

CHILD MEDICAL EVALUATION PROGRAM NEWSLETTER JANUARY 2010

ARTICLE REVIEW

Molly Berkoff, MD

Reports of Repetitive Penile-Genital Penetration Often Have No Definitive Evidence of Penetration

(*Pediatrics* 2009; 124:e403-e409)

Anderst and colleagues examined the association between the number of reported episodes of penile-genital penetration, pain, bleeding, dysuria and time since assault with the presence of definitive hymenal findings. Eligibility criteria included girls aged 5 – 17 years seen at one Child Advocacy Center from 2004-2007 who: 1) were seen for non-acute sexual assault exams; 2) disclosed penile-genital penetration and 3) provided a documented number of penile-genital penetrative episodes. Out of 960 charts of girls who reported penile-genital contact, 454 were unable to quantify the number of penetrative events. Exams were conducted using colposcopy and two separate photographic reviews were conducted by experienced clinicians with moderate to almost perfect agreement depending on the review. Definitive findings were defined as healed hymenal transection, a missing segment of hymenal tissue in the inferior half of the hymen or acute findings. All definitive findings were healed hymenal transections. Among patients ≥ 10 years with no history of consensual sexual contact (n=484), 10.7% (n=52) had a healed hymenal transection. Only symptom associated with the presence of definitive findings for children ≥ 10 years was bleeding (OR 2.47, 95% CI 1.36-4.49).

There was no association between the number of reported penile-genital penetrative events and definitive genital findings. Additionally, there was no significant association between report of dysuria, pain or time since last penetration and definitive genital findings.

MEET ADAM ZOLOTOR, OUR NEW ASSOCIATE MEDICAL DIRECTOR

Adam Zolotor, MD, MPH, assistant professor of family medicine, has joined CMEP as the associate medical director. He will be responsible for coordinating the medical televideo grand rounds series and helping with case reviews in addition to helping with medical programs development and evaluation. Adam comes to us with five years of experience in research and clinical evaluation of children suspected of abuse and neglect. He has a special interest in prevention programs and neglect.

His research has focus on causes and consequences of abuse and neglect and has led to work (but not visits) in exotic places such as Bhangladesh, Iceland, and Georgia (the one is Eastern Europe). The two main focuses of his research work right now are the evaluation of a statewide shaken baby prevention program and the development of a new high tech prevention program for adolescent parents. Adam has a small family practice at UNC. He is a graduate of the University of Michigan (undergrad) and the University of North Carolina (medical school).

When Adam is not busy at work, he can usually be found with his family in Carrboro. He has two

wonderful daughters (Anna age 8 and Molly age 6). His wife, Karolyn Forbes, is also a family physician at the Carrboro Community Health Center. In the free time that remains, he enjoys running and reading. He has recently re-discovered scuba diving and to supplement his interest in marine life, he just started a salt water aquarium for those long spells in between trips to the under water world.

APPROPRIATE COURT TESTIMONY

Mark Everson, Ph.D.

CFE examiners often struggle with questions about the kind of evaluation opinions they can appropriately offer in court testimony. Can evaluators voice an opinion about whether sexual abuse happened? Can they describe the child's disclosure as "credible" or "not credible"? The courts have been clear that both kinds of opinion in court testimony are improper for forensic evaluators or interviewers. Therefore, a CFE examiner cannot testify that abuse was "likely" or that the child's statement was "credible." However, North Carolina courts have affirmed the appropriateness of evaluators using "consistent with sexual abuse" terminology in their testimony. For example:

"[A]n expert witness may testify, upon a proper foundation, as to the profiles of sexually abused children and whether a particular complainant has symptoms or characteristics consistent there with." Refer to State V. Stancil (2002).

"Contrary to defendant's assertion, (the evaluator) did not state that the children were in fact abused, nor did he vouch for their credibility. Instead, (the evaluator) offered his observations of B.I.'s and T.I.'s behavior and psychological characteristics, including embarrassment, fear, and fear of retribution. (The evaluator) then testified that those behaviors were consistent with sexually abused children. (The evaluator's) generic testimony regarding the relationship between domestic violence and sexual abuse merely contributed to the basis of his opinion as to whether the children's behaviors were consistent with the symptoms and characteristics of sexually abused children....This testimony was proper. . . "Refer to State v. Charles Edward Brown (2009).

CFE evaluators are technically not bound by the same limitations in report writing as exist for testimony since CFE reports are directed to DSS and not the court. However, if a CFE report is introduced as evidence in a court proceeding, report conclusions about the likelihood of abuse or the credibility of the child's disclosure may be redacted from the report.

CHILD ABUSE ISSUES IN KOREA

By: Dr. Jenny Brown

Korea! When my daughter and her husband left two and half years ago to teach ESL in a suburb of Seoul, I dared not dream that I might be able to personally see their home and school. But in October, 2009, I was given the gift of a trip to Korea to visit them, which then also blossomed into amazing opportunities for connection with other professionals and parents who care about child abuse and neglect, just as we do, but half a world away. My daughter informed a psychiatrist friend from her church that I was coming and that in the US, I taught many groups about child abuse and neglect, so he made arrangements for me to visit and speak to some groups of *Korean* parents and professionals who were interested in child abuse and neglect.

I was invited to visit the National Child Protection Agency in Seoul, where I met with the national director and other professionals. I began by bringing greetings on behalf of Kids First

Child Abuse Treatment Center in Elizabeth City, CMEP of NC, and the NC Peds Society Committee on Child Abuse and Neglect. The gracious hospitality of Ms. Kyeong-Hee Ryu, the national director, and her staff, paved the way for a morning of discussions of the problem of child abuse in each of our countries, and sharing of ideas regarding how each of us are working to tackle this problem.

Korea has faced many challenges in this area, including lack of awareness, few mandated reporters and even fewer who were willing to report, inadequate consequences for convicted abusers, cultural family autonomy and acceptance of physical abuse as a normal/ good practice, inadequate pathways for reporting and responding to abuse and neglect, and others. In 2001, "The Emerging Problem of Child Physical Abuse in South Korea," by Hahm and Guterman, published in *Child Maltreatment* (Vol. 6, No. 2, 169-179) explored these challenges and Korea's response to them. Cultural acceptance of harsh, even abusive, discipline for school aged children (nearly 50% of physical abuse cases occur in children ages 7-12) and cultural unwillingness to interfere in "family matters" continue to present huge hurdles to protecting children in Korea. (It would be wise for any practitioner who may treat Asian families to be familiar with these cultural expectations that are present in many Asian families, and which may conflict with our system of child training, discipline and protection in the US.)

Korea has seen great strides in the past 10 years in their ability to respond to the problem of child abuse. The National Child Protection Agency * was established in 2001, and since this time, 45 community agencies, which function somewhat like child advocacy centers in the US, but which are all administered by the National Child Protection Agency, and are subsidized by the government, have been developed. They hope to eventually expand that number to 100 centers. Between 2001-2008, reporting increased 3.5 fold.

The child welfare laws were very recently revised; now, abuse and neglect are more clearly defined; now multiple professionals who work with children are legally mandated to report; now prison sentences have been expanded, and physical abusers can get up to 5 years or a fine of \$15,000 and sexual abusers can get up to 10 years or a fine of \$30,000 (the old law provided a maximum 2 year sentence or a fine of \$2,000 for a conviction of child abuse). There has been great grassroots demand for even stiffer sentences since a serious sexual abuse case (perp was a previously convicted abuser) was made public this past fall.

The professionals there were interested in our system of doing medical exams on site in some of our centers (all of theirs are done off site in a hospital) and intrigued by our concept of a multidisciplinary team, as I was by their government mandated and supported network of centers with uniform standards; but overall, we found each other to be more alike than different. I wore my blue ribbon pin and invited them to visit America; they gave me their yellow ribbon pin, which symbolizes the fight against child abuse and neglect in Korea, and a great deal of information about that fight from a new perspective.

Later that week, I was then able to include Korea-specific information in hour-long training sessions on *Child Maltreatment* which I presented to three different groups: a gathering of about 100 parents from a large private school (with a translator); a group of doctors and some community child abuse professionals at St. Mary's Hospital in Seoul (with translator); and to Pediatric Grand Rounds at Yonsei University College of Medicine ** in Seoul (at Severance Hospital, in English, and which was teleconferenced out to two other hospitals, as well). Each time, I was honored to greet them representatively for us all, and then I presented an overview of the different types of child maltreatment, with some specific examples geared to each audience (special thanks to Dr. Sharon Cooper who was extremely helpful as I prepared the presentations and prayed for courage...). In the parent group, we also discussed some of the characteristics of the socially skilled child molester, and some ideas to help parents keep their children safe. In each

group, the participants were attentive and respectful, and raised thoughtful and important questions that are some of the same ones with which we grapple. Some shared frustrations and specific case descriptions, and each time their struggles and challenges sounded amazingly like ours. At the end of Pediatric Grand Rounds, Dr. Dong Soo Kim, Chairman of Pediatrics at Yonsei U. College of Medicine, shook his head and commented simply, "I am shocked," and I agreed with him. When I returned, Dr. Mark Everson and Dr. Cindy Brown helped me respond to some of the questions raised there with additional information, which I have sent back to Korea. Dialogue with others fighting alongside us, though far away, is so important; we can learn so much from each other. I will long treasure the crystal paperweight from Yonsei University Department of Pediatrics, presented by Dr. Dong Soo Kim, and the lovely lacquered box with intricate designs of inlaid mother of pearl presented by the Department of Psychiatry at St. Mary's Hospital, but even more, I will treasure the gift of the amazing privilege of seeing this part of Korea, and of meeting so many warm and caring professionals fighting for children to live safely, just as we do. We may live half a world away, but we are all in the same war, albeit on different fronts; and we are truly more alike than different.

* Korea National Child Protection Agency website, English version:

http://korea1391old.icox.kr/ie/read.cgi?board=page&out=&cafename=&wview=&wmsect=en&wsect=main&x_number=1133132572

**Yonsei University College of Medicine website: <http://medicine.yonsei.ac.kr/en/>

TRAINING OPPORTUNITIES:

Education & Training Events

May 13 & 14, 2010

Child Abuse Conference

Chapel Hill, NC

This 2 day event will explore issues relevant to the recognition, evaluation, and reporting of child physical and sexual abuse and child neglect. Content will include understanding accidental versus non-accidental trauma, ordering diagnostic studies to better clarify issues surrounding concerns for abuse and neglect, making appropriate referrals, and participating in legal proceedings.

Our regional child abuse experts from Duke, ECU, SR AHEC Fayetteville, Wake Forest University Baptist Medical Center, UNC, the State Attorney General's Office, and the Child Advocacy Centers of NC will be presenting on numerous topics. A brochure will be sent out soon.

This event is being sponsored by the UNC-CH School of Nursing Center for Lifelong Learning. The UNC-CH School of Medicine will be providing CME credit for physicians, NPs, & PAs.

This educational event will meet the continuing education requirements of 10 hours per 2 year period for our rostered CME providers.

Please contact Deb Flowers deborah_flowers@med.unc.edu for further information.

**September 28-30, 2010 16th Annual Symposium on Child Abuse and Neglect
CACNC Medical Tract Training
Lake Junaluska**

The medical tract training will be extended to 3 days this year. More information about this educational event will be sent out when the agenda has been completed.

We will be working with the UNC-CH School of Nursing & School of Medicine to provide AANC and CME credit.

Assessing Allegations of Child Sexual Abuse: Should Accepted Practice Be Redefined in Light of New Research?

Mark Everson, PhD
Nancy Berson, LCSW

March 5, 2010
Charlotte AHEC
www.charlotteahec.org

June 18, 2010
Wake AHEC
www.wakeahec.org

Current practice in the assessment of allegations of child sexual abuse is under challenge. Commonly accepted methods in forensic and diagnostic evaluations and child protective service investigations are now being criticized as unreliable, invalid, and even unethical, based on new research and legal rulings.

This workshop will examine a number of these challenges and criticisms and address the question of whether, and in what ways, current practice should evolve as a result. Specific topics for discussion include: the implications of new research on child forensic interviewing; the use of behavioral symptoms, like sexual acting out, in decision making; the apparent limited reliability and validity of professional judgments about abuse; and recent limitations on the role of the evaluator in court. This workshop is designed for professionals across a number of disciplines who conduct evaluations or investigations of allegations of child sexual abuse. It is especially relevant to rostered examiners in the North Carolina Child/Family Evaluation Program (CFEP).