Child Abuse & Neglect 34 (2010) 135–143

Contents lists available at ScienceDirect

Child Abuse & Neglect

Practical Strategies

Assessing historical abuse allegations and damages☆

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ARTICLE INFO

Article history:
Received 20 April 2009
Received in revised form 9 November 2009
Accepted 17 December 2009
Available online 5 March 2010

Keywords:
Court assessments
Child abuse
Adult survivors
Forensic assessment
Historical abuse
Civil lawsuits

ABSTRACT

Practitioners may be called upon to assess adults who have alleged child abuse as a minor and are seeking reparations. Such assessments may be used by the courts to determine harm and assess damages related to their claim or testimony. Our clinical/research team has conducted many such evaluations and reported the findings pertaining to the psychological harm stemming from historical abuse in published studies. We use the opportunity provided by this new section on *Practical Strategies* to describe the role of the assessor, and to provide details concerning our methods for preparing these assessments and reporting the findings for the purpose of civil or criminal actions. Specific recommendations for wording of written reports are provided.

Introduction

Child Abuse & Neglect has launched a new section on *Practical Strategies* to provide more detail to readers about the practical aspects of their innovative research or practice strategies (Wolfe, 2009). Through this mechanism, experts in a particular area translate research into practice based on their experiences both in the lab and in the field. We are delighted to share our knowledge relating to the assessment of adult survivors of child abuse, which has evolved from clinical research and forensic reports on over 150 men and women over the past 15 years. We are also pleased to have Barbara Legate, LL.B., share her expertise with our readers, based on her legal knowledge of this topic and her familiarity with expert reports and litigation related to the impact of abuse on her clients.

In 2003 we (Wolfe, Jaffe, Jetté, & Poisson, 2003) published a conceptual paper intended to encourage scientific and professional involvement by examining significant factors and characteristics associated with child abuse in community institutions and organizations that contribute to harm among some victims. This paper was based on having assessed numerous men and women who were making claims of abuse that occurred in their childhood. We proposed a conceptual foundation for improving scientific study of the processes and harmful effects of child abuse, especially abuse committed in non-familial settings by trusted individuals known to the child. Based on consensus of our experienced panel we identified several factors contributing to harm, such as the significance of the perpetrator's role within an organization, and abuse and post-abuse events. We also highlighted several dimensions of harm that warrant attention in cases involving non-familial

☆ *Note*: Verbatim samples of written sections for reports, described herein, may be used in professional reports if accompanied by proper citation of this article.

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0145-2134/$ – see front matter © 2010 Elsevier Ltd. All rights reserved.
doi:10.1016/j.chiabu.2009.12.002

offenders (such as betrayal and diminished trust; shame, guilt, and humiliation; avoidance strategies; and vicarious trauma), which are critical considerations in formulating an assessment evaluation.

In 2006 we (Wolfe, Francis, & Straatman, 2006) published findings of psychological test results and diagnostic outcomes of 76 men who were severely abused as children by their male caregivers in a religiously-affiliated institution, conducted as part of a court settlement to compensate victims. This was a unique opportunity to develop a method of assessment because the evaluations were done to assist the Receiver of the institution to determine how to allocate a limited pool of funds. It was perhaps as close to a non-adversarial evaluation as is possible in a forensic setting. The men had been informed that our purpose was to evaluate their current psychological adjustment and offer an opinion to the court as to the extent of damages due to their abuse. We had access to all clinical notes and records relating to each man's background and medical/psychological history, including police, school, counseling, and medical records. Our assessment strategy (similar to that described below) was structured specifically to involve a semi-structured interview (covering topics such as family and social relationships, sexual adjustment, substance use, criminal histories, education, and employment), followed by psychological testing and a structured clinical interview. Men also described the impact of the abuse on their past and current functioning in their own words. In addition to the significant findings concerning the impact of abuse on these men reported in the study, the assessment strategy and methods were endorsed by the Superior Court of Canada (Re: The Christian Brothers of Ireland in Canada, *applicant [2004] O.J. No. 359 OCJ, Blair J.*).

We begin with a critical clarification of our role. If the assessment is conducted for forensic purposes our function typically is to educate the trier of fact on the nature and impact of abuse, and to offer an opinion as to the likelihood or not of the abuse having occurred. However, we are not to judge the facts in the case or opine on the credibility of the complainant. In most North American jurisdictions the expert offers only the opinion of *whether or not an individual's history, symptoms, and presentation are or are not consistent with [child sexual abuse]* (Paciocco, 2001; Wolfe & Legate, 2003). Thus, our role in forensic assessments of men and women has been to determine if they exhibited symptoms consistent with abuse, particularly in relation to the nature, degree, and frequency that they alleged to have suffered. As well, we have conducted evaluations to determine the extent to which individuals have suffered psychological harm as a result of the abuse. These evaluations are done to assist the court in considering a causal link between findings of psychological harm and the losses they claim. In addition to forensic assessments, the following methods apply equally well to clinical assessments designed specifically for treatment planning or research purposes.

Psychological findings and opinion are communicated in a written report based on the sum of available information. The fundamental purpose of this report is to offer an opinion as to whether a client's symptom patterns are consistent with the literature on the long-term impact of abuse and, if they are consistent, an opinion as to the psychological harm resulting from such events. In preparing reports on each client we rely on research findings denoting significant differences between specified groups, using standardized measures and methods. Symptom and behavior patterns of men or women with known child sexual and/or physical abuse histories, based on peer-reviewed, published studies as well as our clinical experience, are used as the basis for comparing the symptoms and behaviors of clients, and to determine the degree of confidence in concluding that each client was or was not a victim of child sexual abuse.

Evidence base for assessment

In planning the method for conducting these assessments we relied on studies investigating the long-term effects on adults' behavior and psychological adjustment following repeated episodes of physical and/or sexual abuse in childhood or adolescence. For example, abused men sometimes present with mood and anxiety disorders, and more frequently with substance abuse disorders than do abused women, or men seeking help for reasons other than child abuse (Briere, 1992; Springer, Sheridan, Kuo, & Carnes, 2007; Tewksbury, 2007).

The scientific literature indicates that the impact of child abuse changes over the life course, sometimes dramatically. A child's initial attempts to cope with abuse may change to chronic patterns of anger, sexual acting-out, alcohol abuse, and similar self-destructive behaviors, among both males and females. It is common for such patterns to worsen during young adulthood, as individuals begin to form the recognition that someone who they once trusted and perhaps admired had betrayed them (Wolfe et al., 2003). However, some victims fully or partially recover from the effects of abuse over time, usually as a result of proper treatment, recognition, support, and other resources (Collishaw et al., 2007; Thomas & Hall, 2008; Wright, Crawford, & Sebastian, 2007).

In addition, the abuse and breach of trust between a child and a person in a position of trust such as a teacher or cleric in a faith community carries with it significance beyond the physical and emotional trauma. Often, this breach of trust forms the basis for a further erosion of their self-esteem, a fear of intimacy and closeness, and ill-conceived attempts to avoid unpleasant reminders of the abuse. However, not all victims have insight as to the underlying reasons for these self-destructive patterns, and may place the blame and responsibility on themselves, their partners, or others who they misconstrue as the cause of their current distress (Feiring & Cleland, 2007).

Suicidal thoughts and behaviors, lowered self-esteem, and increased relationship difficulties are commonly reported among abused men and women (Davis, Petretic-Jackson, & Ting, 2001; Tyler, 2002). Posttraumatic stress disorder (PTSD) symptoms such as hypervigilance and arousal, fear and avoidance of events, places, or persons that remind them of the abuse, and experiencing intrusive reminders of the abuse are also commonly reported by adults with abuse histories (Campbell, Greeson, Bybee, & Raja, 2008). Similarly, ineffective coping strategies, such as drug or alcohol abuse, eating disorders, and

sexual promiscuity, are common, which often have a major impact on lifestyle, employment history, marital relations, and similar aspects of their health and well-being (Murray, Macdonald, & Fox, 2008; Widom, White, Czaja, & Marmorstein, 2007; Wilson & Widom, 2008). Some evidence suggests that these negative outcomes are worsened by the onset of the abuse in early childhood (Holmes & Slap, 1998).

Finally, assessors need to take into account the extent and frequency of physical intrusiveness experienced by the child or adolescent. Research related to symptoms experienced and the extent of physical intrusiveness suggests that the greater the degree of intrusiveness and the longer the abuse continues the greater the level of adult psychopathology, including depression and post traumatic stress disorder (Naar-King, Silvern, Ryan, & Sebring, 2002; Ruggiero, McLeer, & Dixon, 2000). As well, some form of addiction is frequently identified in the histories of adult survivors of child sexual abuse (Moncriff & Farmer, 1998; Widom et al., 2007).

In brief, men and women with histories of child abuse are more likely than their non-abused counterparts to suffer damages and consequences stemming from the abuse throughout the course of their lifetime. These consequences may include (but are not limited to) an inability to seek and maintain meaningful and gainful employment; inability to provide adequate support for themselves and their families; inability to trust; difficulties in intimate relationships and childrearing; low self-esteem; difficulties in anger management; self-destructive behavior; abuse of alcohol and drugs; intrusive flashbacks; mood swings; panic attacks; insomnia; and depression (Wekerle, Miller, Wolfe, & Spindel, 2006).

Method of assessment

Overview of procedure

A psychological assessment begins with a semi-structured clinical interview to inform the client of the purpose of the assessment, limits to confidentiality, and acknowledgement of the distress that might occur as a result of the assessment. Following verbal consent to proceed, he is asked to describe his current family and living arrangements, family background, and issues pertaining to education, employment, substance use, and related topics.

The structure of our interview was determined on the basis of the current literature on adult survivors of physical and sexual abuse and professional experience with men and women with similar histories. The interview was designed to ensure that we were familiar with past and current situations, events, or circumstances that might have a bearing on forming a psychological opinion.

The semi-structured interview is followed by the administration of validated psychological tests of mental health and adjustment, intellectual functioning, and vocational interests. Testing is followed by a diagnostic interview to determine if the client meets criteria for any mental disorder, currently or in the past. The findings from the interview and test results are discussed with the client during a feedback session at the end of the assessment, in which he or she has an opportunity to raise any questions and request clarifications. Brief recommendations for mental health or vocational services may be offered as needed.

The most common purpose in conducting these assessments is to form an opinion on causation and degree of impairment. Before beginning the process it is imperative to speak to the lawyer who requested the opinion about the legal requirements for such opinions in one's local jurisdiction. In the U.S. and Canada alone there are potentially 62 jurisdictions, each of which may have important nuances to the legal test or admissible evidence. Below is sample wording (relevant in Canada) we use to clarify the method and purpose of an assessment in the beginning of our report:

> *As part of this assessment I considered all possible causes or contributors to this client's current psychological adjustment. On the basis of this clinical assessment, an opinion was formed as to my degree of confidence that the reported incidents of abuse contributed to Mr. Smith's current functioning. In conducting this assessment and offering an opinion as to the likelihood and extent of damages due to sexual abuse, I relied upon various sources of information as available as provided by the client through his Counsel.*
>
> *A psychological test battery was administered that encompasses the major issues pertaining to the effects of child sexual abuse on adults' subsequent adjustment. Psychological tests and other findings are interpreted only within the context and purpose of the current assessment. The method of assessment was established on the basis of my knowledge of this area, the purpose of these assessments, recommended standards of practice set forth by the American and Canadian Psychological Associations, and input from colleagues (psychologists, psychiatrists, and social workers) who work with male and female sexual abuse* victims*. The method involves a comprehensive, in-person interview and testing that typically requires 8-10 hours.*
>
> *This examiner was asked to provide an opinion as to whether Mr. Smith's report of abuse and the exhibited psychological symptoms or conditions are consistent with abuse as reported by him having occurred. In addition, I was asked to opine whether or not the abuse contributed to his past and current psychological and social functioning, and to summarize the degree of impairment caused by the abuse.*
>
> *Determination of contribution to harm was made on the basis of psychological opinion and expertise. It is scientifically impossible to know with certainty the extent to which sexual abuse or other factors in this person's life were causally linked*

to his overall level of functioning. However, it is possible to form an opinion as to whether the abuse was more likely than not to have caused or contributed to his impaired functioning, based on the preponderance of evidence.

Areas of assessment

The specific content areas typically covered in an assessment are described below (these content areas typically appear as separate headings in psychological reports for each client).

Summary of records

The examiner should provide a concise summary of the documents reviewed, such as medical and educational records. This summary can serve as a basis to support conclusions in the assessment (e.g., an opinion that he or she may have completed a university degree based on high school grades).

Purpose of assessment

The primary purpose of a psychological assessment is: (1) to establish whether the client exhibits symptoms consistent with child abuse in relation to the nature, degree and frequency that he or she alleged to have suffered; and (2) to determine the extent to which he or she has suffered psychological harm as a result of child abuse.

In simpler terms, each client is advised that our role is to understand and document his/her description of the full extent and nature of harm stemming from the abuse (e.g., "*tell me how you believe these incidents of abuse have affected your life, such as relationships, work, quality of life, spiritual belief, etcetera)*, and that this information will be shared with relevant parties. They are informed that details of the [alleged] abuse will be reviewed with them for the purpose of clarifying the nature of their experiences and to document the impact of the abuse in their own words. If relevant, the client is also informed that the assessment will assist the examiner in forming an opinion as to whether the allegations are consistent or inconsistent with the scientific evidence pertaining to sexual/physical abuse.

Current residence, marital/family status, relationships

Clients are asked to describe where they live and their current and past marital and family relationships. They are asked specifically about conflict and violence with partners, children, or other adults as such conflict is a significant problem for some victims of childhood abuse. They are also asked to describe any close friendships, supports, and contact with their biological or surrogate family members. We also review past and current medical and psychiatric concerns, including sexual adjustment/orientation problems, suicidal thoughts/gestures, hospitalizations, diagnoses, and similar issues.

Personal and family background

We ask clients to describe their family background from the earliest point in memory. In lay terms, they are asked specifically about known or suspected mental health problems among each of their biological parents, grandparents, and first-degree relatives, including alcoholism, depression, and violence (e.g., problems with their moods, nerves, drinking, and so forth). They are further asked to provide details on the education and employment histories of their parents, stepparents, and siblings.

Clients are also asked about any other negative childhood memories such as other traumas (e.g., death of a family member, other forms of abuse, accidents, reading/learning difficulties, trouble with the law), as well as positive memories (e.g., school awards/recognition, sports, hobbies, special friendships). Finally, they are asked about their own criminal/antisocial behavior since mid-adolescence (such as arrests, charges, and convictions), and their alcohol and drug use/abuse patterns currently and in the past. Such information fills in our understanding of other possible factors that mitigate or amplify the impact of the abuse.

Educational performance and academic qualifications

Clients are asked to describe their performance at school, their grades in major subjects, and any difficulty they may have had at school with teachers, peers, attendance, and so forth (some of this information can be compared with available school records). Their highest level of education attained is noted. We often administer a brief measure of intellectual or academic ability, such as the *Multidimensional Aptitude Battery–II* (MAB – II; Jackson, 1998) or the Wide Range Achievement Test (WRAT-4; Wilkinson & Robertson, 2006), to estimate how consistent or inconsistent their academic performance may have been in relation to general intellectual strengths and weaknesses. Measures such as these are helpful in forming an opinion as to the likelihood, if not for the abuse, that a particular client was capable of completing additional education or training than what he or she did complete.

Employment background

Clients are asked to describe the jobs and positions they have had since early adulthood, as well as any job-related disability, difficulty, or limitation currently or in the past. They are asked to indicate their source and amount of income support, and any concerns they have about their training and employment outlook. Importantly, they are asked to describe, in their view, what their career or employment might be like today if not for the abuse.

Nature and severity of abuse

We typically return to the allegations of abuse following these straightforward discussions of background and employment, as clients are usually more relaxed and able to refocus on stressful memories. Our interview discusses the nature and severity of the alleged abuse, which expands on any information provided by the police, counsel, or in other documents.

If the court or the parties have previously accepted the claim or allegations, the client may be asked to describe his or her abuse only briefly (note that some individuals want to ensure that the examiner understands what they went through in detail, whereas others wish not to have to repeat the details yet again). In circumstances in which the allegations are not disputed, information on the nature and severity of the abuse is summarized from the records and other sources of relevant information as provided, and this summary is reviewed with the client for accuracy and completeness.

If the allegations remain unproven or denied, we ask the client to describe and elaborate on the alleged incident(s) of abuse. Because a psychological assessment is not an investigation, this information should be used only to assist in forming an opinion as to whether or not an individual's history, symptoms, and presentation are or are not consistent with child sexual or physical abuse.

Psychological testing and diagnostic interview

A psychological test battery is administered that encompasses the major issues identified in the literature noted briefly above. Psychological tests are interpreted only within the context of the proposed assessment purpose, which includes sensitivity to relevant contextual information such as other known disabilities, accidents, trauma, and so forth that might affect interpretation.

We generally administer a broad-based personality assessment instrument, such as the *Personality Assessment Inventory* (PAI; Morey, 2007) or similar instruments, to provide an overall assessment of each client's personality functioning (keeping in mind that no published norms exist for adult survivors of abuse in childhood, specifically). Personality testing may be followed by administration of more specific measures of trauma-related symptoms, such as the *Trauma Symptom Inventory* (Briere, 1995) and *The Inventory of Altered Self-Capacities* (Briere & Runtz, 2002). For any psychological tests, the validity of the results and the areas of concern noted in the profile are interpreted in each client's report.

Interview and test findings are then examined to determine which modules of the *Structured Clinical Interview for DSM-IV® Axis I disorders* (SCID-I), *Clinician Version* should be administered (First, Spitzer, Gibbon, & Williams, 1997). The SCID-I is a semi-structured diagnostic interview designed to assist clinicians in making reliable Axis I (Clinical) psychiatric diagnoses. This method is widely used to establish if an individual meets diagnostic criteria for any Axis I mental disorder.

Conclusions and opinions

The final section of a report is intended to review the findings, draw conclusions, and make recommendations in relation to the purpose of the assessment. We begin with an impression of the client's approach to the assessment, such as poor reading ability, poor cooperation, possible attempts to distort their symptoms, or similar issues that may have a bearing on the final recommendations. An acknowledgement of any other possible contributors to harm and their relative importance should also be highlighted (e.g., abuse by other persons; family problems; biological influences).

In summarizing the results of an assessment and the impact of abuse on the individual, it may be helpful to the parties involved to discuss briefly the nature of child sexual abuse and how it may affect an individual's life course development. Child sexual abuse and similar forms of maltreatment have considerable psychological importance because they typically occur within ongoing relationships that are expected to be protective, supportive, and nurturing. Their ties to their natural or surrogate family—even to the abuser—are very important, so child victims may feel torn between a sense of loyalty and a sense of fear and apprehension (Wolfe, 1999).

Similarly, child sexual abuse and other forms of maltreatment are among the worst and most intrusive forms of stress. Such acts impinge directly on the child's daily life, may be ongoing and unpredictable, and are often the result of actions or inactions of persons who the child trusts and depends. It is important to keep in mind that these events do not affect children in a predictable, characteristic fashion. Rather, their impact depends on many factors, especially the child's make up and available supports. As noted earlier, the impact of child abuse changes over the life course. To illustrate:

> *The purpose of this assessment was to examine the overall impact that the alleged abusive events have had on Mr. Smith's life course. This examiner first concludes that his life course and symptoms are consistent with the allegations of abuse in*

early adolescence by a significant and trusted individual made herein, and therefore my conclusions and opinions will be based on the likelihood that such events did occur.

We began the interview by discussing his family background, and reviewed topics including his work history, psychological adjustment, and his marital and family relationships. The evidence indicates that Mr. Smith grew up in a home marked by alcoholism, poverty, and neglect, and he has limited attachment to family or friends. The possible influence of these other negative life events are considered in my opinion on causation, below.

The nature of the abuse suffered by Mr. Smith was severe [alternatively, mild or moderate], *and it has had a significant impact on his life course and psychological well-being. It consists of a breach of trust in that he had formed a strong relationship with the offender, who was respected by his family and the community. As well, the abuse consisted of acts of serious sexual assault, deception, and intimidation.*

Mr. Smith felt compelled not to tell anyone at the time, likely out of embarrassment and uncertainty about the outcome if he did disclose. Like other victims (see, for example, Romano & DeLuca, 2001; Wolfe et al., 2006*) he likely felt it was safest simply to try to ignore or avoid any contacts with the offender in the future. Over time such a strategy often fails, resulting in the person disclosing many years later after suffering (misattributed) guilt and anxiety.*

Mr. Smith attempted to cope by being disruptive, attention seeking, and disrespectful of authority in early adolescence. A prime factor in how he responded to the inappropriate sexual activity of his coach is the fact that he was not able to inform anyone of his fears and worries about what was going on, including his parents. He observed what happened to others who attempted to do so, and felt it was best just to keep it to himself. Without sources of support and understanding, a child often has difficulty integrating what has happened to him, and as time goes by he often becomes more upset and disillusioned at both the offender and the circumstances, such as the setting and other adults who may not have acted to stop the abuse.

Opinion on causation

Importantly, the psychological impact of sexual abuse depends not only on the severity and chronicity of the events themselves, but also on how such events interact with the child's individual, family, and situational characteristics. Rather than assuming that acts of sexual abuse lead to certain outcomes, it is scientifically more accurate to posit that such acts increase the likelihood for subsequent interpersonal difficulties, such as relationship failures, behavior problems, and failure in the development of self-esteem and competence, in the absence of other compensatory factors such as supportive relationships, family stability, personal coping resources, and public recognition of the offender's responsibility.

Very often the evaluator is faced with many background events or circumstances that might give rise to similar outcomes as are now being complained of and attributed to the abuse. In most jurisdictions, the law nonetheless compensates the victim for abuse which has the effect of increasing, accelerating or exacerbating the symptoms. The task of the court is to determine what the victim's life would have been like if the abuse had not occurred, and how it has changed as a consequence of the abuse. In this situation, the foregoing statement could be modified: "*Due to Mr. Smith's chaotic early years in his family of origin, some of the symptoms he now displays may stem from factors other than the alleged abuse; however, these other factors do not explain the duration and extent of the symptoms he has shown and currently shows. In my opinion, these outcomes are better explained by the circumstances of the abuse.*"

A child's initial behavioral signs often relate to his or her attempts to cope with fear and confusion arising from adult sexual interference and exploitation. It is common for such patterns to worsen during young adulthood when the individual begins to form the recognition that he was betrayed by someone he trusted, in a setting that he was told was safe and purposeful (Wolfe et al., 2003). This *breach of trust* forms the basis for a further erosion of his self-esteem, a fear of intimacy and closeness, and ill-conceived attempts to avoid unpleasant reminders of the abuse. We describe this as follows:

Based on the above evidence obtained during this assessment, it is my opinion that the special and significant position of trust that the offender had with Mr. Smith was violated. Such abusive acts resulted in significant emotional trauma to him that has affected his life course markedly.

In my professional opinion, the abuse by his coach contributed to his alcohol abuse problems, failure to complete his university education, relationship difficulties, problems with sexual intimacy, problems with authority (i.e., employers), and limited employment opportunities or advancement.

In arriving at this opinion I took into account the evidence that Mr. Smith grew up in a home marked by alcoholism, poverty, and neglect. He has also spent many years in various foster homes and institutions, and thus has limited attachment to family or friends. It is very likely that these events have also contributed significantly to his long-term impairments. Because alcoholism has both genetic and psychosocial causes, it is prudent to accept that Mr. Smith was at an increased risk of alcoholism (as well as drug abuse) on the basis of his family history. His history of maternal neglect and lack of supervision are all signs of poor caregiving, which would also have contributed to his life course in profound and negative ways.

Despite these significant contributors to his impairments, it is my opinion that the breach of trust and sexual abuse by a trusted adult aggravated Mr. Smith's pre-existing conditions and circumstances noted above, and contributed to his impairments noted herein.

The offender's position of authority and his breach of trust in all likelihood contributed to Mr. Smith's difficulty developing trusting relationships with others, including romantic partners. Based on the records and the interview, it appears to this examiner that his ongoing problems with sexual arousal and intimacy are a function of this inappropriately sexualized relationship with a significant adult in his life.

The incidents of abuse described herein (which occurred on numerous occasions) are an example of how the betrayal or inappropriate conduct of a trusted adult can severely alter an adolescent's view of the world. It is my opinion that the sexual acts in and of themselves were not wholly responsible for his psychological impairments and limited job advancement. Rather, these acts interfered with his trust of adults, his relationships with others, and his reduced ability to focus on school or work.

The impact of sexual or physical abuse cannot be measured solely in terms of the acts themselves; rather, the impact is typically measured in terms of the relationship of the child to the offender, how the child comes to view the world after such intrusion, and how the child may feel shame, self blame, or fear in telling others or explaining to himself why this occurred. There is ample evidence provided herein to support the conclusion that such dynamics existed in Mr. Smith's case and significantly contributed to his under-employment, decline in educational achievement in late adolescence, alcohol abuse, and significant adjustment problems (including Posttraumatic Stress Disorder).

I am very confident in my opinion that these symptoms or conditions were caused in whole or part by such abuse and they are consistent with the damage he alleges to have suffered by the abuse. Should this examiner be made aware of other circumstances that were not available at the time of this assessment, I would welcome the opportunity to consider such new information.

Opinion on degree of impairment

As noted in our previous introduction, there are several important factors to appreciate in examining the extent of harm or impairment that adults experience in connection to the abuse that they suffered in childhood or adolescence. These include the length of time during which the abuse occurred, the extent of the physical intrusiveness of the abuse, and the nature of the relationship between the abuser and the child victim, among others. In framing our findings in terms of the degree of impairment to the individual we are attempting to look at all of these issues within the context of the person's life trajectory, and how they may or may not have changed such an expected course.

Based on the current assessment, Mr. Smith's current level of functioning is moderately impaired. He suffers ongoing problems with anxiety and fits the criteria for a major mental disorder of PTSD. He has suffered significant impairments in social and occupational functioning for approximately 10 years. I would estimate his worst period of adjustment was during the 4–5 years following his disclosure. He left school, suffered extreme anxiety, abused alcohol, and had very little financial support.

He had very high potential to succeed in a professional career, such as insurance investments or law, based on information reported herein. His educational record suggests that he was performing at an above-average level in many of his subjects until he reached Grade 12, which would be consistent with my academic achievement findings. However, his performance in school dropped significantly in Grade 12 and remained that way through his attempts to complete University over the next two to three years. This drop in performance was most likely due to the anxiety and confusion he was experiencing during the time he was attempting to cope with his recognition of the breach of trust by his priest.

Despite his potential, he has been unemployable for the last 12 years or more due to his significant impairments, and I do not foresee him as being functionally employed in the future. He will require ongoing psychotherapy and psychotropic medication, most likely for the rest of his life. In addition, he will require some form of social support and/or attendant care to ensure that he does not deteriorate and that he maintains his current level of health and well-being. Such care may involve life skills training to learn many of the basic aspects of self-sufficiency that he lacks.

Estimate of future care costs

The final section of a report may comment on the client's treatment needs, whether he is a suitable candidate for psychological treatment, and the estimated period of time required for such treatment. This information is intended as a guideline for subsequent professional involvement, and notes an opinion as to whether the client's treatment and/or education and training would be relatively difficult or straightforward.

I believe Mr. Smith is a good candidate for intervention, and could benefit from individual or marital therapy, focusing on the long-term effects of breach of trust and associated feelings of self blame, anxiety, and sexual intimacy. I estimate that such efforts would require approximately 25 psychotherapy sessions over the course of one or two years to address these

important issues and to anticipate and prepare for the emotional distress and related symptoms that will appear from time to time. His PTSD symptoms are unlikely to abate without specialized treatment of this disorder.

With treatment and support I believe there is potential for Mr. Smith to return to university and complete his bachelor's degree. I would estimate the likelihood of that occurring with the treatment and support outlined above at XX%. Without treatment it is not likely that he has that potential. Such an opportunity would permit him to return to a more productive career and advance at a more rapid pace in the future. However, given the time away from academic courses he may be reasonably reluctant to pursue that route at this stage.

Concluding comments

The legal process and assessment procedures are all quite stressful due to their necessary focus on traumatic and oft-times life-altering events from childhood. Understandably, adult survivors of childhood abuse are very eager to put everything related to the abuse (e.g., painful memories, stressful legal proceedings, uncertain future) behind them as soon as possible. They are mistrustful of the civil or criminal process and the purpose of the assessment, and are worried that renewed memories of the abuse might push them into further decline. However, in our experience the assessment process may have some benefit regardless of legal outcomes because survivors' experiences and reactions may be validated. Whether completing an assessment for the complainant or the defense it is important to remember to do no harm and be thoughtful about not minimizing genuinely held views about personal suffering, even if they fall short of legal standards.

Women and men are both initially guarded and anxious about the process of undergoing a psychological assessment, expecting to have to recall the details of the abuse once again, and perhaps be unduly challenged and cross-examined on their allegations by the assessor. They convey a strong desire for closure, above and beyond any expectations of financial compensation or criminal outcomes. Whatever coping methods clients may have been using are often inadequate in dealing with intense inquiry regarding the impact of the abuse on their lives. Thus, follow-up by mental health or other professionals is important to ensure their safety and access to adequate supports and resources.

Acknowledgement

The authors wish to acknowledge the thoughtful assistance and input of Ms. Anna-Lee Straatman in conducting aspects of the assessments referred to in this paper.

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