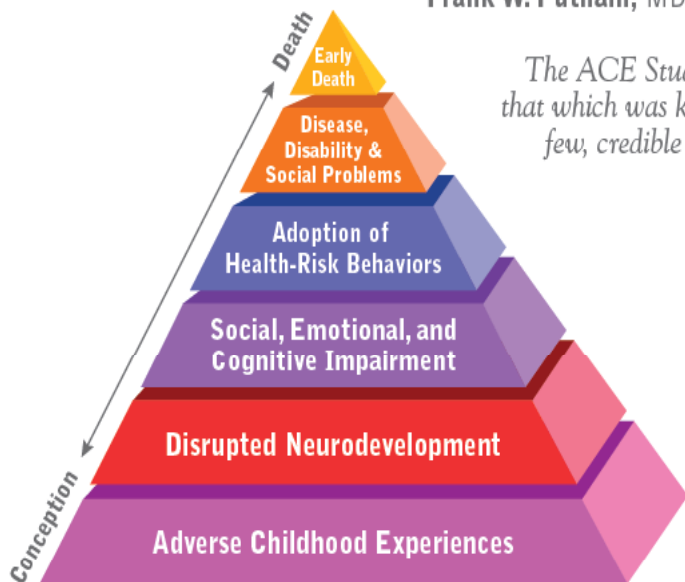
ACE Study

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*

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

www.avahealth.org



To order a copy of the ACE Study DVD
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the ACE Study visit:

www.avahealth.org

www.cdc.gov/nccdphp/ace/

www.acestoohigh.com

www.RobertAndaMD.com



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Cross Sectional Studies

Study	Population	Childhood Experience	Adult Medical Correlation	Adult Psychiatric Correlation
Felitti et al., 1998	>9,500 adult members of Kaiser Health Plan in 1995-1996	Adverse Childhood Experiences (ACE)	<i>Odds Ratios:</i> >3 ACEs Heart dx 2.2 Cancer 1.90 Stroke 2.4 Severe lung disease 3.9 Obesity 1.6	<i>Odds Ratios:</i> >3 ACEs Suicide 12.2 Depressed 4.6 Alcoholism 7.4 Illicit drug use 4.7 IV drug use 10.3

Cross Sectional Studies

Study	Population	Childhood Experience	Adult Psychiatric Correlation
Molnar et al., 2001	>5800 adults in 1990-1992 National Comorbidity Survey	Childhood Sexual Abuse	<i>Odds Ratios:</i> 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	<i>Population Attributable Risk Proportions:</i> Mood 26.2% Anxiety 32.4% Substance use 21% Disruptive behavior 41.2%

Cross Sectional Studies

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

Meta-Analysis

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

Meta-Analysis

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

Longitudinal Studies

Study	Population	Childhood Experience	Adult Medical Correlation	Adult Psychiatric Correlation
Springer et al., 2007	>2,000 middle aged adults in the Wisconsin Longitudinal Study last interviewed in 1994	Childhood Physical Abuse	<i>Odds Ratios:</i> Arthritis 1.34 Asthma 1.64 Bronchitis/Emp hysema 1.49 Hypertension 1.43 Ulcer 1.84	<i>Odds Ratios:</i> Anxiety 1.78 Depression 1.61 Anger 2.02

Longitudinal Studies

Study	Population	Childhood Experience	Adult Psychiatric Correlation
Schilling et al., 2007	>1,000 high school seniors from the public school system	Adverse Childhood Experiences	<i>Beta Coefficients:</i> Depression .260 Drug Use .267 Antisocial Behavior .219
Fergusson et al., 2008	>1,000 adults followed until age 25 in New Zealand	Childhood Physical and Sexual Abuse	<i>Odds Ratios:</i> CSA Mental Illness 2.4 CPA Mental Illness 1.5

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

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