

COMMONWEALTH OF KENTUCKY
BOONE CIRCUIT COURT
CASE NO: 03-CI-181
JUDGE: John W. Potter

CARL COE, et al.

PLAINTIFFS

vs.

ROMAN CATHOLIC DIOCESE OF COVINGTON

DEFENDANT

AFFIDAVIT OF RENA L. KAY, M.D.

STATE OF OHIO)
) ss:
COUNTY OF HAMILTON)

I, Rena L. Kay, M.D., being first duly cautioned and sworn, hereby state as follows:

1. I am a physician specializing in psychiatry. I was licensed to practice as a psychiatrist in 1971. I completed residency training in adult psychiatry, child psychiatry, and adolescent psychiatry in 1975. I was board certified in 1977 by the American Board of Psychiatry and Neurology. I have been a member of the Faculty of the Cincinnati Psychoanalytic Institute since completing analytic training in 1990. In 1995 I was certified by the Board on Professional Standards of the American Psychoanalytic Association. Later the same year I was appointed a Training and Supervising Analyst, the highest position academically and professionally in psychoanalysis. I have served on the Faculty of the University of Cincinnati College of Medicine, Department of Psychiatry, Cincinnati, Ohio, since 1975. I have served as clinical professor of psychiatry at the Wright State University School of Medicine, Department of Psychiatry, Dayton, Ohio since 1991.

2. I have worked clinically with psychiatric patients continuously for thirty years. Over these thirty years, I have worked with increasing percentages of patients with histories of previous trauma, such as childhood sexual abuse. I have specialized in the treatment of adults who have histories of childhood sexual abuse. I have taught courses on trauma and its treatment. I have written and presented papers on related subjects, both locally and at several other university-sponsored programs around the country. My curriculum vitae are attached hereto as Exhibit A.

3. It is my opinion that it is very unlikely that most victims of childhood sexual abuse will come forward and report that abuse to a court or an attorney. My opinion is based upon authoritative treatises and 30 years of treatment experience with sexual abuse victims. When a child is sexually molested, it is the exception rather than the rule for the child ever to tell anyone about his/her experience. Of those sexual abuse victims who do report the abuse to a court or attorney, it is not unusual that they are unable to make the report until decades later. Post traumatic stress disorder, with its attendant symptoms, makes it very difficult, if not impossible, for sexual abuse victims to come forward. Victims often repress their memory of the events and engage in denial. When an adult in psychological distress seeks professional help, often decades after the childhood abuse, it is commonplace for the patient not to mention the abuse initially. This is so even when the patient is aware of the likely connection between the earlier experience and current symptoms. When the patient does reveal the abuse to a trusted psychological counselor, it is usual for him/her to report having kept the experience secret until that moment. Revealing childhood sexual abuse even to a trusted psychological treater is ordinarily accompanied by intense anxiety and

shame. Often there is guilt and fear of retribution by the perpetrator and fear of being blamed by the treater. Such fears and the years of silence may or may not be in response to specific threats, warnings or pleas for protection voiced by the perpetrator.

4. The feelings that result from the sexual abuse experience are sufficient to silence the victim long after the event. Feelings toward him/herself typically include feelings of being bad, sinful, dirty, tainted, contaminated, unloved and unlovable, worthless, and different from others. There are feelings of shame, guilt, and social disapproval as well as feelings of helplessness, passivity, powerlessness, and fear. Despite understanding that other children and adolescents are not in control and not responsible for events between themselves and abusive adults, a different feeling about one's own experience powerfully persists in the sexual abuse victim. The victim experiences a feeling of having caused the adult's behavior, and the belief that he/she should have been able to stop it. This results in intense and long-lasting guilt. When the perpetrator is a respected and admired person, an authority figure seen as knowing better than the child what is right and wrong, when the perpetrator is someone the child has depended upon, and even loved, reporting the abuse is seen as a betrayal of the adult and of the positive aspects of the relationship. Feelings are at best mixed, and fear of hurting the perpetrator may be very strong. Despite co-existing intense feelings of anger at having been used or betrayed, the fear of being hurtful or mean – "just like him" – if the incident is reported can be paralyzing. If reporting the abuse leads to any gain, financial or

otherwise, the adult child victim is likely to experience even greater conflict. Fear of rejection, condemnation, and retaliation will often outweigh any urge to report.

5. When the abuser is a trusted religious person, whom the victim has been indoctrinated to believe is a God-like figure; and has been told to always obey and trust; who has the religious power to forgive the child; and who is a highly revered figure in the religious organization and among parishioners, the pressure against reporting the event is even greater than as described above.

6. Those who do eventually report childhood sexual abuse incidents often do so after decades of agonizing and repression. It is very unlikely that individuals abused as children during the 1990's will report these incidents at the present time.

7. Of the numerous patients I have treated for childhood sexual abuse over a thirty-year period, only an estimated 6% percentage have reported abuse incidents outside the medically privileged setting.

5. Sexual abuse meets medical criteria outlined in DSM-IV (APA 1994) for events that cause Post Traumatic Stress Disorder (PTSD). PTSD refers to the psychological reactions that typically occur as a result of a disaster or an extreme psychological stressor. The criteria include:


a. The person experienced, witnesses or was confronted with an event or events that involve actual or threatened death or serious injury or a threat to the physical integrity of self or others and

b. The person's response involves intense fear, helplessness or horror, or in children disorganized or agitated behavior.

Those suffering from PTSD commonly make deliberate efforts to avoid thoughts, feelings, or conversations about the traumatic event and to avoid activities or people who arouse recollections of it.


Rena L. Kay, M.D.

Sworn to and subscribed to before me this 4th day of February 2004.


Notary Public
My Commission Expires: 2/2/2007

COPY LIST OF AUTHORITIES

LIST OF AUTHORITIES

- (1) Davies, J. and Frawley, M. (1994): *"Treating the Adult Survivor of Childhood Sexual Abuse"*, Basic Books.
- (2) Herman, Judith (1981): *"Father-Daughter Incest"*, Harvard University Press
- (3) Herman, Judith (1992): *"Trauma and Recovery"*, Basic Books.
- (4) Kluft, Richard (1990): *"Incest Related Syndromes of Adult Psychopathology"*, American Psychiatric Press.
- (5) Levine, Howard (1990): *"Adult Analysis and Childhood Sexual Abuse"*, The Analytic Press.
- (6) Reviere, Susan (1996): *"Memory of Childhood Trauma"*, Guilford Press.
- (7) Vanderkolk, Bessel (1987): *"Psychological Trauma"*, American Psychiatric Press.
- (9) Waites, Elizabeth (1993): *"Trauma and Survival"*, W.W. Norton & Co., Inc.
- (10) Wilson, Friedman and Lindy (2001): *"Treating Psychological Trauma"*, Guilford Press.

CURRICULUM VITAE

RENA L. KAY, M.D.

DATE OF BIRTH: August 25, 1943, Washington D.C.

EDUCATION: Brandeis University, 1966, B.A.
University of Maryland
School of Medicine, 1971, M.D.
University of Cincinnati
Residency –
General Psychiatry, 1971-72, 1974-75
Child Psychiatry, 1972-74
Cincinnati Psychoanalytic Institute
Graduate 1983-1990

LICENSURE: Ohio State License, #033768

BOARD CERTIFICATION: American Board of Psychiatry and Neurology,
October, 1977

PROFESSIONAL ORGANIZATIONS: American Psychiatric Association, 1975-Present
American Society of Adolescent Psychiatry, 1975-Present
American Psychoanalytic Association, 1985-Present

ACADEMIC APPOINTMENTS:

University of Cincinnati

Instructor of Child Psychiatry, 1975-78

Assistant Professor of Child Psychiatry, 1978-83

Associate Professor (Volunteer) of Child Psychiatry,
1984-Present

American Psychoanalytic Association

Appointment to the Faculty of the Cincinnati Psychoanalytic Institute,
1990

Certification by the Board on Professional Standards of the American Psychoanalytic Association, 1995

Appointment as Training and Supervising Analyst at the Cincinnati Psychoanalytic Institute, 1995

Wright State University School of Medicine Department of Psychiatry

Clinical Professor of Psychiatry, 1997-Present

EMPLOYMENT

Central Psychiatric Clinic (Part-Time)

Staff Psychiatrist, 1975-78

Responsibilities:

- Teaching:
1. Individual supervision of psychiatry residents, medical students, social workers, psychology interns of psychotherapy with individuals and families
 2. Case conference, inpatient service, UCH, CGD
 3. Case conference, Multi-Person-Treatment Unit, (MPTU) Central Psychiatric Clinic
 4. Group Instructor, course on human development, for 1st year medical students
 5. Diagnostic conference, Central Psychiatric Clinic

University of Cincinnati, Hospital, General Division

Director, Inpatient Adolescent Psychiatry Service, 1978-83

Responsibilities:

- Teaching:
1. Individual supervision, residents, child psychiatry fellows, psychology trainees and medical students whose primary assignment is the adolescent unit
 2. Supervision of resident for out-patient work
 3. Individual and/or group supervision of clinical work of social workers, nurses, occupational therapist, special educators
 4. Teaching conferences on adolescent unit, including diagnostic, milieu and didactic conferences

Administrative:

1. Program development and review
2. Hiring or consultation rehiring of all personnel
3. Liaison within Medical Center with Department of Psychiatry, Division of Child Psychiatry, College of Medicine and with community agencies, hospitals, physicians, Board of Education

Clinical: Daily review of all clinical care, including direct patient contact, contact with families as needed

Special Projects, April 1982:

Director, Comprehensive Adolescent Project, 1982

1. Head and coordinator of group writing grant application
2. Program design
3. Hiring/personnel
4. Liaison with Department of Psychiatry, UCHCGD Central Psychiatric Clinic, City of Cincinnati, Department of Health, and Robert Wood Johnson Foundation regarding program and fiscal matters
5. Supervision program implementation

Private Practice of Adult Psychiatry, Child and Adolescent Psychiatry and Psychoanalysis, 1983-Present

Teaching Activities:

1. "Advanced Psychotherapy and Termination" seminar given to R4 residents, University of Cincinnati, College of Medicine, Department of Psychiatry 1983-84, 1984-85
2. "Process and Change – Introduction to Psychotherapy" given to R3 residents, University of Cincinnati, College of Medicine, Department of Psychiatry, 1989-90, 1990-91
3. Supervision of Psychotherapy case conference for Wright State University Department of Psychiatry Residents

4. Leader of continuous psychotherapy case conference for Wright State University Department of Psychiatry Residents

COMMITTEES:

University of Cincinnati

Member, Appointments and Promotions Committee
1981-83

Cincinnati Psychoanalytic Institute

Nominating Leadership Committee, 1993-94
Consultation Committee, 1990-Present
Curriculum Committee, 1994-Present
Education Committee, 1995-Present

GRANTS AND AWARDS:

Robert Wood Johnson Foundation Principle Investigator, "High Risk Adolescents" Direct costs \$600,000

PUBLICATIONS:

1. Kay RL and Kay J: Adolescent Conduct Disorder in American Psychiatric Association Annual Review, Vol. 5, Washington, D.C. American Psychiatric Press, Inc. pp 480-496, 1986
2. Kay J, Kay R: Individual Psychoanalytic Psychotherapy in Psychiatry 2nd ed. Therapeutics, Tasman A, Kay J, Lieberman JA (eds), London, John R. Wiley and Sons, 2003, pp 1-18
3. Kay RL: Danger, Safety and Remembering – Notes on the Process of Reconstruction in the Psychoanalysis of a Sexually Traumatized Patient, Submitted for Publication

PRESENTATIONS:

1. "Marriage, Parenthood and Medicine" presented at program sponsored by Women in Medicine, University of Cincinnati College of Medicine, 1981
2. "Adolescent Suicide and Depression" presented at May, 1982 meeting of Ohio Psychiatric Association
3. "Stress and the Medical Marriage" presented for the University of Cincinnati College of Medicine, 1982-88
4. "Adolescent Conduct Disorders" presented at Annual Meeting of the American Psychiatric Association, May 1986
5. "Danger Safety and Remembering" presented to the Cincinnati Psychoanalytic Institute Faculty, 1996

6. "Success Conflicts in Women: An Argument for the Universality of Female Penetration Anxiety" presented to the New Orleans Psychoanalytic Institute, 1998
7. "The Denial of Evil: Self-Loathing in the Victims of Childhood Sexual Abuse" presented to the University of Colorado sponsored summer workshop, Aspen, Colorado, 1999; presented to Wright State University Department of Psychiatry Grand Rounds, 2000

Current Research Interests:

1. Fifteen year follow-up, Buffalo Creek Disaster
2. Adult survivors of childhood sexual abuse

Revised: 02-04-04