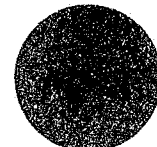
If you have issues viewing or accessing this file contact us at NCJRS.gov.



VICTIM ASSISTANCE
CHILD SEXUAL ASSAULT

105428

PRINTED BY SCCJA

105428

U.S. Department of Justice
Office of Justice Programs
Office for Victims of Crime

VICTIM ASSISTANCE CHILD SEXUAL ASSAULT

Prepared by

The National Association of State Directors of Law Enforcement Training

U.S. Department of Justice
National Institute of Justice

105428

This document has been reproduced exactly as received from the person or organization originating it. Points of view or opinions stated in this document are those of the authors and do not necessarily represent the official position or policies of the National Institute of Justice.

Permission to reproduce this copyrighted material has been granted by
Public Domain/Office of Justice Program
Office for Victims of Crime/US Dept. of Justice
to the National Criminal Justice Reference Service (NCJRS).

Further reproduction outside of the NCJRS system requires permission of the copyright owner.

RS

; 1987

ITIONS

DISCLAIMER

This Directory was prepared by the National Association of State Directors of Law Enforcement Training which is supported by grant number 84-CJ-AX-0013 from the U.S. Department of Justice, Office of Justice Programs, Office for Victims of Crime. The grantee is responsible for the organization and accuracy of the information contained herewith. Unless otherwise noted, the views expressed in the material are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice. All questions relating to information contained herein should by referred to the National Association of State Directors of Law Enforcement Training, Suite 107, 50 Tremont Street, Melrose, Massachusetts 02176, (617) 662-2422.

The Department of Justice reserves the right to reproduce, publish, translate, distribute, or otherwise use, and to authorize others to publish and use, all or any part of the copyrighted material contained in this publication.

CHILD SEXUAL ASSAULT

SUMMARY SHEET

1. LESSON TITLE: Introduction and Overview of Child Sexual Assault

   FUNCTIONAL AREA: This module introduces participants to patterns of sexual assault against children and adolescents.

   CLASSIFICATION: Core module

   AUDIENCE: Recruit/First Responders and Specialized/ Investigators

---

2. LESSON TITLE: Developmental Crisis Theory and the Child Victim

   FUNCTIONAL AREA: This module discusses crisis theory as it relates to the child victim of sexual assault, factors which affect short and long term recovery of the child as well as the family dynamics of the incestuous and/or sexually abusing family.

   CLASSIFICATION: Core module

   AUDIENCE: Recruit/First Responders and Specialized/ Investigators

---

3. LESSON TITLE: Crisis Intervention and Interviewing with the Child Victim

   FUNCTIONAL AREA: This module discusses the problems associated with interviewing child victims of sexual assault and provides strategies and techniques for interviewing young victims.

   CLASSIFICATION: Core module

   AUDIENCE: Recruit/First Responders and Specialized/ Investigators

4. LESSON TITLE: Psychology of the Child Sex Offender

FUNCTIONAL AREA: This module introduces the law enforcement officer to the psychology of the child sex offender, his modus operandi, victim selection and his pattern of assault against children.

CLASSIFICATION: Core module

AUDIENCE: Recruit/First Responders and Specialized/ Investigators

---

5. LESSON TITLE: Child Sexual Assault and the Law

FUNCTIONAL AREA: This module discusses trends in laws protecting child victims of sexual assault.

CLASSIFICATION: Core module

AUDIENCE: Recruit/First Responders and Specialized/ Investigators

---

6. LESSON TITLE: Medical Issues and the Child/Adolescent Victim

FUNCTIONAL AREA: This module introduces participants to medical issues involved in cases of child sexual assault, as well as discusses forensic issues and the role of medical records in child sexual assault cases.

CLASSIFICATION: Core module

AUDIENCE: Recruit/First Responders and Specialized/ Investigators

7. LESSON TITLE: Child Welfare Services

FUNCTIONAL AREA: This module introduces participants to mental health and community resources which provide services to child victims of sexual assault and their families. Strategies and methods of referral are also discussed.

CLASSIFICATION: Core module

AUDIENCE: Recruit/First Responders and Specialized/Investigators

CHILD SEXUAL ASSAULT

INTRODUCTION AND OVERVIEW OF CHILD SEXUAL ASSAULT

This section will introduce participants to the nature of child sexual assault.

CHILD SEXUAL ASSAULT

LESSON PLAN WORKSHEET

LESSON TITLE: Introduction and Overview of Sexual Assault of Children

FUNCTIONAL AREA: This section will introduce the participant to an overview of the nature and effects of child sexual assault.

PERFORMANCE OBJECTIVES: The trainee, at the completion of this module will, without reference to notes:

1. Define, verbally or in writing, the law enforcement officer's role in child sexual assault cases.
2. Define, verbally or in writing, how the child victim becomes an "accessory-to-sex" to the sexual assault.
3. Define, verbally or in writing, your local law enforcement policy toward child sexual assault cases.

TOPICS:

I. The role of the law enforcement officer in child sexual assault varies with each department's policies.

A. Child sexual assault is a crime under state criminal statutes and therefore it is the role of law enforcement to rigorously investigate and intervene.

B. Training in this area will decrease the law enforcement officer's frustration. By giving an overview of the factors that cause child sexual assault, law enforcement officers will have a basic understanding of the problem and why it continues to occur.

C. Law enforcement officers in most states are mandated statutorily to report suspected child sexual assault cases to their state's human services department.

D. Many departments have specially trained officers and units assigned to investigate and follow-up on all child sexual assault. Trained officers in this area is important because the victim's age often affects how the investigator may proceed.

E. Law enforcement officers must enforce custody orders.

F. Local law enforcement departmental policy toward child sexual assault is important to understand.

G. Other professionals who have important roles in child sexual assault are the social worker, the physician, the nurse, the educator and the prosecutor.

II. Historical perspective of child physical and sexual assault

A. Historical Maltreatment of Children

1. Children have been mistreated over the centuries by infanticide, ritual sacrifice, and exploitation of child labor.

2. In the fourth century, B.C. Greece, a child was considered property of the father who decided on the child's fifth birthday whether he lived or died.

3. In ancient Roman law the father had power of life and death over children that extended into adulthood.

4. Early English common law entitled the father to custody of his children.

B. From the middle ages to colonial America, poor law concepts of child care for the orphaned, abandoned, indentured, or runaway youth focused on Child Labor - a system which often brutalized children. The two primary methods of child care were apprenticeship to a master by indenture (often for as long as seven years or until age 24), or under a contract that contained terms of placement, often in almshouses.

C. The first recorded case of child maltreatment was in Massachusetts in 1655, where Masters was convicted of manslaughter against his twelve year old apprentice, John Walker.

D. Child sexual assault has continued through the 1980's and became a focus of U.S. Department of Justice efforts in research, training and program development.

E. Early organized efforts to combat child sexual assault began in the 19th Century:

1. The reform movement began in New Orleans in 1845.

2. The North Carolina legislature in 1866 moved to remove children from almshouses, but in 1880, 7,770 children of North Carolina between the ages of 2 and 16 remained in almshouses.

3. The Society for the Prevention of Cruelty to Children was founded in 1874. (NOTE: The Society for the Prevention of Cruelty to Animals was founded in 1866)

4. Around the turn of the century, juvenile courts were beginning to be established across the country, separating adults and juveniles, and in 1908 the Los Angeles Police Department created a separate juvenile bureau.

5. In 1964, 20 states had child physical abuse reporting laws and by 1977 every state in this country had child abuse reporting laws in some form.

6. The National Center of Child Abuse and Neglect was established in 1974.

III. Nature of Problem

A. Family violence, including child physical abuse and sexual assault, occurs in all socio-economic, ethnic, racial and age groups. A preliminary analysis of the national survey data estimates that one-sixth of all American couples experience at least one violent incident each year.

-Note to trainer: It is recommended that reported child sexual assault statistics in your state be given to the class.

B. In a study of 1,800 college students almost a third of the respondents of both sexes reported that they had been subjected to some form of sexual abuse as children.

C. A major finding of a research project conducted by the American Humane Association indicated that the problem of sexual assault of children is of unknown national dimensions.

IV. Typology of Sexual Assault of Children

A. In a study conducted by the American Humane Society, which included an analysis of 250 cases of sexual assault of children, the following results were found:

1. An overwhelming majority of offenders were male (97%)

2. Most offenses were committed by a single offender.

3. The medium age of the offender was 31 years. However, the range ran from 17 years to 68 years.

4. The offense was committed by a person known to the child in 75% of the cases.

5. Offender - victim relationship included:

   a. In 27% of the cases, the offender was a parent or a parent surrogate.

   b. 14% of the offenders were stepfathers or the man living with the mother of the child.

   c. 11% of the offenders were blood relatives of the child or related through marriage.

   d. 25% of the offenders were total strangers to the child.

6. Place of Sexual Assault

   a. 34% of the assaults occurred in the victim's home.

   b. 28% of the assaults occurred in the offender's home.

   c. 10% of the assaults occurred in a public portion of the building where the child lived.

   d. 2% of the assaults occurred on school grounds.

   e. 2% of the assaults occurred in automobiles.

   f. 5% of the assaults occurred in abandoned buildings and open lots.

7. Time of Occurrence

   a. 31% of the assaults took place between noon and 6:00 pm.

   b. 29% of the assaults occurred over a period of time with no regularity as to time of day.

c. 20% of the assaults took place after 9:00 pm.

d. 12% of the assaults occurred between 6:00 and 9:00 pm.

e. 5% of the assaults were committed in the forenoon.

V. For the purposes of this training module, a behavioral definition of sexual abuse/assault will be used to examine the scope of activity which may be considered the sexual misuse of children.

A. The sexual misuse/assault of a child may be defined as the imposition of a sexual act upon the victim who lacks emotional and cognitive development. The victim is pressured into going along with sexual activity, at least once, through force, the threat of force, or the misrepresentation of moral values or the offer of material reward. The child victim is then pressured to keep the sexual activity "a secret."

1. genital exposure to child

2. kissing child in an intimate way

3. fondling of breasts, abdomen or genitals of child

4. masturbation in front of child

5. fellatio/cunnilingus

6. digital penetration of vagina or anus

7. penile penetration of vagina or anus

- Note to Trainer: Cultural norms will affect the spectrum of activity which a culture and/or a family will consider as abusive vs. permissible. The following spectrum is presented with an Anglo-American culture. If providing Child Sexual Assault to multi-cultural regions, please account for historically and culturally approved activities which are within legal boundaries.

B. The pattern of child sexual assault may be characterized by the victim becoming an "accessory-to-sex." The three components for the accessary-to-sex pattern are:

1. The offender stands in a position of authority over the victim so that the child is controlled by the offender.

2. The child is pressured into "going along with" or participating in the sexual activity at least once through the misrepresentation of moral values, the promise of material reward or the promise of affection for the child.

3. The child victim is then pressured by the offender, to keep the sexual activity "a secret."

C. The child victim may maintain the secret of the sexual activity due to fear of punishment, fear of rejection or abandonment by the offender or other members of the family (i.e. mother), fear of not being believed, or a lack of ability to communicate the assault.

VI. Physical and Behavioral Indicators of Child Sexual Assault

A. Although each child victim varies in his/her physical and behavioral indicators of sexual assault, some patterns of response are:

1. Physical Indicators of Possible Child Sexual Assault

a. torn, stained or bloody underclothing

b. pain or itching in genital area

c. bruises or bleeding in external genitalia

d. venereal diseases

e. urinary tract infection

f. chronic complaints of stomach pain and sore throat with no apparent medical evidence of illness or infection

g. pregnancy

2. Behavioral Indicators of Possible Child Sexual Assault

a. acting out or overtly aggressive behavior

b. pseudo-nature behavior

c. hints about sexual activity

d. persistent and age inappropriate sex-play

e. detailed and age inappropriate understanding of sexual behavior

f. fearful reactions to specific individuals or to a specific sex of individuals

g. chronic, overt masturbation

h. running away

i. prostitution and promiscuity

j. suicidal feelings

METHODS:

- Lecture
- Class Discussion

RESOURCE MATERIALS:

- Lesson Plan
- Easel/Blackboard
- Topical Bibliography

TIME REQUIREMENT:

- Two Hours

CHILD SEXUAL ASSAULT

TOPICAL BIBLIOGRAPHY

INTRODUCTION AND OVERVIEW OF SEXUAL ASSAULT OF CHILDREN

Topics I - Role of Law Enforcement Officer

Broadhurst, D.D. and Knoeller, J.S., The Role of Law Enforcement in the Prevention and Treatment of Child Abuse and Neglect. Washington, D.C.: U.S. Department of Health, Education and Welfare, DHEW Publication No. (OHDS) 79-30193, pp. 7-9, 51 to 53, August 1979.

McGovern, James I., "Delicate Inquire: The Investigator's Role In Child Abuse", Victimology: An International Journal, Volume 2, Number 2, pp. 277-284, Summer 1977.

Topic II - Historical Perspective of Child Physical Abuse and Neglect

Helfer, R.E. and Kempe, C.H., Child Abuse and Neglect: The Family and the Community. Cambridge, MA: Ballinger Publications, Introduction and Chapter 1, 1976.

Kempe, Ruth S. and C. Henry., Child Abuse. Cambridge, MA: Harvard University Press, Chapter 1, 1978.

Topic III - Extent of Child Physical Abuse and Neglect

Local state statistics on reported cases.

Child Sexual Abuse: Incest Assault and Sexual Exploitation. U.S. Department of Health and Human Services. August 1983.

Topic IV - Typology of Sexual Assault of Children

DeFrancis, V. Protecting The Child Victim of Sex Crimes Committed by Adults. The American Humane Association. Denver, Colorado, 1969.

Burgess, A.W. and L.L. Holmstrom. Sexual Assault of Children and Adolescents. Lexington, Mass., D.C. Heath and Company, 1980.

Sgroi, S.M. Handbook of Clinical Intervention in Child Sexual Assault. Lexington, Mass., D.C. Hern and Company, 1981.

Burgess, A.W. and L.L. Holmstrom. "Sexual Trauma of Children and Adolescents," Nursing Clinics of North America. Volume 10, Number 3. September, 1975.

Finklehor, D. Child Sexual Abuse. New York: Free Press, 1984.

CHILD SEXUAL ASSAULT

DEVELOPMENTAL CRISIS THEORY AND THE CHILD VICTIM

This section will discuss with the participants crisis theory as it relates to the child victim and the family dynamics of the incestuous and sexually abusing family.

A prerequisite to this course is the Recruit/First Responder or Specialized/Investigator Crisis Theory and the Impact of Victimization module offered in the General Victimology Course.

CHILD SEXUAL ASSAULT

LESSON PLAN WORKSHEET

LESSON TITLE: Developmental Crisis Theory and the Child Victim

FUNCTIONAL AREA: This section will discuss crisis theory as it relates to the child victim and the family dynamics of the sexually abusing family. A prerequisite to this course is the Crisis Theory and the Impact of Victimization module offerred in the General Victimology Course.

PERFORMANCE OBJECTIVES: The trainee, at the completion of this module will:

1. Explain, verbally or in writing, the dynamics of child sexual assault within the family.
2. Describe, verbally or in writing, two characteristic family patterns of sexually abusing families.
3. List, verbally or in writing three factors to consider in assessing the sexually abusing family.
4. List, verbally or in writing, three factors to consider in assessing the possible impact of sexual assault on the child victim.

TOPICS:

I. Introduction and Overview

A. The trainee should have an understanding of crisis theory as outlined in the lesson plan worksheet for Crisis Theory and the Impact of Victimization in the General Victimology Course of the NASDLET National Victim Assistance Law Enforcement Training Manual.

Note to trainer: It is recommended that a review of developmental crisis theory (Erik Erikson) be given here. The trainer should refer back to developmental crisis theory after relevant teaching points.

B. While Erikson's Development Crisis Theory provides a framework for understanding child development, it is important to note that each child is individual in his/her development and that psychological and intellectual development will vary with each child. Developmental Crisis Theory does serve to identify the normal overall developmental phases.

C. The stages of development which are relavent to this course are infancy thru adolescence.

Note to trainer: Refer to Handout #1 and Handout #2 for an outline of the developmental crisis stages.

II. Dynamics of Child Sexual Assault

A. It is important to examine the family dynamics of the sexually abusing family in order to understand the short and long term effects of the assault on the child victim and to understand how the child victim may respond to the disclosure or discovery of the sexual assault.

B. While much of the current knowledge regarding the dynamics of child sexual assault within the family deals with father/stepfather and daughter incest, sexually abusing families include sibling incest, mother/son incest as well as sexual assault of children by secondary family members such as grandparents, cousins, uncles and aunts.

Note to trainer: Although this module will refer to the offender as "he", the trainer should indicate that women may also be perpetrators. For a discussion of women as offenders, refer to the module Psychology of the Offender in the NASDLET Child Sexual Assault Course.

C. It is important to note that sexual abuse within families is a symptom of an overall dysfunctioning family, rather than a "normal family which has the one problem of sexual abuse."

D. Researchers and child psychologists have noted that there are a number of factors which may affect the short and long term recovery of the child victim from sexual assault. Since this is a relatively new area of study, the field has yet to follow a sizeable number of child victims as they mature. However, the following issues should be considered:

1. At what age was the child introduced to the sexual assault. Often the earlier the child is assaulted, the longer the assault continues thus having potentially traumatic effects.

2. Was the offender an immediate family member, someone known to the child (but not a family member) or a stranger? Some research has suggested that the chronic assault by a family member may have longer lasting traumatic impact than a single assault by someone not known to the child, depending upon the age of the victim and the extent of violence in the assault.

3. Did the assault occur just once (acute) or over an extended period of time (chronic)? Some research has indicated that chronic assaults of children are particularly traumatic to the victim, over a period of time.

4. Was the child told to keep the assault a "secret" and what is the potential psychological stress in "keeping the secret" of the assault?

E. The question of how sexual assault affects a child is difficult to answer and one which will continue to be researched by experts in the field.

1. Vincent DeFrancis found that 66% of his cases suffered from some form of identifiable emotional disturbance, with 14% severely disturbed. In 68% of his cases, he noted severe impairment of the relationship between parent and child.

2. LeRoy Shultz has indicated that a great deal of damage may be done by parental reaction to the sexual assault as well as society's response to the child of the sexual assault.

3. Burgess and Holmstrom note that the non-support of the family for the child victim may cause the child to feel he is responsible for breaking up the family and responsible for the separation of his parents.

4. In one of the most recent studies on father-daughter incest, Judith Herman notes that victims of chronic incest may show signs of severe depression, feelings of self blame and feelings of isolation from family and friends.

5. As experts continue to study the short and long term effects of sexual assault on children, law enforcement officers will continue to have a better understanding of the immediate trauma and its long term consequences.

III. Family Dynamics of the Sexually Abusing Family

Note to trainer: It is recommended that a law enforcement trainer with expertise in working with sexually abusing families teach this section of the module.

A. This section will address the patterns and dynamics of the sexually abusing family. While each family is unique, the following represent patterns which have been observed by practitioners who work with sexually abusing families.

1. The Passive-Dependent Type Family: In this family, the husband may relate to his wife more as a dependent child.

   a. The wife may feel unsupported and neglected and as a result may seek self-sufficiency outside the family.

   b. The husband may perceive his wife as inattentive to his needs and turn to his daughter to meet first physical needs and then gradually to fulfill sexual needs as well.

   c. Sexual activity may begin at an early age and continue until the victim reaches adolescence. The offender may cease sexual activity for fear of pregnancy of the child, and may progress to assaulting a younger sibling.

d. It is not unusual to have multiple victims within the same family.

2. The Aggressive-Dominant Type Family: In this family, the husband is the dominant force within the family, exerting his power in every aspect of family life and decision-making.

a. He often selects a wife who is much younger, often insecure in personality and is completely dependent on him.

b. This family is often socially isolated, with the offender controlling all social contacts of his wife and children.

c. The sexual access of both the wife and the child victim is often perceived by this offender as a "right" as head of the household.

d. This family may also exhibit violent behavior.

3. Characteristics of the Sexually Abusing Couple

a. Both parties may be dissatisfied with their roles within the family.

b. Both parties may be psychologically absent from each other as well as the child (i.e. unable to give emotional support).

c. The mother may often choose to ignore the sexual assault of her children or may be unable to protect herself or her child from the offender.

B. Suggested Guidelines for Family Assessment

In considering any family in which sexual assault is suspected, the law enforcement officer may wish to consider the following aspects of the family dynamics:

1. Clarity of rules which define the role of the family members. Are the roles of the parents versus children well differentiated or are children prematurely put into more parental, caretaker positions?

2. Distinctness of the boundaries between the generation. For example, is there a clear difference between spouse interactions and parent-child interactions or do the two overlap with the child often placed in a spouse-like position?

3. The nature of the spouses' interaction. Spouses who find mutual satisfaction in their relationship less frequently turn to children in inappropriate ways. When one of the spouses is absent or withdrawn, it may be more likely for a parent to become overinvolved with a child.

4. The "absent" parent may not be available to check on the overinvolvement of the second spouse and the child or to afford protection for the child.

5. Regulation of interpersonal distance within the family. Is there respect for privacy within the family?

6. Family's relationship to the outside world. How freely may the family members develop relationships outside the family? Often families in which there is sexual abuse are relatively isolated and the movement of both the children and the wife is restricted.

D. The law enforcement officer should be aware that sexually abusing families, particularly the offender, often will initially deny the assault and may claim that the child fabricated the incident "for no apparent reason" or in retaliation against the offender.

E. Law enforcement officers should also be aware that mothers may deny knowing or suspecting the sexual assault. Factors within the family may contribute to the mother's "not knowing" about the behavior, either because the victim's inability to tell what happened or because unconscious factors cause talking about the behavior difficult within the family.

1. It is not uncommon for sexual assault to be a generational problem (i.e. mother may have been sexually abused as a child and may thus find it difficult if not impossible to protect the victim.)

2. Sometimes mothers are consciously aware of the abuse but cannot talk about the behavior due to fear of a violent reaction from the offender.

3. Sometimes, in very isolated settings, the entire family is aware of the sexual assault and keeps the assault a secret.

IV. Immediate and Long Term Needs of the Victim and Family

A. The immediate concern of the law enforcement officer should be the safety of the victim and the safety of the other children in the family.

B. The law enforcement officer should be aware that cases of sexual assault may come under the jurisdiction of both civil and criminal courts, and that support for the child victim by professionals is very important to the long term recovery of the child.

V. High Risk Situations

A. There are some situations in which children appear to be at increased risk for sexual assault. Awareness of these situations may assist the law enforcement officer in early recognition of sexual assault.

1. In many cases of familial sexual assault, one of the victim's parents, most often the mother, had herself been sexually assaulted as a child.

2. Children who were previously assaulted are at risk for repeated misuse.

3. Foster placement may place a child at risk. Some jurisdictions have reported children who are victims of sexual assault, reassaulted in their foster home placements.

4. Single-parent families are another setting which may increase risk to the child. Often, single parents inadvertently may leave their children in the care of an offender or may turn to their children inappropriately for sexual companionship.

METHODS: Lecture

Small Group Discussion

If possible, a victim speaker should be asked to address the class to discuss their short and long term responses to familial sexual assault.

RESOURCE MATERIALS: Lesson Plan

Topical Bibliography

Video-Tape: "Breaking Silence"

Video-Tape Equipment.

TIME REQUIREMENTS

One and One-Half Hours without victim speaker and video-tape.

Two and One-Half Hours with victim speaker or video-tape.

CHILD SEXUAL ASSAULT

TOPICAL BIBLIOGRAPHY

CRISIS THEORY

Topic I- Introduction and Overview

Erikson, Erik H. Childhood and Society. 2d. ed. New York: W.W. Norton and Company, Inc., 1963.

Topic II- Dynamics of Child Sexual Assault

Burgess, Ann W. et. al. Sexual Assault of Children and Adolescents. Lexington, Massachusetts: D.C. Heath and Company, 1978.

Carmen, E. et. al. "Victims of Violence and Psychiatric Illness," American Journal of Psychiatry. 141: 378-383, 1984.

DeFrancis, Vincent. Protecting the Child Victim of Sex Crimes Committed by Adults. Denver, Colorado: The American Humane Association, 1969.

Elwell, Mary E. "Sexually Assaulted Children and Their Families," The Journal of Contemporary Social Work. April 1979.

Finkelhor, David. Child Sexual Assault: New Theory and Research. New York: The Free Press, 1984.

Gelinas, D. "The Persisting Negative Effects of Incest," Psychiatry. Volume 46. 1983.

Herman, Judith. Father-Daughter Incest. Cambridge, Massachusetts: Harvard University Press, 1981.

MacFarlane, Kee (ed.) Sexual Abuse of Children: Selected Readings. Washington, D.C. USDHHS Publication Number 78-30161. 1980.

Rush, Florence. The Best Kept Secret: Sexual Abuse of Children. Englewood Cliffs, New Jersey: Prentice-Hall and Company, 1980.

Topic II (con't)

Schultz, LeRoy. "The Child Sex Victim: Social, Psychological and Legal Perspectives," Child Welfare. Volume 52. 1973.

Topic III- Family Patterns of the Sexually Abusing Family

Burgess, Ann W. et. al. Sexual Assault of Children and Adolescents. Lexington, Massachusetts: D.C. Heath and Company, 1978.

Giarretto, Henry. "Humanistic Treatment of Father-Daughter Incest"in Helfer, R. and Kempe, C. Child Abuse and Neglect: The Family and the Community. Cambridge, Massachusetts: Ballinger and Company, 1976.

Goodwin, Jean. Sexual Abuse: Incest Victims and Their Families. Boston: John Wright and Company, 1982.

Groth, A. Nicholas and Birnbaum, H. Jean. Men Who Rape. New York: Plenum Press, 1979.

Herman, Judith. Father-Daughter Incest. Cambridge, Massachusetts: Harvard University Press, 1981.

Kaufman, I. et. al. "The Family Constellation and Overt Incestuous Relations between Father and Daughter," American Journal of Orthopsychiatry. Volume 24. 1954.

Lustig, N. et. al. "Incest: A Family Group Survival Pattern in Archives of General Psychiatry. Volume 14. 1966.

Topic IV- Immediate and Long-Term Needs of Victims and Their Families

Burgess, Ann W. et. al. Sexual Assault of Children and Adolescents. Lexington, Massachusetts: D.C. Heath and Company, 1978.

Summitt, Roland. "Beyond Belief: The Reluctant Discovery of Incest," in Kilkpatrick, M. Women's Sexual Experience. New York: Plenum Press, 1982.

Topic IV (con't)

Summitt, Roland and Kryso, J. "Sexual Abuse of Children: A Clinical Spectrum," *American Journal of Orthopsychiatry*. Volume 48. 1978.

Tsai, M. et. al. "Childhood Molestation: Psychological Functioning in Adult Women," *Journal of Abnormal Psychology*. Volume 88. 1979.

Topic V- High Risk Situations

Finkelhor, David. *Child Sexual Assault: New Theory and Research*.New York: Plenum Press, 1984.

Herman, Judith and Hirschman. Lisa. "Families at Risk for Father-Daughter Incest," *American Journal of Psychiatry*. Volume 138. 1981.

Herman, Judith. "Recognition and Treatment of Incestuous Families," *International Journal of Family Therapy*. Volume 5 1983.

CHILD SEXUAL ASSAULT
CRISIS THEORY
RECRUIT/FIRST RESPONDER
SPECIALIZED/INVESTIGATOR
HANDOUT #1

MANAGEMENT OF INTERNAL CRISIS

EIGHT STAGES OF THE LIFE CYCLE

Infancy 0-2 years	Trust vs. Mistrust
Childhood 2-3 years	Autonomy vs. Shame and Doubt
Play Age 4-7 years	Initiative vs. Guilt
School Age 8-12 years	Industry vs. Inferiority
Adolescence 13-20 years	Identity vs. Role Confusion
Young Adult 21-35 years	Intimacy vs. Isolation
Adulthood 36-65 years	Generativity vs. Stagnation
Older Adult 65 and older	Ego Integrity vs. Despair

SOURCE: Erikson, Erik, Childhood and Society, New York: W.W. Norton and Company, 1950, pg. 273.

CHILD SEXUAL ASSAULT
CRISIS THEORY
RECRUIT/FIRST RESPONDER
SPECIALIZED/INVESTIGATOR
HANDOUT #2

MANAGEMENT OF INTERNAL/DEVELOPMENTAL CRISIS

ERIK ERIKSON

Internal/Developmental Crisis corresponds to stages of the life cycle. It is the normal, internal development that an individual encounters. The periods of transition from one crisis to another may be characterized by disorganized behavior, however, the individual may cope with the crisis by employing his/her experience from the pervious stage.

Infancy (0 to 2 years): Trust - In this stage the internal conflict is between trust vs. mistrust. If trust is broken the child will describe the situation as a "painful" one. "She hurt me.", "I screamed.", etc.

Childhood (2 to 3 years): Autonomy - In this stage the internal conflict is between autonomy vs. shame and doubt. If a child is victimized he/she might appear shy to a police officer, but may in actuality be embarrassed.

Play Age (4 to 7 years): Initiative - In this stage the internal conflict is between initiative vs. guilt. Distinction between right and wrong develops at this age. The child seeks a role model (usually the mother) for imitation. Also, the child displays an interest in parts of the body. Thus, the child might describe an assault as "He did bad stuff to me."

School Age (8 to 12 years): Industry - In this stage is the internal conflict is between industry vs. inferiority. The child concentrates on school life and has a tendency to become involved in his/her projects devoting all his/her energies to them. If the child is victimized at this stage he/she will abandon his/her friends, become introverted and his/her schoolwork will suffer.

Adolescence (13 to 20 years): Identity - In this stage the internal conflict is between identity vs. role confusion. The child - parent relationship becomes conflict-ridden and the adolescent begins to want to handle issues him/herself. This is the most frequent non-reportal period of crime because victims feel their parents won't understand the situation or circumstances.

The Young Adult (21 to 35 years): Intimacy - In this stage the internal conflict is between intimacy vs. isolation. Sexual style of life is usually a sensitive issue as the young adult is still searching for his/her own identity. The danger during this stage is that a "crisis" situation may have an effect on the young adults future relationships.

Adulthood (36 to 65 years): Generativity - In this stage the internal conflict is between generativity vs. stagnation. The adult considers productivity and caring about the next generation important, and is especially concerned about how a victimization will affect others in their family.

Older Adult (65 years and older): Ego Integrity - In this stage the internal conflict is between ego integrity vs. despair. The lack or loss of this ego integration is signified by fear of death. Ego integrity implies an emotional integration and a sense of wisdom in one's life. If an older adult is victimized they tend to feel that they don't deserve this. They often feel that the crime was a worse fate than death.

SOURCE: Erikson, Erik. Childhood and Society. 2nd ed. New York, New York: W.W. Norton and Company, Inc., 1963, p. 273.

CHILD SEXUAL ASSAULT
CRISIS INTERVENTION/INTERVIEWING
RECRUIT/FIRST RESPONDER
SPECIALIZED/INVESTIGATOR

CHILD SEXUAL ASSAULT

CRISIS INTERVENTION AND INTERVIEWING WITH THE CHILD VICTIM

This section will introduce participants to the problems associated with interviewing child victims of sexual assault. Strategies the law enforcement officer can utilize when interviewing child victims are also discussed.

CHILD SEXUAL ASSAULT

LESSON PLAN WORKSHEET

LESSON TITLE: Crisis Intervention and Interviewing with the Child Victim.

FUNCTIONAL AREA: This section will focus on the problems associated with interviewing child victims in sexual assault cases as well as strategies the law enforcement officer can utilize when interviewing the child victim.

PERFORMANCE OBJECTIVES: The trainee, upon completion of this module, without reference to notes, will:

1. List, verbally or in writing, two reasons why children often do not disclose the "secret" of the sexual assault.
2. Discuss, with the class, steps the law enforcement officer should take in preparing for an interview with a child victim.
3. Conduct a mock interview of a child using the techniques discussed in this module.

TOPICS:

I. Interviewing child victims of sexual assault is not an easy task for the law enforcement officer. There are a number of barriers which may inhibit a successful interview with the victim.

   A. The child may have a generalized fear of adults as a result of the sexual assault.

   B. The child may still be protecting his parents and not wish to "get them into trouble" by talking about the assault.

   C. The child may fear retaliation if his parents, particularly the offender, discovered that he talked about the assault.

D. The child may have been coerced to keep the sexual activity "a secret" and is feeling guilty about breaking the secret.

E. The child's ability to explain what happened, particularly the child's language and lack of knowledge about body parts and names for the sexual activity.

F. The child's fear that he will be abandoned by his family or that "no one will love and care for him" if he tells about the sexual activity.

G. The child's fear that no one will believe him.

II. Children Lie: Myth or Reality

A. The experience of many child psychologists and victim advocates with extensive experience in working with children of sexual assault, note that children under the age of seven rarely are able to lie about what has happened to them. (This can be related to the development of child, cognitively, emotionally and behaviorally. Young children's cognitive recall is not developed to the extent which will allow the retention of lie over a period of time.)

B. Children may embellish truth if they are drilled or coached by an adult or if they feel that no one will believe the truth.

C. Studies of the suggestibility of children seem to show that when a child's memory of incident is strong, he may not be easy suggestible and may in fact be <u>less</u> suggestible than an adult.

Note to local trainer: For a complete discussion of suggestibility in children, refer to articles by Goodman, G. and Cohen, R. and Harnicck, A., listed in the topical bibliography of this lesson plan worksheet.

III. Preparing for the Interview

A. Prior to the interview, the law enforcement officer should obtain relevant information from the parents or guardian of the child, and when appropriate, from the child protective service worker, physician, sexual assault treatment center or other professionals to whom the child has already related the incident.

B. If possible, determine from these professionals the child's general developmental status, (i.e. age, grade, ability to read, write and count, tell time, and remember events in chronological order) any physical, emotional or intellectual problems the child may have, knowledge of anatomy and sexual behavior and the child's terminology for genital areas.

C. If possible, review circumstances of the assault as reported by the child to others, including the language that the child used in recounting the incident(s).

D. If possible, determine how many others have interviewed the child and any reactions the child may have had to the interviews.

E. If possible, determine if any changes and reactions the child has been exposed to since revealing the incident(s), (i.e. has the child been removed from the home, have parents and other caretakers been believing, supportive, angry, and ambivalent).

IV. Strategies for Interviewing Child Victims

A. Establishing an Alliance with the Child

1. It is important to communicate at the child's level, using language which he understands.

2. Introduce yourself and your role. Ask the child if he knows why you and he are talking. If the child does not know the purpose of the interview, explain in language appropriate for the child why you are conducting the interview.

3. Reassure the child that you understand that the interview is difficult to do and reassure the child you understand how he feels, that you have seen other children who have been assaulted.

4. Reassure the child that you will believe him, that it is not "bad" to tell about the "secret" and that the child did nothing wrong and is not to blame for what has happened.

5. Be very gentle in speech and movement.

6. Be sensitive to the child's emotional and physical reactions during the interview.

7. Be supportive of the child's reluctance to talk and reassure the child that you will take the necessary time.

8. It is important to maintain eye contact with the child and to maintain a nonthreatening body posture.(i.e. if possible, attempt to be at the same level as the child or sit the child at a higher level, so that the child is looking down at you. This may help to make the child feel more in control.)

B. Interviews with children should be a private setting, preferably away from scene of the assault and outside the presence of the parents.

1. Children may be afraid to speak in front of their parents or may bias their statements if their parents are in the room.

2. The child may wish to have another trusted adult with him during the interview (i.e. nurse, teacher, counselor). The officer should use his discretion in allowing the presence of another individual. If two people are present, only one should question the child at a time.

C. The officer must try to relate on the same level as the child.

1. Be careful not to lead the interview or put "words into the child's mouth."

2. Children under ten can often give detailed accounts of an event when gently probed by a sympathetic listener.

3. An adolescent victim may demonstrate hostility toward the interviewer or may appear withdrawn when asked about the assault. The officer should be aware that both these reactions are normal responses.

D. Assessing the credibility and competency of the child

1. This is one of the most difficult tasks during the interview.

2. The officer may wish to consider the following factors in assessing the potential credibility of the child as a witness:

   a. Does the child describe acts or experiences to which the child would not have been normally exposed?

   b. Does the child describe circumstances and characteristics typical of a sexual assault? (i.e he told me not to tell the secret).

   c. How and under what circumstances did the child disclose the assault; what were the child's exact words?

   d. How many times has the child given the account of the assault and how consistent is the account regarding the basic facts of the assault?

e. How much spontaneous information can the child provide?

f. Does the child know the difference between a truth and a lie? This is a difficult question, since most young children know this difference by example rather than understanding the concept of a lie. (i.e. the child may be able to give an example of a lie rather than provide an open-ended definition).

V. Techniques in Interviewing the Child Victim

A. Joint interviews of children may consist of the law enforcement officer and the social worker or victim advocate.

B. If one professional is a male and the other a female, note the child's differential response and degree of comfort with each professional. You may need to alter your interviewing strategy based upon the child's response.

C. Use of Drawings during the Interview Process

1. Drawing may be a more natural form of communication for a child and may be a valuable tool in putting the child at ease and in aiding the investigator in the investigation.

2. The use of drawing as an initial interview strategy is especially good for "breaking the ice" with young children.

3. The young child may be able to "draw a picture of what happened" more easily than explaining the assault verbally.

4. Some jurisdictions have allowed the introduction of the child's drawing of "what happened" into evidence. The law enforcement officer should consult his local prosecutor's office to determine if such evidence has been admissible in his jurisdiction.

5. There are limitations to the interpretation a law enforcement officer can give to a child's drawing. Child drawing analysis should be done by an expert in the field of child drawings.

D. Another interviewing strategy is play interviewing. Play interviewing may be done with dolls or puppets which the child can identify as being representatives of members of his family.

1. Some jurisdictions allow the use of anatomically correct dolls in the courtroom to assist the child in identifying parts of the body as well as recounting the incidents of the assault.

2. The law enforcement officer should be familiar with the practices in his jurisdiction with respect to the introduction of the anatomically correct doll.

3. The officer may decide to use the doll during his interviews with the child even if the courts in his jurisdiction do not admit them.

4. The dolls may be used to ask the child:

a. name the parts of the body, including genital organs

b. describe any conversation which took place between the victim and offender before, during and after the sexual assault

c. demonstrate what sexual acts took place

E. The law enforcement officer may need to conduct a series of interviews with young children, since their attention span is relatively short (approximately 15-20 minutes). Adolescents may also require several meetings in order to trust the officer.

F. Some jurisdictions use video-tape to record the child's interview with the law enforcement officer. The officer should be aware that once a tape is made, it becomes exculpatory evidence in a trial. The officer should be aware of departmental policies as well as local court practices with respect to the video-taped testimony of a child.

Note to local trainer: You may wish to review local departmental policy and court practices regarding the use of video-taped testimony.

VI. Conduct a mock interview exercise of a child victim and have the class critique the interview. Video tape the interview, if possible.

METHODS:

-Lecture

-Group Discussion

-Mock interview and video tape feedback

RESOURCE MATERIALS:

-Lesson Plan Worksheet

-Topical Bibliography

-Interview Guide

-Video tape Equipment

TIME REQUIREMENTS:

Two Hours

CHILD SEXUAL ASSAULT

TOPICAL BIBLIOGRAPHY

CRISIS INTERVENTION AND INTERVIEWING WITH THE CHILD VICTIM

Topic I- Barriers to Interviewing Children

Bernstein, A.C. and Cowan, P.A. "Children's Concepts of How People Get Babies," Child Development. Volume 46. 1971.

Burgess, A. W. et. al. Sexual Assault of Children and Adolescents. Lexington, Massachusetts: D.C. Heath and Company, 1978.

Burgess, A.W. and Laszlo, A.T. "When the Prosecutrix is a Child,: in Viano, E. (ed.) Victims and Society. Washington, D.C.:Visage Press, 1976.

Burgess, A.W., Holmstrom, L.L., McCausland, M. "Child Sexual Assault: Divided Loyalties," Victimology 2. 1977: 236-250.

Kreitler, H. and Kreitler, S. "Children's Concepts of Sexuality and Birth," Child Development. Volume 37. 1966.

Topic II- Children Lie: Myth or Reality

Berliner, L. and Barbieri, M.K. "The Testimony of the Child Victim of Sexual Assault," Journal of Social Issues. Volume 40, Number 2. 1984.

Cohen, R.L. and Harnick, M.A. "The Susceptibility of Child Witnesses to Suggestion: An Empirical Study," Law and Human Behavior. Volume 4, Number 3. 1980.

Goodman, G. "The Child Witness: Conclusions and Future Directions for Research and Legal Practice," Journal of Social Issues. Volume 40, Number 2. 1984.

Johnson, M.K. and Foley, M.A. "Differentiating Fact from Fantasy: The reliability of Children's Memory," Journal of Social Issues. Volume 40, Number 2. 1984.

Topic III- Preparing for the Interview with the Child Victim

Berliner, L. "Interviewing Child Victims," in Giarretto, H. Sexual Abuse of Children: Selected Readings. U.S. Department of Health and Human Services. National Center for Printing Office, 1982.

Burgess, A.W. and Holmstrom, L.L. Rape: Crisis and Recovery. Bowie, Maryland: Robert J. Brady and Company, 1979. Chapter 8.

Topic IV- Strategies in Interviewing the Child Victim

Broadhurst, D.D. and Knoeller, J.S. The Role of Law Enforcement in the Prevention and Treatment of Child Abuse and Neglect. Washington, D.C.: U.S. Department of Health, Education and Welfare, DHEW Publication Number 79-30193, August 1979.

Department of the Treasury. Child Abuse and Exploitation Investigative Techniques Training Program Manual. Glynco, Georgia: Federal Law Enforcement Training Center, 1985.

Laszlo, A.T."The Management of the Child Victim of Sexual Abuse," Journal of the American Criminal Justice Society. September, 1979. Also quoted in the National College of District Attorneys, 1979.

Whitcomb, D. et. al. When the Victim is a Child: Issues for Judges and Prosecutors. Washington, D.C. The National Institute of Justice. (In Press)

Topic V- Techniques for Interviewing the Child Victim

DiLeo, J.H. Young Children and Their Drawings. New York: Brunner-Mazel, 1970.

Hulse, W.C. "The Emotionally Disturbed Child Draws his Family," Quarterly Journal of Child Behavior. B4 Volume 3, 1951.

Klepsch, M. and Logie, L. Children Draw and Tell. New York: Brunner-Mazel, 1982.

Koppitz, E.M. "Emotional Indicators on Human Figure Drawings of Children: A Validation Study," Journal of Clinical Psychology. Volume 22, 1966.

Koppitz, E.M. Psychological Evaluation of Children's Human Figure Drawings. New York: Grune and Stratton, 1968.

Naitove, C. "Arts Therapy with Sexually Abused Children," in Sgroi, S. Handbook of Clinical Intervention in Child Sexual Assault. Lexington, Massachusetts: D.C. Heath and Company, 1980.

Solheim, J.S. and Johnson, E.L. When A Child Needs You: Emergency Intervention for Law Enforcement Officers. Denver: C. Henry Kempe Center, 1982.

CHILD SEXUAL ASSAULT
CRISIS INTERVENTION/INTERVIEWING
RECRUIT/FIRST RESPONDER
SPECIALIZED/INVESTIGATOR
HANDOUT #1

Initial Interview Guide for the Child Victim of Crime
Recommended Model

I. Introductory Phase

SETTING: The interview should be conducted in a private setting, away from intrusion and if possible away from the crime scene. Police departments may have a private room in which to conduct the interview.

INTRODUCTION: The officer should identify himself/herself, state the purpose of the interview and ask the child victim if he/she prefers to have a support person present during the interview. It is recommended that the child be interviewed separately from the parents. The officer should be aware that a child's attention span is relatively short and that a series of interviews may be necessary in order to establish a complete account of the crime.

II. Working Phase

The Crime

1. Circumstances of the crime:

What kind of crime happened? When and where did the crime occur? When and where was the child victim approached? Why was the child victim there? Children may have difficulty accounting for specific dates and times. The officer may ask the child to recount the time of the crime by associating it with an activity familiar to the child (i.e. going to school, watching T.V., etc.)

2. Assailant (if applicable):

Does the child victim know the assailant and does the child have a name for the assailant? (i.e. either a proper name or a slang name for the assailant.) Can the victim give a physical description of the assailant, including any distinguishing characteristics, marks, or odor? Number of assailants? Can the victim give a description of what the assailant was wearing?

3. Conversation:

What kind of conversation occurred, if any, prior to the crime being committed? Did the offender attempt to help or con the child victim? Were any verbal threats made? Were any humiliating comments made? Did the child victim respond to any conversation and in what way?

4. Physical and Verbal Threats:

Did the offender have a weapon? Did the offender indicate he/she had a weapon, but did not show the weapon? Did the offender threaten the child victim physically or verbally? Did the offender exert violence, such as slapping, kicking or hitting?

5. Struggle:

Was there a struggle between the child victim and the offender?

6. Alcohol/Drug Use by Offender/Victim:

Did the offender appear to be under the influence of drugs or alcohol?

AFTER THE CRIME

1. Seeking Help:

Where did the child victim go for help? Did the child victim talk to anyone immediately after the crime? Did the child victim do anything immediately after the crime?

2. Family and Friends:

Who are the child victim's family? Does the victim wish to tell other members of their family about the crime? Does the child victim have a family who can care for the victim?

3. Medical Intervention:

Does the child victim need or wish to go to a hospital? Does the child victim have a personal physician he/she would rather see?

4. Pressing Charges:

   What are the child victim's concerns about the criminal justice process?

III. Concluding Phase

<u>CLOSING THE INTERVIEW</u>

1. Thank the child victim for answering all the questions.
2. Inform the child victim of any referrals/temporary care arrangements which are being made for the child.
3. Advise the child victims of follow-up procedures that the police department will have (i.e. additional officers arriving at scene, need to tell circumstances of the crime to others, etc.)
4. Prepare the child victim for future contact with the criminal justice system.
5. Advise child victim that you may need to speak with him/her again.
6. Ask the child victim if he/she has any questions for you.

NON-VERBAL AND VERBAL INTERVIEWING TECHNIQUES

<u>Non-Verbal Techniques that Assist in Interviewing:</u>

1. <u>Language:</u> The officer should use language which the child victim understands and is age-appropriate to the child.
2. <u>Eye Contact:</u> The officer who keeps looking directly at an individual's eyes will eventually establish contact. Direct eye contact is important for communicating to the victim that one is listening and concerned.
3. <u>Body Posture:</u> When interviewing victims, it is a good idea to monitor one's body posture to determine what is being communicated. For example, leaning towards the victim during the interview will indicate attentiveness; holding your head upright and sitting rigid indicates impersonality.

4. <u>Personal Distance</u>. Generally, the closer one stands the more one expresses intimacy. The greater the distance, the greater the feeling of formality. Make an attempt to be in a position "equal" to child. Do not sit or stand over child.

5. <u>Vocalization</u>. This term refers to the volume, speed, and pacing of speech. It is a good idea to speak to victims in a soft and slow voice, while allowing a few seconds to lapse between questions. Pacing questions slowly gives an impression of patience and concern.

6. <u>Play and Art</u>. Puppets, dolls and allowing a child to draw may ease the child during the interview and facilitate the interview process.

<u>Verbal Techniques that Assist in Interviewing</u>:

<u>CLARIFICATION</u>

We clarify when we interrupt the speaker to ask a question about what was just said. This indicates that we have been listening and that the details are important to us. It is best to clarify when the person has finished a segment of the story and not to interrupt repeatedly to ask about details. Once a child begins to talk, it is best to allow him/her to continue <u>without</u> interruption.

<u>SUMMARIZATION</u>:

When a person has completed a statement, one can show interest by summarizing what has been said so far. The summary need not be long. Its purpose is to demonstrate to the child victim that one has been following what was said. For example, an officer might say to the child victim just mentioned, "Let me see if I understand...Your Mom was angry and hit you with a telephone cord."

ALLOWING SILENCE:

Paradoxically, allowing silence to last is a way of showing that one is listening. Child victims often need time to collect their thoughts. The officer who lets a silence last after a question is asked demonstrates to the victim an awareness of this fact. The tendency is to rephrase a question if it is not immediately answered, and this can often be confusing to child victim, especially if he/she is somewhat anxious that the police are going to be impatient.

Source: Adapted from Burgess, A.W. and Holmstrom, L.L., "Crisis and Counseling Requests of Rape Victims," Nursing Research, V. 23 N3, May - June 1974.

CHILD SEXUAL ASSAULT

PSYCHOLOGY OF THE CHILD SEX OFFENDER

This module will introduce the Recruit/First Responder and Specialized Investigator trainee to the psychology of the child sexual offender and the patterns of sexual assaults against children.

CHILD SEXUAL ASSAULT

LESSON PLAN WORKSHEET

LESSON TITLE: Psychology of the Child Sex Offender

FUNCTIONAL AREA: This section will introduce the participant to the psychology of the child sexual offender and the patterns of sexual assaults against children.

PERFORMANCE OBJECTIVES: The trainee, at the completion of this module, will:

1. Identify, verbally or in writing, three myths surrounding the child sexual offender.
2. Describe, verbally or in writing three types of sexual offenses against children.
3. Describe, verbally or in writing, the typology of the fixated and regressed offender.

TOPICS:

I. Myths Surrounding Child Sex Offenders

A. There may be a number of myths that surround the motivational intent and characteristics of the child sex offender which may inhibit the law enforcement officers' understanding of sexual offenses against children or may inhibit the successful investigation of the case.

B. The characteristics of child sex offenders and their patterns of assault against children have been documented by psychologists who have worked with sex offenders over the past two decades.

C. Some of the most common myths about child sex offenders may be categorized as:

1. Sexual attraction to children may be sometimes attributed to senility.

a. Research indicates that child sex offenders range in age from 14 to 73 years, with the majority under the age of 35 years. It is important to note that in most states, statutes limit the age at which adolescent sex offenders may be referred to a sex offender treatment program, therefore affecting the lower end of the age distribution. (i.e.: in some states, no one under the age of 14 may be referred to an adult sex offender diagnostic program and/or no one under the age of 14 may be charged with the crime of rape).

D. <u>The offender is a stranger to the victim</u>.

1. Research indicates that approximately 29% of offenders studied were complete strangers to the victim, with the remaining offender population either family members of the victim or known to child. (i.e. school teacher, neighbor, etc.)

E. <u>The child sex offender is dependent on alcohol or other drugs</u>.

1. While the offender may use alcohol and/or drug dependency as an excuse for the assault, research seems to indicate that the majority of offenders studied (66%) did not abuse alcohol or drugs.

2. Researchers have also noted that when alcohol was used during the assault, its consumption was consistent with the offender's usual pattern of drinking.

F. <u>The child sex offender is a sexually frustrated person who has no other outlets for his sexual needs</u>.

1. Studies of offenders indicate that the sexual assault of children often coexists with adult sexual relationships for the offender, both heterosexually and homosexually oriented adults.

2. Offenders have described their involvement with children less in terms of sexual needs and more in terms of a need for affection, intimacy with the child.

3. This is consistent with an understanding of pedophilia as the sexual expression of power, anger and control.

G. <u>The child sexual offender is insane</u>.

1. Only a small percentage of offenders studied (5%) showed signs of psychosis at the time of the offense.

H. <u>Child sex offenders progress to increasingly violent acts</u>.

1. Research seems to indicate that only a small percentage (approximately 18%) of offenders studied increased their violence against children over time.

2. Studies do indicate that the child offender is likely to repeat his offenses over time and may not abandon his preference for children as objects of sexual assault.

I. <u>The child is at greater risk of sexual assault from a homosexual adult than from a heterosexual adult</u>.

1. Studies of child sex offenders clearly indicate that the orientation of the vast majority (83%) of offenders is the age of the <u>child</u> and not necessarily to the specific sex of the child.

2. Research further indicates that approximately 51% of the offenders studied preferred female victims, 21% selected both male and female victims and 28% selected only male victims.

3. Studies of child offenders who assault male children have found that offenders report a preference to children but not for adult homosexual relationships.

4. While research continues into the motivational intent of the child sex offender, current data indicates that the child may be at higher risk from the heterosexual adult.

II. Types of Offenses Against Children

A. Sex-Pressure Offenses may be characterized by:

1. enticement/entrapment of the child victim
2. on-going sexual activity
3. little or no explicit threats against the child
4. the offender misusing his position of authority over the child (i.e. teacher, parent, babysitter)
5. coercion of the child victim into keeping the sexual activity a secret.
6. the child victim viewing the offender as warm, loving and open
7. the offender rewarding the child with affection or material goods for participating in the sexual activity
8. the child victim being affiliated with and dependent on the Offender
9. premeditation of the sexual assault

B. Sex-Force Offenses Against Children may be characterized by:

1. exploitation of the child victim
2. on-going or sporadic assaults

3. the offender using force or the threat of force

4. the offender intimidating the victim with a weapon

5. the offender enforcing his sexual demands on the child

6. the offender seeing the child victim as vulnerable and helpless

7. sexual activity in the service of power

8. the risk of inadvertent injury to the child

9. premeditation of the sexual assault

10. no affiliation between victim and offender

C. Sadistic Offenses Against Children may be characterized by:

1. eroticism of the aggression toward the child by the offender

2. a single attack

3. torture with a weapon

4. torture and bizarre acts

5. sado-masochistic fantasies as well as symbolic and ritualistic fantasies by the offender

6. the offender using the sexual assault as a service of power and rage

7. a great deal of risk of death to the child

8. premeditation and ritualism of the assault by the offender

9. no affiliation between the victim and the offender

III. Typology of the Child Sexual offender

A. Psychologists who have worked with child sex offenders over the past two decades have characterized the pedophile as being either the "fixated pedophile" or the "regressed pedophile."

B. Typology of the Fixated Pedophile

1. primary sexual orientation is to children
2. pedophilic interest begins at adolescence
3. no precipitating stressor prior to the assault
4. persistent interest in children
5. pre-planned, premeditated offense
6. male victims may be the primary targets
7. the offender may report that he identifies very closely with the child and may take on parent-like role with the child victim
8. little or no sexual contact with persons of the same age - the offender is usually single but may be in a marriage of "convenience" to either disguise his behavior or gain access to children
9. usually no history of alcohol or drug use
10. poor peer relationships and may be characteristically immature

C. Typology of the Regressed Pedophile

1. primary sexual orientation to agemates

2. pedophilic interest may emerge in adulthood

3. precipitating stress is usually evident

4. sexual assaults may be sporadic

5. the initial offense may be impulsive rather then premeditated

6. offender may replace his conflict-ridden adult relationships with the child - the victim may become a pseudo-adult substitute for adult relationships. In incest cases, the offender may often abandon his parenting role

7. female victims are the primary targets

8. sexual assault of children co-exists with adult sexual relationships. The offender is usually married or co-habitating

9. the offender may display a more traditional lifestyle and may be able to hide his behavior

10. the offender may have few peer relationships

E. It is important to note that while characteristics of pedophiles may be categorized, each offender is an individual and may show a combination of characteristics.

F. Women as Perpetrators

1. While studies of convicted sex offenders report that offenders were often themselves abused by a female member of their family, most recent data on the incidence of sexual abuse by women indicates that in some fraction of cases, approximately 5% in the cases of girls and 20% in the cases of boys, the offender is a female.

2. Some studies have pointed out that while female child victims may not often grow up to be perpetrators, they often become grow up to be the mothers of another generation of victims.

Note to trainer: For an intensive review of women as perpetrators, see Chapter 11 of Finkelhor, D., Child Sexual Abuse: New Theories and Research. New York: The Free Press, 1984.

METHODS:

-Lecture

-Case Study

-Class Discussion

-It is recommended that a psychologist who has worked with child sex offenders teach this module.

RESOURCE MATERIALS:

-Lesson Plan Worksheet

-Topical Bibliography

TIME REQUIREMENTS:

-Six Hours

CHILD SEXUAL ASSAULT

TOPICAL BIBLIOGRAPHY

PSYCHOLOGY OF THE CHILD SEX OFFENDER

Topic I - Myths Surrounding Child Sex Offenders

Groth, A.N. et. al. "A Study of the Child Molester: Myths and Realities," LAE Journal of the American Criminal Justice Association. Winter/Spring 1978.

Groth, A.N. and Burgess, A.W. "Motivational Intent in the Sexual Assault of Children," Criminal Justice and Behavior. Volume 4, Number 3. September 1977.

Topic II- Types of Sexual Offenses Against Children

Burgess, A.W. et. al. Sexual Assault of Children and Adolescents. Lexington, Massachusetts: D.C. Heath and Company, 1978.

Burgess, A. W. ed. Child Pornography and Sex Rings. Lexington, Massachusetts: D.C. Heath and Company. Forthcoming.

Groth, A.N. and Birnbaum H.J. Men Who Rape: The Psychology of the Offender. New York: Plenum Press, 1979.

Topic III- Typology of the Child Sexual Offender

Finkelhor, D. Child Sexual Abuse: New Theory and Research. New York: Free Press, 1984.

Groth, A.N. "The Incest Offender," in Sgroi, S. (ed). Handbook of Clinical Intervention in Child Sexual Assault. Lexington, Massachusetts: D.C. Heath and Company, 1981.

CHILD SEXUAL ASSAULT

CHILD SEXUAL ASSAULT AND THE LAW

This module will discuss with the Recruit/First Responder and Specialized/Investigator participant local statutory provisions regarding child sexual assault, and the role of law enforcement officers in the civil and criminal litigation of child sexual assault. Prosecutorial procedures will also be addressed.

CHILD SEXUAL ASSAULT

LESSON PLAN WORKSHEET

LESSON TITLE: Child Sexual Assault and the Law

FUNCTIONAL AREA: This module will discuss local statutory provisions regarding child sexual assault, and the role of law enforcement officers civil and criminal litigation of child sexual assault cases. Prosecutorial procedures will also be addressed.

PERFORMANCE OBJECTIVES: The trainee, at the completion of this module will, without reference to notes:

1. Define, in writing, "sexual abuse" under the terms of the state statute.
2. Discuss with the class the provisions and procedures of the mandatory child abuse reporting statute, with emphasis on the reporting procedures.
3. Discuss with the class three possible legal defenses used in child sexual abuse cases.

TOPICS:

I. Every state in the nation has a child abuse mandatory reporting statute under which law enforcement officers are mandated reporters.

-Note to trainer: Provide copies of your state's mandatory reporting law and discuss its provisions.

-Refer to Model Reporting Statute

II. Child protection orders are often used by judges to place children outside the home pending a child sexual assault investigation.

-Note to trainer: Determine local child protection order procedures and discuss with class.

-Refer to Model Child Protection Order

III. Roles and Procedures of Civil Court and Criminal Court

A. The purpose of Civil Court (also referred to as Family Court) is protection of the child. Civil Procedures applicable to child sexual assault cases include mandatory reporting, child protection petitions, preliminary protection orders, final protection orders, enforcement of custody orders and interim care.

-Note to trainer: Determine the civil procedures applicable to child sexual assault cases in your state. Provide copies of the procedures to each trainee.

1. A matter may proceed through both criminal court and civil court simultaneously. The child's best interest should be the main concern of the family/ civil court. The law enforcement officer must try to keep in balance the criminal investigation and prosecution of the offender along with the best interest of the child. This can bring frustration to the officer. Therefore, it is suggested both civil and criminal avenues be pursued. Procedures, Rules of Evidence and Standards of Proof are different in each court and while a criminal complaint may not result in a conviction, a civil procedure may result in obtaining help for the child victim.

2. The standard of proof is "Preponderance of Evidence" in a civil court proceeding and "Beyond a Reasonable Doubt" for a criminal proceeding.

a. A family court judge can order an emergency removal of the child from the home. However, a police officer can also remove the child if there appears to be imminent danger to the child. (Note: An authorized police officer acting in the good faith performance of his regular duties is immune from civil liability in removing an at risk child.)

b. Family court testimony should be protected as it MAY be used as impeachment material in a subsequent criminal action.

c. Always alert the District Attorney if you have been subpoenaed to testify in Family Court. This keeps the District Attorney abreast of all aspects of the case and possible additional evidence.

B. The purpose of Criminal Court is prosecution of the offender and all Rules of Evidence apply. Criminal Procedures applicable to child sexual assault cases include rape of child, sexual assault, aggravated sexual assault, lewd and indecent conduct with a child, sexual exploitation of a child, incest, endangering the welfare of a child, or endangering the welfare of an incompetent person.

-Note to trainer: Determine the criminal procedures applicable to child sexual assault cases in your state. Provide copies of criminal statutes to each trainee.

IV. Prosecutorial Procedures and Issues

A. Local prosecutorial procedures in prosecuting child sexual assault cases is important for law enforcement officers to know so they can conduct an effective investigation of child sexual assault cases. It is important for the law enforcement community and the prosecutor's office to work together in handling child sexual assault cases.

B. Right to Counsel

1. In many states (i.e. New York State), once an attorney has entered the scene, whether directly or indirectly, the right to counsel attaches.

   a. An attorney enters the scene if defendant asks for one or an attorney calls in stating he represents the defendant.

   b. Any statements taken subsequent to this point are inadmissible on the State's direct case, but may be used for impeachment purposes.

2. Once a warrant has been issued the right to counsel attaches and there can be no interrogation upon arrest without the presence of an attorney or the expressed waiver of the attorney by the defendant.

C. Co-Defendants

1. If there are two suspects, separate them during questioning. Each may implicate the other.

2. Under Burton vs. U.S., their co-defendents must be severed if they cross implicate each other. The law enforcement officer is encouraged to speak with the prosecuting attorney to be kept abreast of such information.

3. To increase the chances of conviction it is better to try co-defendants together. The test for admissibility of statements in the same trial is to try to have the defendants cross implicate each other. The best way to create this is by asking each suspect the same questions or line of questions in each statement.

D. Possible Defenses

1. The prosecution must prove beyond a reasonable doubt all the elements of the alleged criminal complaint.

2. Quite often a defendant will allege that he or she was intoxicated as a result of alcohol or drugs. These defenses are often alleged to negate intent; be aware of the smell of alcoholic beverages, pills, marijuana, etc.

3. Insanity is increasingly being used as a defense; be aware of rational/irrational behavior, speech, motor coordination, etc.

4. Child's fantasy is a possible defense (i.e. that the child is making up the incident and that it never happened).

5. Child observed sexual activity between parents and is projecting the activity onto himself/herself.

E. Child Witness

1. It is important for the trainee to be aware of local legislation and court policies regarding competency of a child victim to testify because child witnesses testimony may be the most important factor in a criminal or civil procedure.

2. Children and the Court

   a. Children's abilities to cope with the judicial process vary depending on age, circumstances and what their conceptions of the court process are (i.e through TV; only men are judges, etc.).

   b. Children often fear facing the defendants.

   c. Children may be overwhelmed by certain aspects of the courtroom (i.e. the judge, the witness stand, strange people asking questions of them).

d. Children feel anxiety over having to repeat their stories so many times. Child's appearance in court may reactivate earlier crisis.

e. Children often feel they are in court because they have done something wrong and are being punished.

f. Children often feel no one will believe them.

g. Child may feel responsible for the outcome.

-Note to Trainer: Refer to topical bibliography article "Management of the Child Victim of Sexual Abuse," for an extensive discussion of working with child victims in the court process.

3. State competency standards may be found in state laws, court rules of evidence or codified rules of evidence. In order to assess the local current status of children as witnesses, consult the sources stated above.

4. Evaluation of a child's ability to testify is judged on several factors, including:

The law often assumes that a child's perception may be different than that of an adult and that children are more likely to confuse fact from fantasy. The law may also assume that a child's memory is not equal to an adult's, and is more susceptible to distortion.

When a child gives testimony, the Rules of Evidence may require that the testimony be corroborated by some material evidence and/or the judge may be required to warn the jury of the dangers of a conviction based solely on a child's uncorroborated evidence.

- Capacity for truthfulness;
- Mental Capacity;
- Memory; and
- Ability to communicate.

5. Attempts are being made to avoid direct confrontation between child victims and criminal dependents who are often a relative or friend of the family. This is being done to help alleviate much of the stress a child witness feels about going to court.

   a. Use of Closed Circuit Television

   b. Contact as a requirement of confrontation with accuser is an unsettled legal issue.

6. The use of video taped testimony is now being used in many courtroom procedures.

   a. Videotaping Child's First Statement

   b. Videotaping Testimony

   c. Legal Questions

      i. Hearing evidence issues
      ii. Violation of fundamental constitutional rights including: those of presence, confrontation, public trial, jury trial, and fair trial.

   d. Reasons <u>in favor</u> of videotaping a child victim's first statement include:

      - The child's memory is vivid and he/she can describe the incident in detail.
      - In family cases, the family often pressures a child to retract stories.

- It may help reduce the number of interviews.

- Many states permit hearsay at preliminary or grand jury hearings and a video tape could preclude the need for a child to testify.

e. Reasons against videotaping a child victim's first statement include:

- First interviews are often not productive and child victims often have to be interviewed several times so a detailed statement can be made.

- If the child victim expands their story, a prerecorded first statement could be used to impeach the child.

- Any discrepancies between the first and subsequent statements may be exculpatory.

f. Reasons in favor of videotaping trial testimony include:

- Allowance for a child to testify in a private setting without facing the defendant may decrease trauma for the child victim.

- In cases with multiple continuances, the videotaped testimony will prevent a child from having to appear in court repeatedly.

g. Reasons against videotaping trial testimony include:

- Only a limited number of states permit the introduction of videotaped testimony in lieu of live testimony.

- There is discrepancy in the legal community regarding whether videotaped testimony is a form of hearsay.

- Some legal theorists argue that videotaped testimony does not satisfy the defendant's right of presence and confrontation.

- Some legal theorists argue that the right of a public and/or jury trial are not satisfied if the public and the jury are not physically present.

- Some empirical research indicates videotaping may interfere with a juror's perception of the trial.

- Note to Trainer: Provide a copy of the local video-tape testimony law. Sample legislation from the state of Vermont is provided. Handout #1

7. The use of audiotaped testimony is now being used in many courtroom procedures, especially where videotaped equipment is not available. Generally, reasons for and against audiotaping are the same as cited for videotaping.

8. Preparing the Child Witness

   a. The fewer people who interview the child the better.

   b. The most important criteria is to develop rapport with the child.

   c. Conversation should be at the child's level and in his or her language.

   d. During one of the meetings with the child victim; he/she should be made aware of the fact that what has happened is wrong. Victims must understand that no blame is being placed on them by anyone.

e. A child's attention span is generally limited to 15 minutes.

f. Do not take notes during the interview.

g. Interviewing a child victim is not a simple process at any age. Developmental age of child must be taken into consideration. The investigator may need to interview the child victim many times.

- Note to Trainer: Refer back to Developmental Crisis Theory

METHODS:

- Lecture
- Guest Trainer: It is recommended that the local prosecutor experienced in Child Sexual Assault prosecution train this module.
- Group Discussion

RESOURCE MATERIALS:

- Lesson Plan
- Course Handouts
- Chalkboard
- Topical Bibliography
- Model Legislation

TIME REQUIREMENTS:

- Two and One Half Hours

CHILD SEXUAL ASSAULT

TOPICAL BIBLIOGRAPHY

THE LAW AND ITS APPLICATION

RECRUIT/FIRST RESPONDER OR SPECIALIZED/INVESTIGATOR

Topic I - Local Mandatory Reporting Statute

Topic II - Local Child Protection Order Procedure

Topic III - Local civil and criminal procedures applicable to child sexual assault cases

Local criminal statutes addressing child sexual assault

Topic IV - Prosecutorial Procedures and Issues

Andrews, J.A. "The Evidence of Children," The Criminal Law Review. 1964

Cohen, R.L. and M.A. Harnick. "The Susceptibility of Child Witnesses to Suggestion," Law and Human Behavior. Volume 4, Number 3, 1980.

Department of Treasury, Child Abuse and Exploitation Investigative Techniques Training Program Manual. Glynco, Georgia: Federal Law Enforcement Training Center, February 1985.

Gardner, D.C. "The Perception and Memory of Witnesses," Cornell Law Quarterly. Volume 18, 1983.

Hennepin County, Minnesota vs. Sullivan, Minnesota Court of Appeals, January 8, 1985.

Laszlo, A.T. "The Management of the Child Victim of Sexual Abuse," Paper presented to the National District Attorney's Association July 1978.

Law Reform Commission of Canada. Report on Evidence. Ottawa: Information Canada, 1975.

Tollefson, E.A. Cases and Comments on the Law of Evidence. University of Saskatchewan Faculty of Law . 1972.

Wigmore, J. H. Wigmore on Evidence. Boston, MA: Little, Brown and Company, 1978.

Whitcomb, D., Shapiro, E.R., Stellwagen, L.D., When the Victim is a Child: Issues for Judges and Prosecutors (Draft Report). Cambridge, MA: Abt Associates, Inc., pp. 14-17, 27-35, 41-52, March 4, 1985.

CHILD SEXUAL ASSAULT
LAW AND ITS APPLICATION
RECRUIT/FIRST RESPONDER
SPECIALIZED/INVESTIGATOR
HANDOUT #1

Section 1. Article VIII of the Vermont Rules of Evidence is revised by adding a new rule to read:

RULE 807. TESTIMONY WHERE VICTIM IS A MINOR

(a) Application, This rule applies to

(1) a proceeding in a prosecution for sexual assault under 13 V.S.A. & 3252, aggravated sexual assault under 13 V.S.A. & 3253, lewd or lascivious conduct with a child under 13 V.S.A. & 2602 or incest under 13 V.S.A. & 205, alleged to have been committed against a child age 12 or under and applies only to the testimony of that child: and

(2) a proceeding under chapter 12 of Title 33 involving a delinquent act alleged to have been committed against a child age 12 or under, if that delinquent act would be an offense listed in this subsection if committed by an adult and applies only to the testimony of that child.

(b) "He may move." The court may, on motion of any party, on its own motion or on motion of the attorney or guardian and ad litem for the child, order that the testimony of the child be taken by two-way closed-circuit television or by recorded testimony under this rule.

(c) Finding of trauma. The court shall make an order for two-way closed-circuit television or recorded testimony under this rule only upon a finding that requiring the child to testify in court will present a substantial risk of trauma to the child which would substantially impair the ability of this child to testify.

(d) Recorded testimony. The testimony of the child may be taken outside the courtroom and recorded for showing in the courtroom before the court and the finder of fact in the proceeding. Only the court and the attorneys for the defendant and for the state may question the child. In pro se proceedings, the court may modify the provisions of this subsection relating to the role of the attorney for the defendant. This court shall permit the defendant to observe and hear the testimony of the child in person and to confer personally with his or her attorney. Only the defendant, the attorneys for the defendant and for the state, the court, persons necessary to operate the equipment any any person who is not a potential witness and whose presence the court finds would contribute to the welfare and well-being of the child may

be present in the room with the child during the testimony. The persons operating the equipment shall be situated whenever possible in such a way that they can see and hear the child during the testimony, but the child cannot see or hear them. If the testimony is taken under this subsection, the court shall also ensure that:

(1) the recording is both visual and oral and is recorded on film or videotape or by other electronic means;

(2) the recording equipment was capable of making an accurate recording, the operator of the equipment was competent, and the recording is accurate and is not altered except as ordered by the court;

(3) each voice on the recording is identified; and

(4) each party is afforded an opportunity to view the recording before it is shown in the courtroom.

(e) Two-way closed-circuit television. The testimony of the child may be taken in a room other than the courtroom and be televised by two-way closed-circuit equipment to be viewed by the finder of fact and others present in the courtroom. Only the persons necessary to operate the equipment and a person who is not a potential witness and whose presence the court finds would contribute to the welfare and well-being of the child may be present in the room with the child during the testimony.

(f) Placing the defendant. During the recording of testimony under subsection (1) of this rule the defendant shall be situated in such a way that the child can hear and see the defendant unless the court finds that requiring the child to hear and see the defendant presents a substantial risk of trauma to the child, which would substantially impair the ability of the child to testify, in which case the court may order that the defendant be situated in such a way that the child cannot hear or see the defendant. During the taking of testimony by two-way closed-circuit equipment under subsection (e) the defendant's image shall be transmitted to the witness unless the courts finds that requiring the witness to hear and see the defendant presents a substantial risk of trauma to the witness which would substantially impair the ability of the witness to testify, in which case the image of the defendant shall not be transmitted to the witness.

(g) In-court testimony not required. If the court orders the testimony of a child to be taken under this rule, the child may not be required to testify in court at the proceeding for which the testimony was taken, unless otherwise ordered by the court for good cause shown.

Section 2. Article VIII of the Vermont Rules of Evidence is revised by adding a new Rule 804a to read:

Rule 804a HEARSAY EXCEPTION; PUNITIVE VICTIM AGE TEN OR UNDER

(a) Statements by a person who is a child ten years of age or under at the time of trial are not excluded by the hearsay rule if the court specifically finds at the time they are offered that:

(1) the statements are offered in a criminal case in which the child is a punitive victim of sexual assault under 13 V.S.A. & 3252, aggravated sexual assault under 13 V.S.A. & 3253, lewd or lascivious conduct with a child under 13 V.S.A. & 2602 or incest under 13 V.S.A. & 205, and the statements concern the alleged crime; or the statements are offered in a juvenile proceeding under chapter 12 of Title 33 involving a delinquent act alleged to have been committed against a child ten years of age or under, if the delinquent act would be an offense listed herein if committed by an adult and the statements concern the alleged delinquent act;

(2) the statements were made prior to the defendant's initial appearance before a judicial officer under Rule 5 of the Vermont Rules of Criminal Procedure and were not taken in preparation for a legal proceeding;

(3) the child is available to testify either in court or under Rule 807; and

(4) the time, content and circumstances of the statements provide substantial indicia of trustworthiness.

(b) Upon motion of either party, the court shall require the child to testify for the state.

Section 3 Vermont Rules of Criminal Procedure, Rule 26(d) is revised to read:

(d) Hearsay Statements of a Victim who is a *[Minor]* Child Ten years of Age or Under. When the state in a criminal action intends to offer hearsay statements of a victim who is a *[minor]* child ten years of age or under, made admissible by Rule *[803(24)]* 804a of the Vermont

Rules of Evidence, the state shall furnish to the defendant a written statement of the evidence it intends to offer, including the name of each witness who will testify to the statement of the victim, at least *[seven]* 30 days before trial. The court may allow the notice to be given at a later date, including during trial, if it determines either that the evidence is newly discovered and could not have been obtained earlier through the exercise of due diligence or that the issue to which the evidence results has newly arisen in the case.

Section 4 13 V.S.A. & 4501 is amended to read:

4501, LIMITATION OF PROSECUTIONS FOR CERTAIN FELONIES

(a) Prosecutions for murder, arson causing death, and kidnapping may be commenced at any time after the commission of the offense.

(b) Prosecutions for aggravated sexual assault, grand larceny, robbery, burglary, arson, embezzlement, and forgery shall be commenced within six years after the commission of the offense, and not after.

(c) Prosecutions for sexual assault, incest and lewd or lascivious conduct with a child, alleged to have been committed against a child 15 years of age or under, shall be commenced within six years after the commission of the offense, and not after.

[(c)] (d) Prosecutions for other felonies and for misdemeanors shall be commenced within three years after the commission of the offense, and not after.

Section 5. The Vermont Rules of Criminal Procedure are revised by adding a new Rule to read:

Rule 44.1 APPOINTMENT OF GUARDIAN AD LITEM FOR VICTIM WHO IS A CHILD

In any prosecution for sexual assault under 13 V.S.A. & 3252, aggravated sexual assault under 13 V.S.A. & 3253 lewd or lascivious conduct with a child under 13 V.S.A. & 2502 or incest under 13 V.S.A. & 205, alleged to have been committed against a minor, and in any juvenile proceeding under chapter 12 of Title 33 involving a delinquent act alleged to have been committed against a minor if the delinquent act would be an offense listed in this rule if committed by an adult, the court may appoint a guardian ad litem for that minor to represent the interests of the minor. The guardian shall not be a person who is or may be a witness in the proceeding.

Section 6 Rule 15 (Depositions) of the Vermont Rules of Criminal Procedure is revised by adding a new subsection (j) to read:

(j) Deposition of child age 12 or under. This subsection applies to the asking of a deposition of a child 12 years of age or under in connection with a prosecution for a felony alleged to have been committed against that child; and to a proceeding under chapter 12 of Title 33 involving a delinquent act alleged to have been committed against a child 12 years of age or under if the delinquent act would be a felony if committed by an adult. The court may, on motion of any party, on its own motion or on motion of the attorney or guardian ad litem for the child, order that the defendant, unless he or she has waived the right to be present, shall be situated during the deposition in such a way that the child cannot hear or see the defendant, but the defendant can observe and hear the child in person and confer with his or her attorney. The court may also order that any person whose presence the court finds would contribute to the welfare and well-being of the child may be present in the room with the child during the deposition. If the person is a potential witness in the proceeding, the defendant may object on the grounds that the person's presence is prejudicial and the court shall rule on the objection.

Section 7. REPEAL

The Vermont Rules of Evidence are revised by repealing Rule 803(24), relating to the admissibility of hearsay statements of minors.

CHILD SEXUAL ASSAULT
MEDICAL ISSUES
RECRUIT/FIRST RESPONDER
SPECIALIZED/INVESTIGATOR

CHILD SEXUAL ASSAULT

MEDICAL ISSUES AND THE CHILD/ADOLESCENT VICTIM

This section will introduce the participant to the medical issues involved in cases of child sexual assault as well as discuss the forensic issues and the role of medical records in child sexual assault cases.

CHILD SEXUAL ASSAULT

LESSON PLAN WORKSHEET

LESSON TITLE: Medical Issues and the Child/Adolescent Victim of Sexual Assault

FUNCTIONAL AREA: This section will introduce the participant to the medical issues involved in cases of child sexual assault and forensic issues as they relate to child sexual assault cases.

PERFORMANCE OBJECTIVES: The trainee, upon completion of this module, will:

1. List, verbally or in writing, five elements which should be a part of the child victim's medical history.

2. Describe, verbally or in writing local hospital protocol and procedures with respect to child victims of sexual assault.

3. List, verbally or in writing, the parts of the medical record which are exceptions to the hearsay rule.

TOPICS:

I. Introduction and Overview

   A. In most cases of sexual assault of children, medical evidence may be difficult to gather, especially if the assault occurred several weeks or months before the report of the crime or if the age of the child prohibits the physician from conducting a complete medical examination.

   B. Often parents may be reluctant to allow their children to be be examined or may request that the child be treated at the hospital for a specific complaint (i.e rashes in the genital area, pain in genital area, etc.)

C. The law enforcement officer, as well as the physician should be aware of the physical signs and symptoms of trauma which child victims of sexual assault may exhibit.

- Note to local trainer: Review signs and symptoms of physical trauma as discussed in the Introduction and Overview Module of the Child Sexual Assault Lesson Plan.

D. It is important to note that child victims, just like adult victims may need reassurance, which may be provided by medical professionals, that they are physically alright.

E. A medical examination of the child victim of sexual assault, if done carefully and by an experienced pediatrician, need not be traumatic for the child and can provide valuable information for the law enforcement officer in the investigation of the case.

F. Local hospitals vary with respect to their protocol and procedures with child victims of sexual assault. Some jurisdictions have children's hospitals which specialize in the treatment of children. Often these medical facilities have specialized units which provide both medical and mental health treatment to child victims and their families.

- Note to local trainer: It is recommended that a list of local hospitals and specialized medical units for child sexual assault cases be developed and given as a handout to the trainees. Discuss the local hospital protocol with the trainees.

II. The Medical Examination of the Child Victim of Sexual Assault

Note to local trainer: It is recommended that a physician with expertise in the area of child sexual assault examination teach this section of the module.

A. Guidelines for the Medical Assessment of the Child

1. A careful history of the assault, in the child's own words, should be taken by either the attending physician or nurse. Some hospitals provide a special form to assist medical professionals in documenting the facts of the assault.

   Refer to Handout # 1

2. A pelvic examination may also be necessary. The following complaints or concerns may indicate the necessity of examination.

   a. the child's complaint of abdominal or genital pain, inflammation, bleeding, infection or pregnancy.
   b. the victim's request for reassurance regarding medical condition or pregnancy.

3. A medical examination should not be performed solely for the reassurance of the parents. It is recommended that the medical personnel and law enforcement office inquire into the parents' concerns.

4. When appropriate, the medical examination should include a careful menstrual history and information regarding allergies, specifically antibiotics which may be used in the treatment of venereal disease.

5. An overall physical examination of the child should precede any genital examination.

B. As with the adult victim of sexual assault, the signs and symptoms of physical and emotional trauma should be documented for the child victim.

   - Note to local trainer: For a discussion of what constitutes the signs and symptoms of physical and emotional trauma, refer to the Medical Issues Module of the Rape Investigation Lesson Plan Worksheets.

C. The discussion of the physical examination of the child victim should include the following:

1. Complaints of soreness to the head, face, neck, chest, abdomen, back, arms, legs, anus, and exterior genitalia.

2. Bruises, swelling, redness, lacerations, bleeding and tenderness to the head, face, neck, chest, abdomen, back, arms, legs, throat and mouth.

3. Documentation of these physical injuries should be documented according to local hospital protocol.

   Refer to Handout # 2 for a sample hospital protocol

D. The discussion of the gynecological examination of the child victim should include the following:

1. Some pediatricians prefer not to conduct internal examination of the very young child victim. However, in some cases, the careful genital examination is possible without trauma to the child. The physician should, at least, conduct a careful visual examination of the child and document any signs of gynecological/ anal trauma.

2. The examination should note bruises, redness, swelling, lacerations, bleeding, and discharge of the external genitalia, the vagina, the anus and the penis/scrotum.

3. If possible, additional examination should note the condition of the hymen (i.e. torn, scarred, etc), anal tone, and visible scar tissue.

E. The medical examination should also include testing for gonorrhea, syphilis, pregnancy, herpes.

III. Forensic Issues in Cases of Child Sexual Assault

A. X-Ray Surveys are a necessity in many child physical abuse cases and may also be used in child sexual assault cases, particularly if there is suspicion that the child had been violently assaulted. A total body survey should be completed. X-Rays can give valuable information to the law enforcement officer, such as date of injury, post injuries and phases of bone healing.

B. Color photographs may be taken to document trauma to the child. The law enforcement officer should determine if the local court accepts color photographs. The photograph should be labeled with the date and time the photograph was taken.

C. Specialized/Investigators should receive copies of all medical reports. The accurate interpretation of medical reports can help in the investigation and prosecution of the case.

1. An expert witness (i.e. medical examiner, physician, nurse, etc.) may state an opinion as to relevant matters and may draw conclusions from the facts presented in the case.

2. Parts of the medical record are exceptions to the Hearsay Rule.

a. statements made by a patient to medical personnel, influencing treatment

b. statements made by a patient to medical personnel regarding medical history

c. business records of any organization, for profit or not for profit, including hospital records

Note to local trainer: Refer to the Rape Investigation Lesson Plan Worksheet for a discussion of the Hearsay Rule.

METHODS:

-Lecture

-Guest Speaker: It is highly recommended that this module be taught with a physician specifically trained in child sexual assault examination.

-Group Discussion

RESOURCE MATERIALS:

-Lesson Plan

-Medical Dictionary

-Handout-List of local hospitals and specialized units (to be developed by local trainer)

-Handout-List of local hospital policies and procedures for child sexual assault (to be developed by local trainer)

-Sample- Hospital protocol for child sexual assault cases

-Sample- Hospital data sheet for suspected sexual assault.

TIME REQUIREMENTS:

-Three and One Half Hours

CHILD SEXUAL ASSAULT

TOPICAL BIBLIOGRAPHY

MEDICAL ISSUES AND THE CHILD/ADOLESCENT VICTIM

RECRUIT/FIRST RESPONDER OR SPECIALIZED/INVESTIGATOR

Topic I - Introduction and Overview

List of local hospitals and specialized units and specialized medical units. Local hospital policy and procedures for child sexual assault.

Sample hospital protocol for child sexual assault.

Sample hospital policy and procedure for child sexual assault cases. Taken from Mid-Maine Medical Center, Waterville, Maine. Policy Number 10-2.

Topic II - The Medical Examination of the Sexually Assaulted Child

Burgess, A.W. et. al. Sexual Assault of Children and Adolescents. Lexington, Massachusetts: D.C. Heath and Company, 1978.

Sgroi, S. Handbook of Clinical Intervention in Child Sexual Assault. Lexington: D.C. Heath and Company. 1980.

McNeese, M.C. and Hebeler, J.R. "The Abused Child-A Clinical Clinical Approach to Identification and Management." Clinical Symposia, Volume 29, Number 5, 1977.

Topic III - Forensic Issues in Child Sexual Assault Cases

Burgess, A.W. and Laszlo, A.T. "The Professonal As Court Witness," Journal of Emergency Nursing. Volume 2., 1976.

Topic III (Con't):

Kanda, M. Thomas, J.N., Lloyd, D., "The Role of Forensic Evidence in Child Abuse and Neglect," The American Journal of Forensic Medicine and Pathology, Volume 6, Number 1, 1985.

McKean, T. and Laszlo, A.T. "The Documentation of Subjective Data in Medical Records," Medical Trial Technique Quarterly, September 1979.

Uniform Rules 803 (4) and 806, Federal Rules of Evidence.

CHILD SEXUAL ASSAULT
MEDICAL ISSUES
HANDOUT #1

Case Name: ____________________

State of Hawaii
Department of Social Services and Housing
Public Welfare Division

SENSITIVE AREAS OF SEX ASSAULT HISTORY

FILL IN ALL APPROPRIATE BLANKS

Ascertain name or reference of family member who is the alleged perpertrator; e.g., Daddy, Auntie Priscilla, etc.

NAME OR REFERENCE: ____________________

	YES	NO	DON'T KNOW
1. Did ____________ use force?	[]	[]	[]
What kind? (Be specific)			
a. Verbal threats ____________			
b. Physical force (overpowering, hitting, where struck, etc.) ____________			
c. Were you bitten?	[]	[]	[]
Where? ____________			
d. Weapons or objects used?	[]	[]	[]
What kind of weapon or object. ____________			
Injuries sustained? Describe. ____________	[]	[]	[]
e. Other methods of coercion (e.g., bribery, psychological threat--"I'll go to jail" or "You'll go to Detention Home.") ____________			

Determine and use the patient's terminology for parts of the body, sexual acts, etc. Use aids, i.e., anatomical dolls, as needed. "Did you feel Daddy's ding-ding?"

	YES	NO	DON'T KNOW
2. Did you feel his penis ____________ (Child's Terminology)	[]	[]	[]
a. Was it hard?	[]	[]	[]
b. Outside you?	[]	[]	[]
If YES, where on your body? ____________			
c. Inside you?	[]	[]	[]
If YES, inside vagina ____________ (Child's Terminology)			
mouth ____________ (Child's Terminology)			
anus ____________ (Child's Terminology)			

(If necessary, ask again during medical exam -- Does finger or speculum feel like what was put inside you?)

CHILD SEXUAL ASSAULT
MEDICAL ISSUES
HANDOUT #1 (2 of 7)

Case Name: ____________________

	YES	NO	DON'T KNOW
Did anything come out of the penis? ____________ (Child's Terminology)	[]	[]	[]
a. If answer is YES,			
1) Was it inside you?	[]	[]	[]
Specify where using child's terminology: Vagina ________ Anus ________ Mouth ________			
2) Was it outside you?	[]	[]	[]
If YES, where on your body? ____________			
3) What did it look like? Child's description: ____________			
If answer is NO or DON'T KNOW, continue with: Did any liquid run out from inside you?	[]	[]	[]
4. Did he wear anything on his penis? ____________ (Child's Terminology)	[]	[]	[]
5. Did she/he put her/his mouth on your genitals? ____________ (cunnilingus/fellatio)	[]	[]	[]
6. Did she/he put objects into your vagina? ________ (Child's Terminology) or anus? ________ (Child's Terminology)	[]	[]	[]
7. Did she/he put his finger(s) into your vagina? ________ (Child's Terminology) or anus? ________ (Child's Terminology)	[]	[]	[]
8. Were any of these things done to you more than once? Specify: ____________	[]	[]	[]
9. Did you or did someone help you			
a. Bathe	[]	[]	[]
b. Douche	[]	[]	[]
c. Change your clothes	[]	[]	[]
d. Rinse your mouth or brush your teeth	[]	[]	[]
e. Eat anything	[]	[]	[]
f. Drink anything	[]	[]	[]
10. Did ____________ touch your breasts? ____________ (Child's Terminology)	[]	[]	[]
If YES, with what parts of her/his body? ____________			
11. Were other parts of your body touched which we did not talk about?	[]	[]	[]
If answer is YES, where? ____________ with what? ____________			
12. Were you forced to touch his/her genitals (private parts)?	[]	[]	[]
If answer is YES, where? ____________ with what? ____________			

	YES	NO	NOT SURE
13. Did something like this happen before by anybody else?	[]	[]	[]

If answer is YES, complete another SENSITIVE QUESTIONNAIRE or QUESTIONNAIRES.

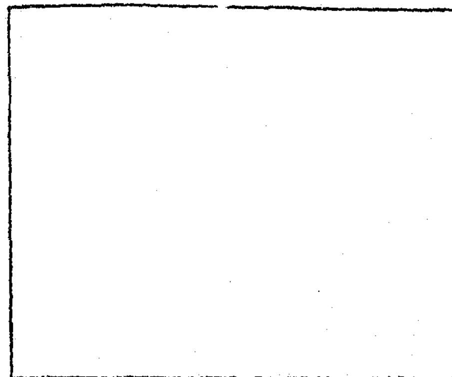
____
PRINT Physician's Name

____________________ Date: ____________________
Physician's Signature

State of Hawaii
Department of Social Services and Housing
Public Welfare Division

Medical Examination of Alleged Sexual Assault Victim

COLLECTION OF EVIDENCE



[] Ultraviolet Flourescence--Document Location Here:
[] No Flourescence Seen
[] Nail Scraping
[] Pubic Hair Combing
[] Pubic Hair Plucking
[] Clothing
[] Photographs

(Photographs taken by:____________________)

Location of Photographs (Identify area photographed, i.e., face, arm, etc.)

1. ________________ 4. ________________
2. ________________ 5. ________________
3. ________________ 6. ________________

Physician's Name (Print):____________________

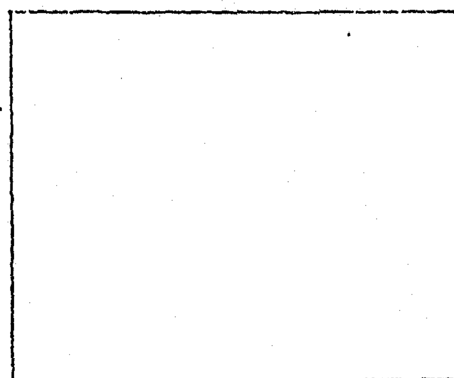
Physician's Signature:____________________ Date:________

DSSH 15xx
9/85

State of Hawaii
Department of Social Services and Housing
Public Welfare Division

Medical Examination of Alleged Sexual Assault Victim

COLLECTION OF EVIDENCE



[] Ultraviolet Flourescence--Document Location Here:
[] No Flourescence Seen
[] Nail Scraping
[] Pubic Hair Combing
[] Pubic Hair Plucking
[] Clothing
[] Photographs

(Photographs taken by:____________________)

Location of Photographs (Identify area photographed, i.e., face, arm, etc.)

1. ________________ 4. ________________
2. ________________ 5. ________________
3. ________________ 6. ________________

Physician's Name (Print):____________________

Physician's Signature:____________________ Date:________

 Public Welfare Division

MEDICAL EXAMINATION OF ALLEGED SEXUAL ASSAULT VICTIM

(Items 1, 2, 3, 4, and 5 to be completed by the Social Worker)

General Information:

a. Name: ______ Last, First Middle Initial			b. Phone: ______
c. Address: ______ No. Street Name Apt. No. Area/District Zip Code			
d. Date of Birth: ___/___/___ Mo. Day Yr.	e. Age: ______	f. Sex: M F	g. Race:
h. Parent/Guardian: ______ Last, First Middle Initial			
i. Parent/Guardian Address: ______ No. Street Name Apt. No. Area/District Zip Code			

Emotional State and Orientation:

General Behavior	YES	NO		YES	NO
a. Calm	___	___	f. Angry	___	___
b. Crying	___	___	g. Restless	___	___
c. Over Talkative	___	___	h. Support Person Needed	___	___
d. Agitated	___	___	i. Oriented	___	___
e. Withdrawn	___	___			

Observations, Remarks and History:

Child's Statement:

Parental Consent Obtained:

Yes ___ No ___ (If NO, explain WHY Parental Consent is not necessary.)

____
PRINT Social Worker's Name/Name of Unit

____
Signature of Social Worker

Medical Examination of Alleged Sexual Assault Victim

Name of Child:____________________

ollowing Items 8 through 17 to be completed by Physician)

istory of Chief Complaint:____________________

7. General Appearance:____________________

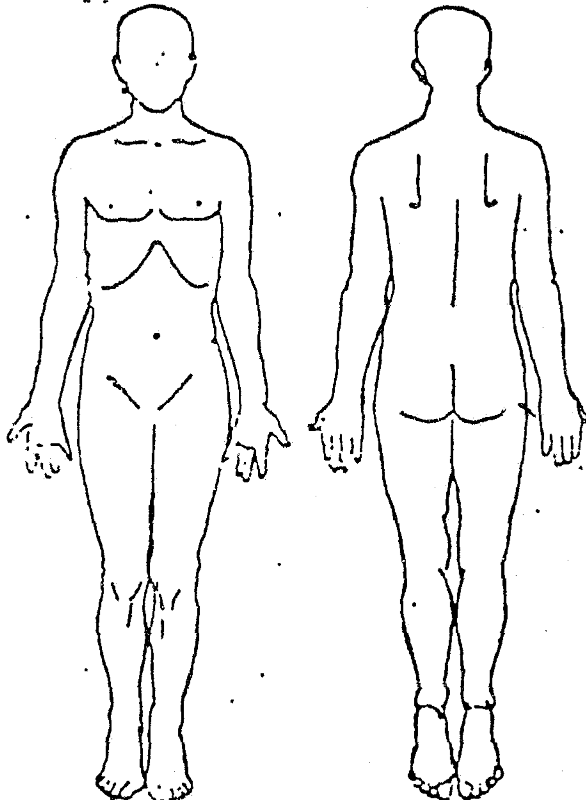
8. General Physical Complaints: (Check Positive Findings)

	Head	Face	Neck	Chest	Abdomen	Back	Arms	Legs	Perineum	Anus	Ext Genitalia
a. Soreness	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
b. Other	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]

General Physical Exam:

	Head	Face	Neck	Chest	Abdomen	Back	Arms	Legs	Throat	Mouth
a. Bruises	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
b. Redness	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
c. Swelling	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
d. Lacerations	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
e. Blood	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
f. Tenderness	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]

Document location and describe any physical signs of trauma:



Medical Examination of Alleged Sexual Assault Victim

Name of Child:____________________

Gynecological/Anal Exam:

	Perineum	Labia	Introitus	Vagina	Cervix	Anus	Penis Scrotum
a. Bruises	[]	[]	[]	[]	[]	[]	[]
b. Redness	[]	[]	[]	[]	[]	[]	[]
c. Swelling	[]	[]	[]	[]	[]	[]	[]
d. Lacerations	[]	[]	[]	[]	[]	[]	[]
e. Blood	[]	[]	[]	[]	[]	[]	[]
f. Discharge	[]	[]	[]	[]	[]	[]	[]

Additional Description:

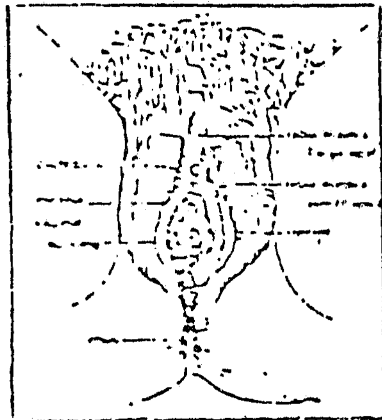
a. Introitus (incl. approx. size in children)____________________

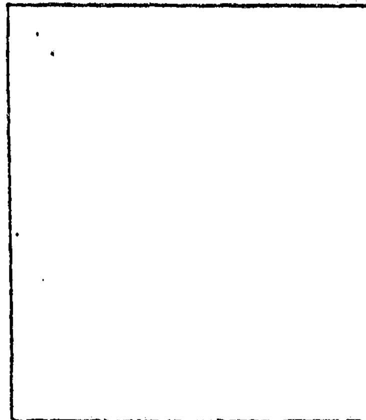
b. Hymen Condition____________________

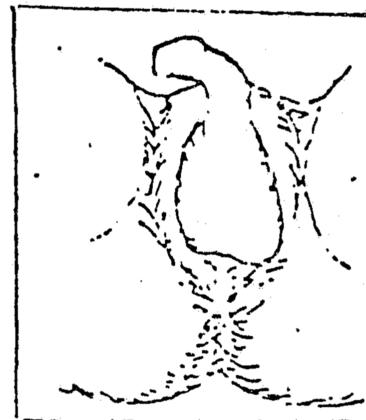
c. Anal Tone____________________

d. Scar Tissue____________________

Illustrate and/or Describe:







13. Medical Summary:

Medical Examination of Alleged Sexual Assault Victim

Name of Child: ______________________

Testing:

	Done	Type	Result
a. Gonorrhea	[]		
b. Syphilis	[]		
c. Pregnancy	[]		
d. Herpes	[]		
e. Other	[]		

Diagnostic Procedures:	Done	Type	Result
a. X-Ray	[]		
b. Consultation	[]		
c. Other	[]		

Treatment:	Done	Type	Purpose
a. Hospitalization	[]		
b. Suturing	[]		
c. Medication	[]		

Instructions for Follow-up:

____
PRINT PHYSICIAN'S NAME

____
Signature of Examining Physician

Date: ______________________

Address: ______________________

Phone: ______________________

____
Signature of Person Examined

Date: ______________________

____
Signature of Parent/Guardian of Person Examined

Date: ______________________

CHILD SEXUAL ASSAULT
CHILD WELFARE SERVICES
RECRUIT/FIRST RESPONDER
SPECIALIZED/INVESTIGATOR

CHILD SEXUAL ASSAULT

CHILD WELFARE SERVICES

This section will give the participants an overview of the local child welfare service system as it relates to child sexual assault cases.

CHILD SEXUAL ASSAULT

LESSON PLAN WORKSHEET

LESSON TITLE: Child Welfare Services

FUNCTIONAL AREA: This section will give to the participant an overview of the local child welfare service system as it relates to child sexual assault cases.

PERFORMANCE OBJECTIVES: The trainee, at the completion of this module will, without reference to notes:

1. Discuss verbally, with the class, the local services provided to child victims of sexual assault by the child welfare system.
2. Explain, verbally or in writing, the difference between the social worker role and the law enforcement role in the assessment and treatment of child sexual assault.
3. Explain, verbally or in writing, how to make an appropriate agency referral.

TOPICS:

I. Organizational overview of the local Child Welfare Service System. In every state there exists a Child Welfare or Human Service agency that is primarily responsible for the detection, investigation, and provision of services to child victims of sexual assault.

-Note to Trainer: It is recommended that a representative of your state's Human Service agency address the class regarding the authority, responsibilities and scope of services of the agency in child physical abuse and neglect cases. A panel discussion format could also be used with service providers from a variety of agencies.

II. The role of the law enforcement officer in child sexual assault cases can vary from mandatory reporting, detection, and criminal investigation agreements with the local Human Services department.

-Note to trainer: Determine local law enforcement policies and discuss with the trainees.

III. The role of a social worker/protective service worker is primarily to see that the appropriate treatment and/or placement is provided to the child and family.

-Note to trainer: It is recommended that a representative from the local social service agency address the class about the social worker's role.

IV. How the law enforcement officer can make a community referral.

A. The officer should listen to the victim's request and immediately respond to that request (i.e. social services, court information, or medical needs).

B. The officer must identify the specific need of the victim and decide which of the available agencies is best suited to fill that need (i.e. local social service office, court, District Attorney's office, probation office, or local hospital).

C. Steps in making a referral:

1. The name, location, telephone number, and range of services offered by a particular agency is necessary to know.

2. Referral procedures or the procedures that the individual must perform in order to obtain the services should be clearly delineated.

3. Eligibility rules that are criteria for being accepted by the agency or organization must be known.

4. Cost, if any, for the service being provided is important to know.

5. The officer should bring the victim to the referral agency, if appropriate.

V. Panel discussion with local professionals on the practical usage of the Child Welfare System and interdisciplinary agencies.

VI. The National Center of Child Abuse and Neglect (PO Box 1182, Washington D.C. 20013, Telephone (202)-245-2856) provides consulting and information to public and private agencies, volunteer groups and interested citizens about the prevention and treatment of child sexual assault.

The National Victims' Resource Center (202)-724-5947 provides information to law enforcement and private agencies in the areas of child sexual assault.

METHODS:

- Lecture
- Group Discussion
- Guest Speaker: It is recommended that a representative from the local social service agency address the class about the social worker's role.
- Panel Discussion by local professionals on the practical usage of the local child welfare system and interdisciplinary agencies.

RESOURCE MATERIALS:

- Lesson Plan
- Course Handouts
- Easel/Blackboard
- Topical Bibliography

TIME REQUIREMENTS:

- Two Hours

CHILD SEXUAL ASSAULT

TOPICAL BIBLIOGRAPHY

CHILD WELFARE SERVICES

Topic I-VI Overview on Child Welfare Services in Child Sexual Abuse Cases

Attorney General's Task Force on Family Violence, Final Report, pp. 105-113, p. 121-126, September 1984.

Local State Statistics on reported Child Physical Abuse and Neglect cases.

Written material from Local Child Welfare Agency.