

Estimating Present and Future Damages Following Child Maltreatment

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KEYWORDS

- Child abuse • Child maltreatment • Damage
- Forensic evaluation

Nearly half a century has passed since Henry C. Kempe and his colleagues published their vanguard article describing the “battered child syndrome.”¹ Three decades have passed since child sexual abuse reemerged into public and professional awareness² after 2 previous cycles of discovery and suppression over the last 150 years.³ Billions of public dollars have been spent and continue to be spent on efforts to protect children from child maltreatment through child welfare agencies, law enforcement, courts, foster care, prevention, research, and health care. These efforts are based in part on the evidence provided by thousands of publications and studies addressing various aspects of child maltreatment identification, investigation, treatment, and prevention.

Along with the emergence of child maltreatment as a major focus of public and professional attention has come the realization that in some cases there are parties who have legal responsibility and financial assets. Civil liability for the harms associated with child maltreatment creates a demand for child psychiatrists and other mental health professionals with forensic expertise to provide estimates of the present and future damages following child maltreatment. This article seeks to assist professionals involved in personal injury child maltreatment cases where the central question is damage caused by the maltreatment. It briefly reviews current knowledge about the present and long-term harms of child maltreatment, and suggests an approach for

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evaluating and formulating expert opinions regarding the damage and recommended treatments to ameliorate these harms throughout the lives of child maltreatment victims. The article does not address many other possible questions that may arise in this kind of litigation including liability, standard of care, or apportioning harm among multiple sources of trauma.

PHYSICAL INJURIES

Children who are physically or sexually abused are reported to experience several illnesses and disabilities directly related to tissue damage or exposure during the abuse. Bruises, burns, and fractures sustained during abuse can have acute pain and potentially long-term disability.⁴ Traumatic brain injury, as seen in the abusive head trauma of infants and young children (formerly known as the cranial manifestations of shaken baby syndrome), have well-documented neurological deficits in cognition, speech, sensory, motor, as well as potential mood and behavioral changes.^{5,6} Overall lifetime costs associated with individuals who have suffered severe traumatic brain injury have been estimated at over 4 million dollars.⁷ In sexual abuse, genital injuries may result in acute pain and increase the risk for long-lasting effects such as sexual dysfunction, urinary problems, sexually transmitted infections such as human immunodeficiency virus, and reproductive problems.^{4,8}

Along with injury and disability directly related to tissue damage during maltreatment, certain diseases are more often present among individuals with a history of abuse. This correlation has been observed in such populations as those who suffer from obesity, irritable bowel syndrome, fibromyalgia, and other chronic pain conditions.^{9–12} Subsequent studies have shown a generally increased risk of poor health and use of the medical system among individuals with a history of childhood maltreatment.¹³

PSYCHOLOGICAL AND BEHAVIORAL SEQUELAE

There are several problems that occur more often among sexually abused children than in nonabused children.¹⁴ Although some child victims of sexual abuse display few initial effects, the majority show some signs of posttraumatic stress,¹⁵ and more than one-third meet diagnostic criteria for posttraumatic stress disorder (PTSD).¹⁶ Increased anxiety, fears, emotional lability, depression, oppositional and conduct disorders, and substance abuse are other reported sequelae to sexual abuse.^{17–19} Interpersonal difficulties, increased rates of revictimization later in life, and increased risk for suicide are encountered more frequently among child sexual abuse victims than in other children and adolescents.^{20,21} Alterations in cognition, perceptions, and beliefs including increased guilt and shame are also more prevalent in the wake of child sexual abuse.^{22,23} Although many of these problems are shared with victims of other forms of child maltreatment, alterations in sexual knowledge, emotional reactivity, and behavior are more specific to experiences of child sexual abuse.^{17,24} Recent advances in brain imaging and biological research suggest that child maltreatment negatively influences brain development.^{25–27} Symptoms of attention-deficit/hyperactivity disorder and dissociative disorder are also found among both sexually abused and physically abused children more often than among nonmaltreated children.²⁸

The effects of physical abuse on children are similar to sexual abuse,²⁹ with one-third meeting criteria for PTSD³⁰ and, in one study, 81% having some posttraumatic stress symptoms.³¹ Physically abused children also have more aggressive and non-compliant behavior problems as well as more depression than nonabused children.³²

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