

Sexual Abuse: An Addictions Perspective

In cases where the outcome rests on someone's action or experience, understanding the full context can be critical. Sexual abuse cases always hinge on interactions between individuals. Critical information is sometimes missing from the available evidence. Addiction, often unacknowledged, can sometimes provide telltale evidence that changes the outcome of a case. Yet, civil cases of alleged sexual abuse frequently do not consider the implications of a perspective available from addictions medicine. This article describes such a perspective and an example where consideration of addiction would materially influence the course of the case. The most relevant aspect of addiction to examine is the concept of addiction as a family disease. In the legal arena, this can make addiction medicine a tool for understanding what really went on in a family, at the time of alleged abuse.

Even many clinicians, who focus largely on pathology in the individual, do not understand the significance of addiction as a family disease, so we need not be surprised at the lack of recognition of this concept among attorneys. Simply stated, the concept of a family disease asserts that such diseases involve more than one person, and usually more than one generation: none of us invents our own disease. Whether the addiction is inherited biologically or psychologically from the family is less important than the fact that the addiction does not arise in a vacuum. The pattern of inheritance is also not always linear; the child of an alcoholic may become a drug addict, the child of a compulsive overeater may become a compulsive gambler. Addiction may appear to skip a generation; the child of an alcoholic vows never to become an alcoholic, and then exercises such serious controlling behavior that their child takes the grandparent's route of addiction as an escape from the parent's suffocating grasp.

Lest this theoretical debate appear to lack immediacy in the legal realm, I offer the following vignette to demonstrate these principles. Let us call this case Father versus Foster Placement Agency, which draws upon many of the cases in which I have been retained as an expert witness. As in many of these cases, an enterprising plaintiff's attorney (call him Jackson) smelled the possibility of damages based on an allegation of sexual abuse.

Thus Jackson had undertaken to represent the biological father of two late adolescent children against the Foster Placement Agency that had placed his children in two separate families at the ages of three to seven years of age. The foster fathers in both families had allegedly sexually abused each of the children during the placement, and since neither foster father had deep pockets (one was serving a prison sentence for sexual molestation), the plaintiff's attorney first sued (unsuccessfully) the state agency responsible for child welfare, and then proceeded to sue the foster placement agency. I was hired by the attorney who represented the board of directors of this agency.

Initially, the case may have seemed like a slam dunk to Jackson, who was able to establish that one of the two foster fathers had been diagnosed as an alcoholic, and the other had been diagnosed as depressed prior to the placement of the children in the families. A psychiatrist had been retained to testify that placing a child in the family of an alcoholic or depressive was inappropriate, and that either of these diagnoses would predispose to sexual abuse. Furthermore, the elder of the two children was clearly impaired, having several psychiatric hospitalizations,

and the younger suffered serious learning disabilities and delays in social development. One initial clue about the vulnerability of Jackson's case was the blanket statement by his expert that addiction or depression would inevitably increase the odds of sexual abuse. These kinds of generalizations are seldom true much less supported by any systematic research, and strongly suggest that consultation with a specialist in addictions would be indicated.

As I delved into the voluminous documentation prepared for the case against the state agency, I learned that the children's mother had been diagnosed with schizophrenia. What emerged further, though, was that she had a serious problem with alcohol and drugs, and that the biological father may also have been involved in drug dealing. The biological father had apparently left the mother before the children were taken away from the mother due to abuse and neglect. Even with these pre-existing traumas, Jackson was alleging that the children's pathology was proximally related to the abuse in the foster homes. Since the children were clearly impaired, the process of sorting out which symptoms were related to which traumas seemed complicated to tease apart, but here the concept of addiction as a family disease became very useful.

One may operationally define insanity (and addiction) as doing the same thing over and over again expecting different results. When a case of sexual abuse is being investigated, and addiction may be in the picture, a sharp eye may discern indications of prior allegations of sexual abuse. Whether these allegations are substantiated or not, the *process* of making such claims may be part of the pattern of the family disease of addiction. Therefore, I was not entirely surprised when I discovered, buried in the records of the family medical history, a description of how when the children were being removed from their mother's care, a sexual abuse evaluation was performed using anatomically correct dolls. This evaluation showed evidence of sexual abuse prior to the time of placement in foster care. In fact, the children's mother had alleged sexual abuse of the daughter by the father at that time. Clearly, if this sexual abuse had occurred prior to the placement in foster care, the plaintiff's case would be seriously weakened.

Apparently, Jackson had some additional information that did not show up in the records that were given to me. In another deposition of a psychiatrist called upon as an expert witness, Jackson asked if this witness was aware of the fact that the children's mother was known to have possessed a set of anatomically correct dolls. I can only imagine that Jackson's intent was to vitiate the claim that the clinical evaluation had any validity, based on the theory that the mother was delusional in her belief that the father had sexually abused their child, and that her possession of the dolls was evidence of her psychosis.

During my deposition, Jackson asked about my opinion of the effect of the trauma that the children suffered during their stay in foster care. Based on the support which Jackson had inadvertently offered me, I was able to state categorically that the effect was unknowable. Jackson had let the cat out of the bag by sharing the information about the mother's possession of anatomically correct dolls. Such possession was virtual proof that the mother had attempted to indoctrinate her children from an early age that they had been sexually abused by their father. Such brainwashing would be in and of itself be profoundly traumatic, and render any ability of the children to recognize real sexual abuse untenable.

Since Jackson was oblivious to the implications of addiction as a family disease, he was totally unprepared to understand that his attempt to disarm a small point in his case would result in the complete undermining of his client's allegations. The use of a systems perspective would have helped Jackson avoid this self-sabotage, but was used by the defense to dismantle an otherwise troubling case. Applications of this perspective are much more frequent than generally appreciated, and would be usefully considered any time either sexual abuse or addiction is involved with damages claimed by a plaintiff.

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